

***1. Does the hospital where you work have structured geriatric medicine input into the care of older surgical patients?**

Yes

No

***2. THE PREOPERATIVE PHASE**

Does the hospital where you work have geriatric medicine delivered preoperative services for older surgical patients?

Yes

No

*3. THE PREOPERATIVE PHASE

Is the preoperative geriatric service delivered to?

- Elective surgical patients
- Emergency surgical patients

*4. How is perioperative risk assessed by the geriatric medicine team in the preoperative setting?

- No risk assessment
- Assessment of comorbidities
- Comprehensive Geriatric Assessment
- Measures of frailty
- American Society of Anesthesiologists Score (ASA)
- POSSUM

Other (please specify)

*5. THE PREOPERATIVE PHASE

How are older surgical patients preoperatively optimised by the geriatric medicine team?

- No optimisation (e.g., referred back to GP, organ specific physician, anaesthetists)
- Optimisation delivered by consultant geriatrician
- Optimisation delivered by geriatrician led MDT

Other (please describe)

*6. Is your geriatric medicine team asked to assess capacity for consent in older surgical patients?

- Yes
- No

If yes, how many times in the last month?

***7. At your hospital do the geriatric medicine team have input into the development of perioperative guidelines e.g. cessation of antiplatelets, postoperative delirium etc?**

Yes

No

If yes please describe your involvement and the topic of the guideline

***8. THE POSTOPERATIVE PHASE**

Does the hospital where you work have structured geriatric medicine input into the postoperative care of older surgical patents?

Yes

No

Any comments

***9. THE POSTOPERATIVE PHASE**

Is the postoperative geriatric medicine service delivered to patients undergoing?

- Elective surgery
- Emergency surgery

Other (please specify)

***10. THE POSTOPERATIVE PHASE**

How is postoperative geriatric medicine liaison delivered in the hospital where you work?

	Yes	No
Reactive ward liaison i.e. geriatric team receive referrals from surgical teams for medical advice, discharge planning, capacity assessment etc	<input type="radio"/>	<input type="radio"/>
Proactive case finding i.e. geriatricians instigate ward rounds, MDTMs, discharge planning etc	<input type="radio"/>	<input type="radio"/>
Other (please describe)	<input type="text"/>	

11. THE POSTOPERATIVE PHASE

If you deliver a postoperative service (reactive, proactive or a combination of both) then please describe the key features below

***12. Think back to the last surgical patient you saw. Please indicate why you were involved in their care. Please mark all that apply.**

- Preoperative medical management
- Assessment of capacity (e.g., for consent or for discharge destination planning)
- Postoperative medical management
- Rehabilitation and goal setting
- Discharge planning
- Setting ceilings of care
- Sanctioning a move to a geriatric medicine bed
- Sanctioning a move to a community rehabilitation facility

Other (please specify)

***13. ORGANISATIONAL INFORMATION**

In the last 12 months how many times have you or the geriatric medicine team you lead presented at local hospital audit meetings in?

(Please exclude geriatric or medicine audit meetings where there is no surgical or anaesthetic presence)

	0	1	2	3	>3
Surgery	<input type="radio"/>				
Anaesthetics	<input type="radio"/>				

Please describe

***14. ORGANISATIONAL INFORMATION**

Would you like to further develop geriatric medicine provision to older surgical patients within your hospital?

- Yes
- No

*15. ORGANISATIONAL INFORMATION

What would help you to develop the geriatric medicine provision to older surgical patients in your hospital? Please rank these in order of importance (1 being most important)

<input type="text"/>	Allocated consultant geriatrician sessions
<input type="text"/>	Allocated junior doctor sessions
<input type="text"/>	Allocated clinical nurse specialist time
<input type="text"/>	Allocated allied health professional time
<input type="text"/>	Clinical guidelines covering common perioperative scenarios
<input type="text"/>	Education/training in perioperative medicine for older patients
<input type="text"/>	'Buy-in' from consultant surgeons
<input type="text"/>	'Buy-in' from consultant anaesthetists
<input type="text"/>	'Buy-in' from managers
<input type="text"/>	'Buy-in' from commissioners
<input type="text"/>	Advice writing a business case
<input type="text"/>	Other (please elaborate in question 19 if you wish)

*16. ORGANISATIONAL INFORMATION

Do you have dedicated funded sessions for geriatric surgical liaison in your hospital? If so how is this funding allocated?

	Yes	No
No dedicated funded sessions	<input type="radio"/>	<input type="radio"/>
Consultant geriatrician	<input type="radio"/>	<input type="radio"/>
Geriatric medicine SpR	<input type="radio"/>	<input type="radio"/>
Geriatric medicine FY2/SHO/Trust Dr	<input type="radio"/>	<input type="radio"/>
Clinical Nurse Specialist	<input type="radio"/>	<input type="radio"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>
Occupational therapist	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>
Administrator	<input type="radio"/>	<input type="radio"/>

Other (please specify)

*17. ORGANISATIONAL INFORMATION

Who funds the geriatric medicine input into the care of older surgical patients in your hospital?

- Not applicable
- Medical directorate
- Surgical directorate
- Combined medical and surgical directorate
- Absorbed into existing geriatric services without specific funding

Other (please specify)

*18. ORGANISATIONAL INFORMATION

Does the hospital where you work perform?

	Yes	No
Emergency surgery	<input type="radio"/>	<input type="radio"/>
Elective surgery	<input type="radio"/>	<input type="radio"/>

Other (please specify)

19. THANK YOU FOR COMPLETING THIS SURVEY

If you would like to say anything else about geriatric medicine input into the care of older surgical patients please comment below.