Frequently Asked Questions

General Questions

Q **How does my hospital determine what level to apply for?**

A If your hospital can demonstrate all 30 GSV Program standards are implemented and streamlined at your hospital, you should apply for Level 1 or Level 2 Verification. If you are working towards implementation and changing processes at your hospital, we recommend applying for the Commitment Level.

Q **Are there resources available to help me determine which level is most appropriate for my hospital to apply for?**

A Yes, the GSV Team developed a gap analysis which is meant to function as a self-assessment and a way of determining your hospital's baseline before you apply for the program. If you have already made progress towards some of the standards, the gap analysis will help you identify the areas that you need to focus on to make sure you are verification-ready when you apply.

Q **What does the annual fee cover?**

A Commitment Level: The annual fee covers all program services including access to the ACS Quality Portal (QPort) and all its resources, including the GSV Implementation Course, attendance to GSV webinars and teaching sessions, and access to staff for support purposes.

Verification Level: The annual fee covers all program services including access to the ACS Quality Portal (QPort) and all its resources, including the GSV Implementation Course, attendance to GSV webinars and teaching sessions, access to staff for support purposes, and all verification-related program components, including the Pre-Review Questionnaire (PRQ),

Q **If our hospital starts at the Commitment Level, how soon can we reapply for Verification Level?**

A Commitment Level hospitals can reapply for a V

Q **When does my hospital receive access to the GSV Implementation Course?**

A The GSV Implementation Course is a benefit of joining the GSV Program. Hospitals will receive access to the course

Q **Following application submission, do you have a sense of the timeline for site visits at this point?**

A Following submission of an application, a site visit typically occurs within 9 months. The _____ _____ document is available on the GSV Website under the Resources section. This document details the steps of the verification process, including approximate timelines for these major components. A big factor of application submission to the day of the site visit is the time it takes sites to complete the PRQ. For each standard, you will be required to provide detailed information demonstrating compliance. Hospitals typically have six months to complete the PRQ.

General Questions: *Chart Review*

Q **What is the chart review portion of the site visit?**

A The chart review portion of the site visit allows the site reviewers to evaluate the care of older adult surgical patients at your hospital through review of the medical record. The chart review ensures that GSV Standards requiring documentation in the medical record can be consistently demonstrated through a variety of charts. Charts will be reviewed in any specialties seeking GSV verification. Standards requiring demonstration through chart review can be identified in the _____ (identified under the "Medical Record" section for each appropriate standard).

Q

Q

Standard 2.3: Geriatric Surgery Quality Committee

Q What are the "relevant surgical specialties" that must be members of the Geriatric Surgery Quality Committee?

A

Q **Does my hospital have to review 100% of the cases, or do we get to determine how many cases we will review?**

A

Your hospital does not need to review all cases. Your hospital should collect and review data for all patients included within the scope of the GSV Program. Through your GSQC meetings your team will identify, trend, and address issues specific to geriatric surgical care at your hospital. Some metrics you may include, but are not limited to:

- Inpatient falls
- Health care-acquired infections
- Mortality
- Rates of postoperative delirium
- Any clinically relevant data (F

Q **What are the responsibilities of the Geriatric Surgery Nurse Champion?**

A This person will promote evidence-based best practices for the nursing care of older surgical patients, oversee nursing education on basic tenets of geriatric surgical care and best practices, and oversee the completion of at least one QI project annually within the designated surgical floor(s) or unit(s). Lastly, they must complete at least two hours of Continuing Nursing Education (CNE) annually (or six hours over a three-year accreditation period) on topics pertinent to geriatric surgery.

Q **What is the estimated FTE equivalent required for the role of Geriatric Surgery Nurse Champion?**

A This role is not intended to be fulfilled by a dedicated FTE.

Q **How do I document "promotion of evidence based best practices for the nursing care of older surgical patients"?**

A In the PRQ, you will be asked to describe how GSNCs are trained to promote evidence-based best practices for the nursing care of older surgical patients within their designated surgical floor(s) or unit(s). During the site visit, GSNo

Standard 5.2: Code Status and Advance Directives

Q **What if my patient refuses to submit advance directive**

Q **Is there a list of screening tools outside of what is listed in the standard that hospitals have used?**

A

Yes, there are several examples below:

- Cognition: Six-Item Cognitive Impairment Test (6CIT), MOCA, SAGE, Edmonton Frailty w/ Mini-Cog
- Delirium: AGS Delirium Guidelines, SAGE, CAM (non-elective setting)
- Function: Katz ADLs, SAGE, FRAIL (non-elective setting)
- Mobility: “fall within 6 months” and/or use of mobility device, SAGE, TUG, FRAIL (non-

Q **Does this meeting need to be in-person? Do we need to create a new meeting, or can it be tagged onto a tumor board, for example?**

A Interdisciplinary conferences may be fulfilled in-person or virtually. Preexisting meetings that involve interdisciplinary teams, such as a tumor board, can meet this standard by introducing geriatric expertise into

Q **How should my hospital demonstrate communication with patients' PCP outside of our EMR?**

A

Communication between your hospital and the patient's PCP could be demonstrated by any of the following:

-

Standard 5.12: Opioid-Sparing, Multimodality Pain Management

Q **What are the surgery-specific Beers Medications and alternatives?**

A The American Geriatrics Society (AGS) Beers Criteria outlines a comprehensive list of medications to avoid, a subset of which pertains to those commonly used in the perioperative setting (e.g., antiemetics and antihistamines).

Q **Is there a best practice to identify and flag for potentially inappropriate medications?**

A Best practices include pharmacy personnel review of patients' medication orders daily and embedded decision support tools within the EMR that provide alerts when a potentially inappropriate medication is prescribed.

Q **Does the GSV Program provide any resources for Beers Medication?**

A [redacted]

Q **When a patient has a prolonged hospital stay (weeks/months) and there is little change to the geriatrics team's comments on daily rounds, is it acceptable to cut back the frequency of our rounding?**

A The care team should continue to do their daily rounds and make note of any changes in care for all high-risk patients. Note that recommendations might not change for patients with prolonged stays and commensurate with needs of the patient.

Q **Does the GSV Program provide any templates for how the interdisciplinary rounding can be documented for inpatients?**

A Yes, in Module 5 of the GSV Implementation Course, there are two interdisciplinary rounding note templates that your hospital can use:

- Interdisciplinary Care for High-Risk Patients - Team Rounding Note Template
- Interdisciplinary Care for High-Risk Patients - Individual Note Template

---

Standard 5.15: Revisiting Goals of Care for ICU Patients

Q **When should goals of care for ICU Patients be revisited?**

A

Q Is there a list of screening tools

Standard 6.1: Data Collection and Review

Q D

Q

Standard 7.1: Geriatric Surgery QI/PI Project

Q What are some examples of Geriatric Surgery Quality Improvement/ Process Improvement projects?

A

Q **What is NSQIP?**

A The ACS National Surgical Quality Improvement Program (NSQIP) is a nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. The program helps hospitals track surgical complications and analyze validated data. Additionally, blinded, risk-adjusted data is shared with other ACS NSQIP hospitals, allowing participants to nationally benchmark their postoperative outcomes such as mortality and complication rates.

Q **What are the benefits to participating**

Q **Does the Community Outreach Project have to be completed at the time of application?**

A No, it does not need to be completed in time of the application/PRQ submission; however, in the PRQ submission, you must detail when you anticipate the project will occur so that the site reviewers can tailor any questions they have about it based on where it is projected to be on the project timeline. For example, if you can provide the context, purpose, and aims of the project, the education you anticipate providing on the topic, and the expected date/location of the project, this would be sufficient for the site reviewers to assess standard compliance.

Standard 8.2: Geriatric Education of Surgeons and APP's

Q **What are the educational curriculum requirements for Surgeons and APP's?**

A Educational curriculum requirements must cover the following areas:

- Eliciting patients' goals to ensure surgical care is concordant with patients' wishes
- Screening for high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration
- Management strategies of high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration

---

Standard 8.3: Geriatric Education of Nurses

Q **What are the educational curriculum requirements for Nurses?**

A Educational curriculum requirements must cover the following areas:

- Eliciting patients' goals to ensure surgical care is concordant with patients' wishes
- Screening for high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration
- Management strategies of high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration

---

Standard 9.1: [Optional] Advancement of Knowledge in Geriatric Surgical Care

Q **Why should my hospital participate in the standard?**

A Participating in this standard allows your hospital to showcase the projects, studies, and lessons learned at your hospital.

Q **What forms of research and scholarly endeavors are acceptable to be compliant?**

A

- Abstracts submitted to conferences
- Poster presentations
- Podium presentations
- Peer-reviewed manuscripts, such as case reports, commentaries, cohort and case-controlled studies, and clinical trials
- Ongoing scholarly research that has not yet been presented or published