While preregistration has gained increasing acceptance for quantitative, particularly experimental, studies, its relevance and implementation for qualitative research has only recently been proposed. This presentation provides an overview of the very recent and ongoing debate on the potential benefits and costs of implementing preregistration for qualitative research. The presentation summarizes the debates about whether and how preregistration will lead to greater transparency in qualitative research, explores the implications of preregistration for qualitative research, identifies some of the costs incurred in preregistering qualitative studies, describes the inaccurate assumptions about qualitative research that are repeatedly embedded in calls for preregistration, and identifies some likely, unintended consequences of adopting the same approaches employed or proposed for quantitative studies. Acknowledging the importance of greater transparency and reduced publication bias for all research, including qualitative studies, questions about transparency that qualitative researchers must urgently address are also suggested.

SESSION 2115 (SYMPOSIUM)

PRESIDENTIAL SYMPOSIUM: OPTIMIZING SURGICAL CARE FOR ALL OLDER ADULTS
Chair: Thomas Robinson, University of Colorado, Aurora, Colorado, United States
Co-Chair: Ronnie Rosenthal, Yale School of Medicine, New Haven, Connecticut, United States

Our program will provide a detailed overview with an emphasis on the research aspects of the new Coalition for Quality in Geriatric Surgery, a project supported by the American College of Surgeons and the John A. Hartford Foundation. This project is a national endeavor which aims to systematically improve the surgical care of older adults by establishing a verifiable quality improvement program with standards based on best evidence focused on what matters most to the individual patient. We believe there is a critical need for safe, high-quality, patient-centered surgical care for older adults. Aging surgical patients have unique physiological needs, social needs and unique goals of care. We formed the Coalition to help hospitals meet these rising needs by setting and verifying interdisciplinary standards and developing outcome measures that matter to older patients, families and caregivers. In collaboration with our 50+ stakeholder organizations, we have set the standards, developed measures that matter, educated providers and patients, and created awareness about the surgical needs of older adults at all hospitals through the program. The geriatric surgery program, set to launch in the Summer of 2019, will use the four principles of continuous quality improvement: set standards, define the right infrastructure, collect rigorous data, and verify. The program not only improves perioperative care, but also impacts the full cycle of care for older adults. Our group has harnessed the power of networks through partnership and collaboration of all disciplines involved in the peri-operative care of older adults.

CREATION OF EVIDENCE-BASED GERIATRIC SURGERY STANDARDS
Marcia McGorry Russell, UCLA Medical Center, Los Angeles, California, United States

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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
Emily Finlayson¹, ¹University of California San Francisco, San Francisco, California, United States

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
Meixi Ma¹, ¹American College of Surgeons, Chicago, Illinois, United States

The American College of Surgeons National Quality Improvement Program started a “Geriatric Pilot” in January 2014. This initiative has been 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
Lindsey Zhang¹, ¹American College of Surgeons, Chicago IL, United States

Then 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
Mark Katlic¹, ¹Sinai Medical Center, Baltimore, Maryland, United States

The American College of Surgeon’s 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...