

The aim of this abstract is to describe how to establish high-quality, valid standards to improve surgical care of the older adult. The older adult population has high demand for high-quality surgical care. Building upon prior guidelines, quality indicators, and pilot projects, the Coalition for Quality in Geriatric Surgery (CQGS) included 58 diverse stakeholder organizations committed to improving surgery for older adults. Using a modified RAND-UCLA Appropriateness Methodology, 44 of 58 CQGS Stakeholders twice rated validity (primary outcome) and feasibility for 308 standards, ranging from goals and decision-making, pre-operative assessment and optimization, perioperative and postoperative care, to transitions of care beyond the acute care hospital. Stakeholders rated the vast majority of standards of care as highly valid (99%) and feasible (94%) for improving the quality of surgical care provided to older adults.

#### MEASUREMENT OF GERIATRIC SURGERY OUTCOMES IN A NATIONAL REGISTRY

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The American College of Surgeons National Quality Improvement Program started a “Geriatric Pilot” in January 2014. This project has already collected 19 additional older adult specialty variables in more than 60,000 patients undergoing operations. Twenty-six medical centers participate from across North America. The variables collect information in the domains of cognition, function, mobility and decision-making. Variables are collected in both the pre- and post-operative settings. It is clear that the quality of surgical care cannot be limited to the immediate hospitalization. The pilot has recently expanded its use of longer-term outcomes and has begun collecting 30-day outcomes of functional status and living location.

#### EFFECTIVENESS VS. EFFICACY: CREATING EVIDENCE FROM GERIATRIC SURGERY QUALITY PROGRAMS

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The American College of Surgeons National Quality Improvement Program started a “Geriatric Pilot” in January 2014. This initiative has collecting specialty variable related to older adults in more than 60,000 patients 65 years and older undergoing operations. Multiple research publications have been generated from this pioneering national quality program focused on surgical quality in older adults. The purpose of this presentation will be to review the major findings of this new body of research. Studies have focused on functional trajectory following operations, postoperative delirium, and peri-operative decision-making.

#### LAUNCHING STANDARDIZED GERIATRIC SURGERY PROGRAMS: THE ALPHA AND BETA PILOTS

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The Coalition for Quality in Geriatric Surgery has completed both alpha and beta pilots which represent the initial efforts to launch this national quality initiative to improve the care of all older adults undergoing operations. The alpha phase included hospital stakeholders rating the feasibility

of implementing standards related to evidence-based high quality surgical care for older adults on the topics of eliciting patient goals, completing a preoperative frailty risk assessment, educating healthcare professional about care specific to older adults, and implementing postoperative age-friendly care models. The beta pilot phase required 9 medical centers nationally (including an academic hospital, an urban medical center, a Kaiser hospital, a VA hospital and a rural hospital) to implement the evidenced based standards for high quality surgical care of older adults. Site verification visits were completed in the Summer 2018 which evaluated the effectiveness of each medical center’s ability to implement each of the standards.

#### FUTURE DIRECTIONS: DISSEMINATION OF STANDARDIZED GERIATRIC SURGERY CARE NATIONALLY

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The American College of Surgeons’ Coalition for Quality in Geriatric Surgery will formally launch a national initiative aimed to improve the quality of surgical care for all older adults in July 2019. The first-year goal will be to recruit and successfully verify 100+ medical centers. This presentation will provide an overview of dissemination efforts for the standards set for providing high quality surgical care for older adults as well as processes to measure the quality of care provided to older adults at these medical centers. It our vision that this national initiative will lead the effort to the improvement of surgical care of all older adults.

#### SESSION 2120 (SYMPOSIUM)

##### SAFE AND EFFECTIVE PAIN CONTROL FOR GERIATRIC PATIENTS: A MULTIDISCIPLINARY APPROACH DURING THE OPIOID EPIDEMIC

Chair: Tatyana Gurvich, *University of Southern California, Los Angeles, California, United States*

Opioid use is at a crisis level. According to the CDC, an estimated 20 % of patients presenting to physician offices with non-cancer pain receive an opioid prescription (1). According to the Administration on Aging and Substance Abuse and Mental Health Services Administration, the population of older adults who misuse opioids is expected to double by 2020. Today’s mandate to reduce opioid use and to manage patients safely with adjuvant medications comes with many challenges in geriatrics. Many patients have comorbidities which limit the use of adjuvant pain medications. A careful balance must be achieved, in order to provide good pain management and improve quality of life in this patient population. This symposium will explore multidisciplinary approaches to managing pain in geriatrics to reduce opioid use and manage safe opioid use where necessary. Pharmacological strategies for adjusting dosing and managing compliance will be discussed. Cooperative education to improve prescribing practices along with patient education to improve safe use, are important elements. Adjunct use of physical therapy and integrative medicine are also discussed as viable and effective adjuncts or alternatives to traditional pain management. You will learn how to use