G60 INITIATIVE FOR GERIATRIC TRAUMA

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BACKGROUND

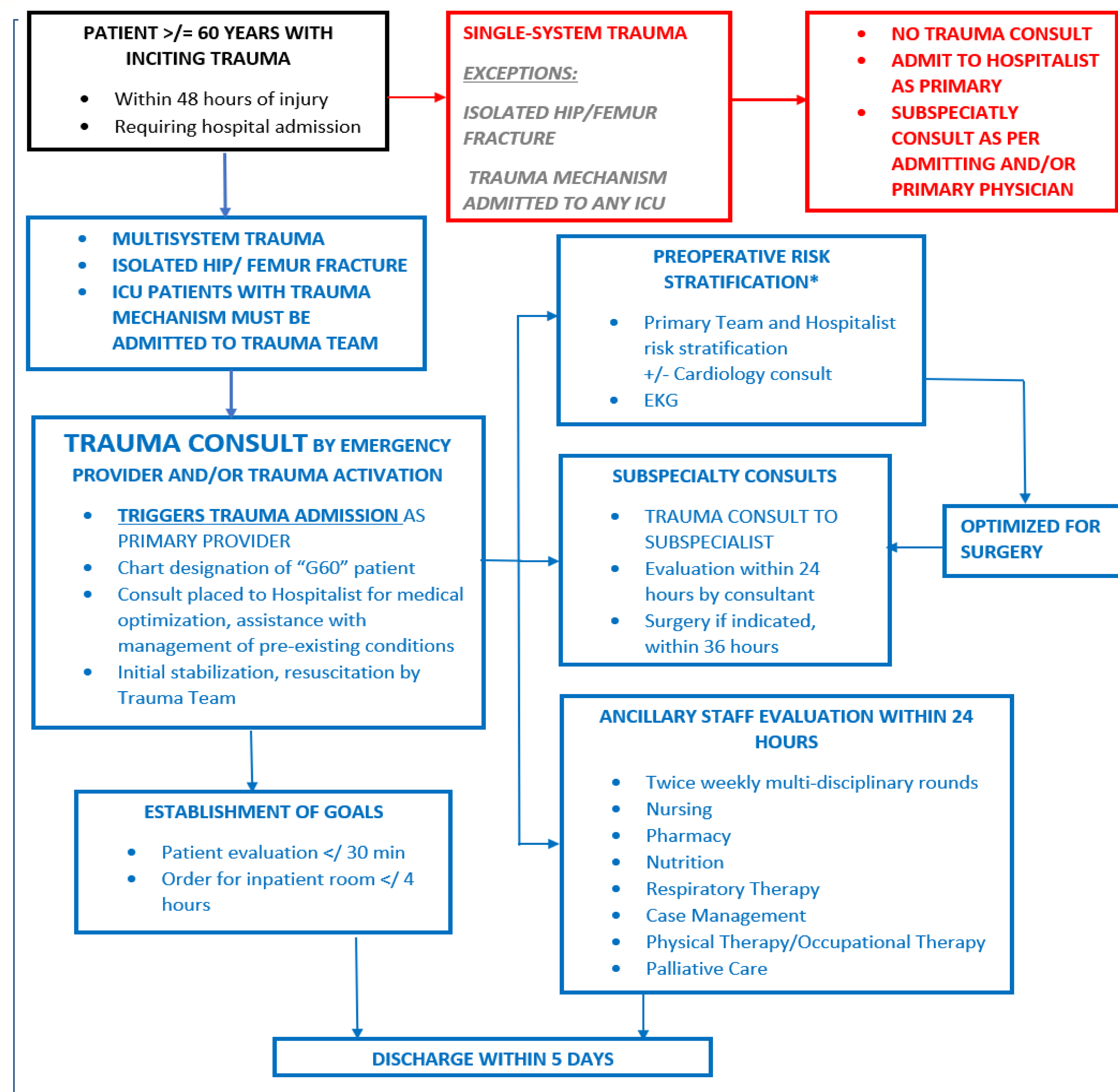
The US Census Bureau has dubbed the increase in the elderly population of this country as the "graying of America. As the country ages faster, and life expectancy increases, geriatric patients are increasingly pre-disposed to unintentional injury. The 2010 National Trauma Data Bank Study published in the *Journal of Trauma and Acute Care Surgery* recognized a rise in elderly trauma and the challenging clinical problems this presented. As a result, the trauma community called for aggressive, early, definitive management with low threshold for Level I activation to improve outcomes for elderly patients. This call was answered by the development of a "G60" protocol, first introduced at Dallas Methodist Hospital in 2012. In 2021, the Trauma Department at University Medical Center developed a Geriatric Trauma Protocol, adapted from the algorithm first introduced in 2012. We describe how a Trauma physician-led, multidisciplinary approach was used to establish the "G60" protocol at our institution.

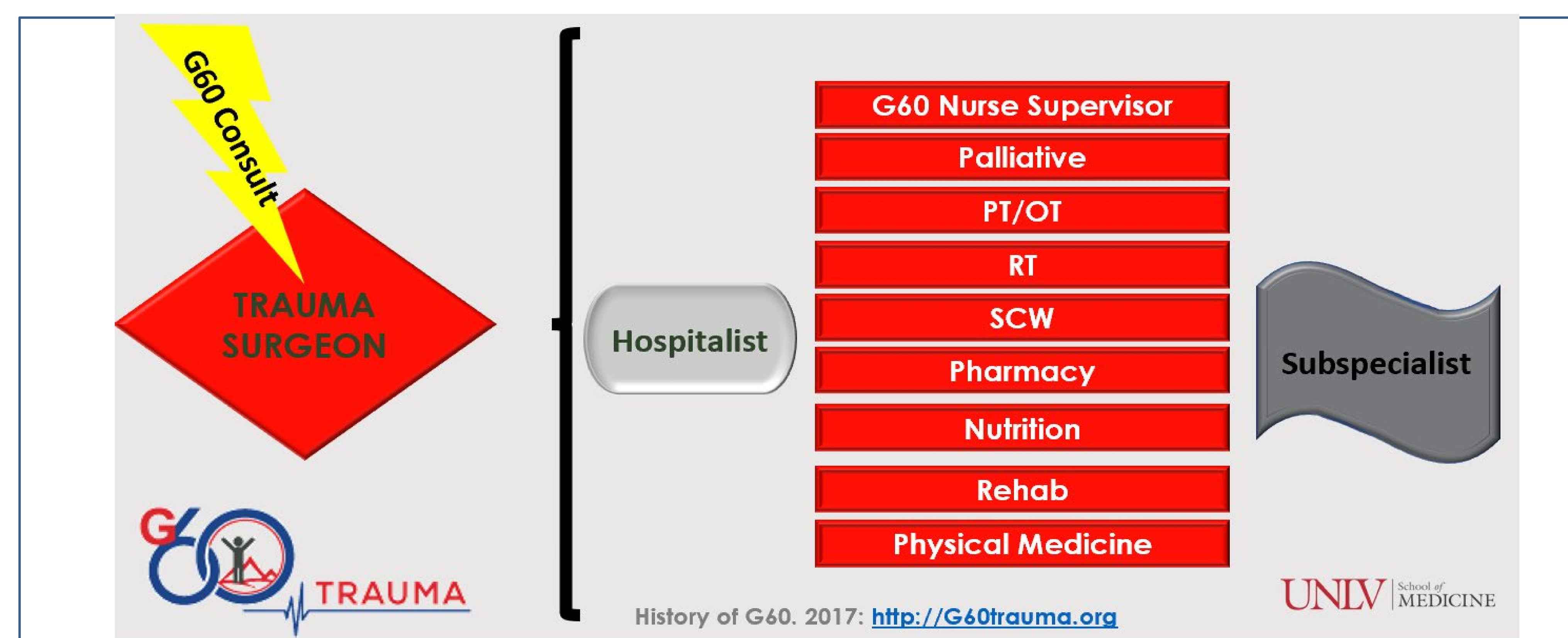
PURPOSE

A multi-disciplinary approach was used to establish the "G60" protocol at our institution, with Trauma Surgery assuming primary admitting and leadership roles in coordination of physician consultants, and care.

METHODS

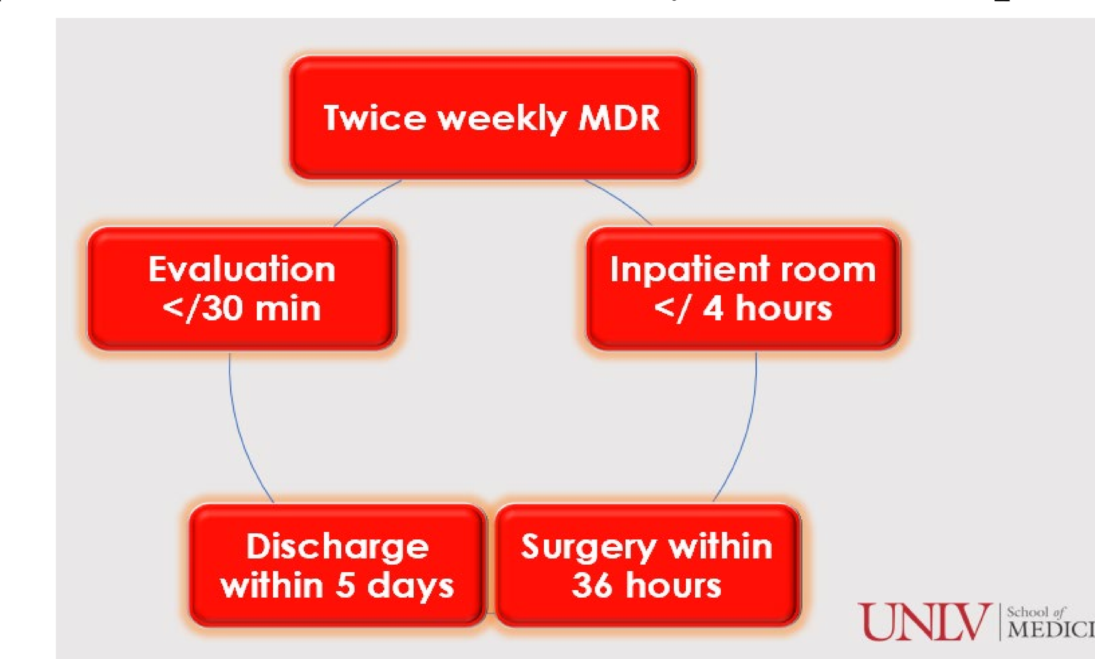
A multidisciplinary task force was established, comprised of physicians, nursing, and ancillary staff; to establish the G60 algorithm (see attached). The task force convened over the course of 1 year to establish and approve the algorithm, prior to implementation. Trauma leadership was imperative to achieve "buy in" from multiple physician consultants from various disciplines.





RESULTS

The algorithm was successfully implemented. The G60 task force meets monthly to effect changes or improvements in the algorithm. Four efficiency time-to-care goals were established. Impact studies will be completed at 6-months, and 1-year after implementation.



CONCLUSIONS

Persons > age 65 are the fastest-growing population subset in the US. Geriatric trauma patients have unique physiologic differences that impact outcome after traumatic injury. A high index of suspicion and low threshold for trauma activation for this population is required. Trauma surgeons should lead the resuscitation, work-up, pre-operative risk assessment, and treatment of the geriatric trauma patient, to afford them the best and most directed care possible.

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