**Appendix A: Acute Care of Older Persons Priority Setting Partnership Survey for Unanswered Questions**

Acute Care of Older Persons (ACOP) Priority Setting Partnership Survey

The Society of Hospital Medicine (SHM) aims to work with organizations and individuals interested in improving the care of older patients during hospitalization or immediately thereafter. SHM, with the Association of Specialty Providers and the John A. Hartford Foundation, is working to identify the most important research questions concerning acute care of older patients. For more information, please see Frequently Asked Questions about the SHM Acute Care of Older Persons Priority Setting Partnership

at:http://www.hospitalmedicine.org/Content/NavigationMenu/Education/AcademicandResearch/home.htm

What unanswered questions do you have about how to better care for acutely ill older people? Do you think answering those questions will help improve the lives of acutely ill older people? Please make your concerns known.

The more specific the question, the more helpful it is. We welcome questions about specific health problems and/or questions about health care delivery, as long as answers to the questions will help provide better care for older people who are hospitalized for acute illness.

Particularly helpful are questions that list a health problem and a potential treatment or intervention or solution.

Here are some examples of unanswered questions about other health scenarios.

Examples of questions about specific health problems:

• Do zinc tablets protect against the common cold?

• Should my low back pain be surgically or medically managed?

• Do day programs prevent depression in elders with limited mobility?

Examples of questions about health care delivery:

• Is there one tool that can be used to screen for depression across populations and health care settings?

• What best practices will help my specialist providers communicate with my primary care providers?

• How do different types of health care services help people with disabilities remain independent in their homes?

The next page will provide space for you to list your questions.

Questions

What questions about caring for older people in the hospital or immediately thereafter would you like answered by research? (Please write one question per box. You can submit as many or as few as you like.)

1. Question 1
2. Question 2
3. Question 3
4. Question 4
5. Question 5
6. Please tell us about yourself. Check as many as apply. (Optional)
* I am a patient.
* I am a family caregiver.
* I am an employee or member of a patient advocacy organization.
* I am an employee of member of a provider professional organization.
* I am a health care professional.
* I am an employee of a payer or insurer organization.

Other (please specify)

1. If you are a health care professional or employee of a health care organization, in what area do you primarily work? (Optional)
* Acute care hospital
* Post-acute care (Skilled nursing, home health, long term care, hospice, other)
* Both acute and post-acute care
* Professional organization advocating for older people’s health needs
* Not applicable

Other (please specify)

1. Personal information: Age (Optional)

 How old are you? <25 26-35 36-45 46-55 56-65 66-75 76-85 >85

1. Personal information: Gender (Optional)

What is your gender? Male Female

1. Personal information: Race (Optional)

What is your race?

* American Indian/Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White
* More than one race
1. Personal information: Ethnicity (Optional)

What is your ethnicity? Hispanic non-Hispanic

1. What organization provided you access to this survey? (optional)
* Alzheimer’s Association
* American Academy of Neurology
* American Association of Retired Persons (AARP)
* American College of Cardiology
* American College of Emergency Physicians
* American College of Surgeons
* American Geriatrics Society
* American Hospital Association
* American Society of HealthSystem Pharmacists
* Centers for Medicare and Medicaid Services
* Gerontological Society of America
* National Alliance for Caregiving
* National Association of Social Workers
* National Coalition for Healthcare
* National Institute on Aging/National Institutes of Health
* National Partnership for Women and Families
* Nurses Improving Care for Healthsystem Elders
* Society of Critical Care Medicine
* Society of Hospital Medicine
* Other (please specify)
1. Would you like more information about the next stages of this project?
* Yes
* No
1. If you answered ‘yes’ to question 11, please provide your contact information below.You will only be contacted with follow-up queries about the questions you provided or information about the next stages of this project.
* Name:
* Email Address:

Thank You

By completing this survey, you are agreeing to allow SHM to use these questions in future stages of the priority setting process. Your personal information will not be associated with your questions – all information will be aggregated in any reports made public. In addition, your contact information will only be used by our staff to keep you informed of the ACOP Priority Setting Partnership’s Work.

Thank you very much for completing this survey and for your help with this important topic.

If you have any questions or concerns, please contact Claudia Stahl at cstahl@hospitalmedicine.org.

**Appendix B: Criteria for Collation and Prioritization of Unanswered Questions in Developing a Patient-centered Research Agenda for Acutely Ill Older Patients**13

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| --- | --- |
| Project Phase | Criteria |
| 1. Collation of

survey responses | Is this a unique question? |
| Is this question relevant to the acute care of older persons? |
| Is this a question answerable by research? |
| Is this question unanswered in the literature? |
|  |
| 1. Prioritization

First round (email ballot) | What is the burden of the disease or problem in the population? |
| What is the burden of the disease or problem on caregivers or health systems? |
| What is the degree to which the question or the problem is patient-centered? |
| What is the degree to which the proposed research would improve health of patients/populations? |
| What is the degree to which the question speaks to the concerns of your organization’s membership? |
|  |
| 1. Prioritization

Second round(in person meeting) | What is the degree to which the question or the problem is patient-centered? |
| What is the burden of the disease or problem in the population? |
| What is the anticipated impact of the answers to the proposed research on clinical decision-making (e.g. the research reduces uncertainty in making treatment decisions or provides new information about the balance of benefits versus harms)?  |
| What is the ease of implementation of the proposed research? |
| What is the durability of information obtained from the proposed research? |

**Appendix C: The Twenty-nine Questions Brought to the Final Prioritization Meeting of the Acute Care of Older Patients Priority Setting Partnership**

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| --- | --- |
| Category | Question |
| Advanced care planning | Can a systematic approach to advanced care planning be developed? (including defining surrogates, goals of care, resuscitation preferences, prognosis, state of current illness, when appropriate, for whom, what components, by whom) Does such an approach improve goal concordant care and patient satisfaction for frail elders? |
| Advanced care planning | What systems can be developed to communicate goals of care across healthcare settings (i.e. NH, SNF, acute care) to assure complete and non-duplicative communication? |
| Anesthesia/Pain | How does general anesthesia affect elderly patients when compared other adult patients? Would different techniques (ie different drugs or alternatives to general anesthesia such as a spinal, if applicable) allow them to fair better after surgery, specifically to speed recovery and avoid cognitive decline? Specifically, would a spinal be better over general anesthesia for hip surgery if there is cognitive impairment or risk of it. Is there a decline after either? |
| Cardiac | Which medical interventions for acute coronary syndromes benefit older patients?  |
| Communication | How do older patients prefer to have health care information relayed to them?  |
| Communication | What are efficient/effective modes of communication with other providers within early days of admission that improve hospital outcomes for acutely ill older adults? |
| Critical Care | Does geriatric consultation impact outcomes (LOS, cost, cognitive and functional measures, satisfaction) for critically ill elderly patients in the ICU? |
| Delirium | What are the barriers to employing delirium as a performance measure? Can delirium rates be reliably measured and risk-adjusted for use as a quality measure? |
| Delirium | What are the essential components of delirium prevention and treatment for delirium subtypes hypo, hyper, and mixed? What are the essential components of delirium prevention and treatment for special populations (dementia, postop, critical care)? Do state-of-the-art clinical programs for delirium improve financial, clinical, and quality outcomes?  |
| Dementia | Does universal assessment of elders for cognitive impairment improve patient-centered outcomes for hospitalized and/or Emergency Department patients? What tool is the most appropriate for this application, and how can it be disseminated?  |
| Dementia | What are the best practices to care for people with dementia in the hospital setting? |
| Dementia | What are the most effective methods of communication with family members and caregivers of inpatients with dementia, and will they improve satisfaction, length of stay, or clinical outcomes? |
| Dementia | What strategies can be employed to assess a frail elder’s cognitive capacity to return to independent living following hospitalization? |
| Depression | Does attention to identifying depression (including minor and subsyndromal) during a hospital stay AND initiating treatment prior to discharge improve post-hospital outcomes? |
| Emergency Medicine | What is the effectiveness of geriatric interventions (e.g. educational models, standardized protocols, comprehensive geriatric assessment, changes in micro environment) for improving quality of care of older emergency department patients.  |
| Falls | What is the best fall risk assessment tool for the inpatient and emergency department settings? |
| Function | Can in-hospital mobility-enhancing interventions improve post-hospital community mobility and reduce post hospital depression? |
| Medication | What is the comparative effectiveness of the various sedating agents for older patients in the ICU in preventing adverse cognitive and other safety outcomes? |
| Medication | What systems interventions improve medication management and reduce potentially inappropriate medications in frail elders (bedside electronic rounds, automated med warnings, nursing interventions) in the ED, in-hospital, and post-discharge? How can these be disseminated and implemented? |
| Models of Acute Care | Can tailored geriatric care protocols reduce unnecessary testing, antibiotic exposure, and hospital admission in frail elders? |
| Models of Acute Care | What roles are important on the geriatric care team (generalist physician, care manager, clinical nurse specialist, social work, PT, nursing) and at what staffing level? What is the role for lay caregivers and patient advocates? |
| Models of Acute Care | Will the systematic implementation of  geriatric care principles (e.g. assessment, delirium prevention, polypharmacy reduction, early mobility, early discharge planning) improve acute  care outcomes and reduce hospital associated disability for frail elders?  Consider the special settings of general hospital wards, ED, surgical care, rural hospitals, etc.    |
| Psychosocial | Does having family members at bedside improve patient-centered outcomes for frail elders? If so, can family members be instructed on how to participate in care? |
| Psychosocial | What is the impact of psychosocial assessment in hospitalized frail elders on transitional care outcomes? Which domains should be assessed (abuse, depression, isolation, cognition) and which tools should be used?  |
| Readmissions | What is the comparative effectiveness of disease specific management programs (e.g. for heart failure, AMI or pneumonia) versus non-disease targeted transitions interventions in preventing readmissions for old adults with these conditions? |
| Surgery - Outcomes | What is the optimal fluid regimen in post-operative elderly patients to reduce postoperative delirium, volume overload, acute kidney injury and other surgical outcomes?  |
| Surgery – Preoperative | Development of a tool that will reliably predict post-operative deterioration of cognitive function? |
| Surgery – Preoperative | What preoperative assessments are useful in developing patient management plans/pathways for surgeries common in the elderly population? (patient and surgery risk factors, function, cognition, depression, alcohol use) (Consider special cases of cardiac, thoracic, OB/GYN, orthopedics, etc.) |
| Transitions | What are the best practices in follow-up care to improve transitions in frail elders (e.g. shared care, tools, home health, follow-up calls)? Are there special populations who benefit from enhanced f/u such as patients on anticoagulation? |