Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Let's Talk About… Interdisciplinary Input or Conference for Elective, High-Risk Patients

INTRODUCTION

Kataryna Christensen [00:00:10] Hello and welcome to GSV Insight. Today we're going to be talking about establishing interdisciplinary input for elective high-risk patients. I'm Kataryna Christensen, Geriatric Surgery Verification Program Manager. And on today's podcast we'll be talking to Jana Cooper-Slifko from Rochester Regional Health. Today she'll be talking about how her hospital implemented GSV Standard 5.8: Interdisciplinary Input or Conference for Elective High-Risk Patients. Hello Jana and thank you for joining us today.

Jana Cooper-Slifko [00:00:38] Hello and thank you for having me on today's podcast.

Kataryna Christensen [00:00:42] Can you please tell us a little bit more about yourself and your hospital?

Jana Cooper-Slifko [00:00:46] Sure. My name is Jana and I'm a nurse practitioner. I work in general surgery, and I'm also the geriatric surgery verification program manager for our verified hospital, which is Unity Hospital. Unity Hospital is a medium-sized non-for-profit community hospital with approximately 250 beds.

Kataryna Christensen [00:01:07] Great.

QUESTION #1

Kataryna Christensen [00:01:07] Can you tell us how your hospital started implementing this GSV standard?

Jana Cooper-Slifko [00:01:12] Sure. So, we started by gathering our stakeholders from all of the involved departments, which were typically the heads of those departments, and we asked them to come and work together. We educated them about the GSV standards and about the importance of a multidisciplinary team and what the impact would be of having such a team on the patient's care. Now, once we had buy-in from the key participants we took a poll of the best day of the week and the best time of day that worked for everyone, and we ended up scheduling our multidisciplinary meeting based on the majority response. So, we settled on having a weekly meeting so that we could end up capturing as many of our high-risk patients as possible and the duration of the meeting is one hour. We initially started the meeting as an in-person meeting in a conference room, but when the COVID pandemic hit, we ended up going to a virtual platform. We ended up finding actually that the virtual platform was a positive change because it allowed for improved attendance for all of our team members. That happened to be a good thing.

QUESTION #2

Kataryna Christensen [00:02:11] Great, and what steps were taken to successfully capture interdisciplinary input from all necessary health professionals at Unity Hospital?

Jana Cooper-Slifko [00:02:19] So, the way that we prepare for our interdisciplinary meeting is that we have our high-risk patients evaluated by our geriatric APP prior to the meeting. The geriatric APP prepares a

word document with the details of the case review for the patient, and then she also outlines all of her recommendations from a geriatric standpoint. She sends out the list of high-risk patients, along with the word document to all of the multidisciplinary committee attendees 24 to 48 hours prior to the meeting, and at that time, she also sends the invite to the surgeons for the patients that we'll be discussing during the meeting. We ask that our team members review the charts of the meeting or of the patient's being discussed at the meeting prior to the meeting so that they can come prepared to speak to their recommendations. During the meeting, our geriatric APP ends up reading through the word document that she prepared ahead of time and then we actually call out on each department participant that's attending to ask for their particular recommendations and we kind of make a decision as a group in terms of a final, final decision. The recommendations made by the committee are then documented in the patient's EPIC chart, and we send the note that we document to the patient's primary care provider, to the surgeon, and to the head of anesthesia. The way that we document, I'm sorry, the way that we communicate the recommendations made by the committee to the patient and the family is that we have our geriatric APP call the patient the day after the meeting, and we have her outline what the recommendations were made by the committee, and then just kind of talk to the patient about what they can expect when they get admitted to the hospital.

QUESTION #3

Kataryna Christensen [00:03:53] And how long did it take your hospital to fully implement the standard, and what were the resources used and skills needed in order to conduct the interdisciplinary conference?

Jana Cooper-Slifko [00:04:02] This was actually one of the first standards that we were able to implement after we began running our patients through the risk's screening at their pre-op appointments. So, it really didn't take us very long, actually. I would say the resources that we used were the team members themselves and their, you know, expertise in their field. We often have a variety of team members that regularly attend, which is great. Specifically, we have our GSV program medical director who attends. I attend as the program manager. We do sometimes have surgeons that attend, but in the event that the surgeon can't attend, we generally always have a surgical APP from the inpatient team that can attend and offer some surgical expertise. We have a geriatric provider that attends, a hospital medicine provider, and an anesthesiologist. We often have various nursing representatives from preop, interop, and postoperative phases of care, which is great. We end up having our PT/OT therapists, speech therapists, nutritionists, and social workers attend regularly, and often times we even get a pharmacist to attend.

QUESTION #4

Kataryna Christensen [00:05:11] That's great. Were there any setbacks or roadblocks your hospital encountered while implementing the standard? And can you describe how you overcame them?

Jana Cooper-Slifko [00:05:19] Sure. So one of the initial setbacks that we had encountered was pushback from the physicians who didn't want to be told what to do or how to manage their patients and we were able to overcome the resistance of being a new group, commenting on the patient's care by positioning the multidisciplinary committee as more of a consultative service that would sort of offer suggestions about the patient's care rather than to go in and write official orders for the patient. And so that really allowed the clinicians who were actually taking care of the patient to have the final say in how they're going to manage this patient. I would say another roadblock or setback that we've had along the way is short surgical bookings. So when I when I talk about short surgical bookings, I'm talking about the patients that end up getting screened in pre-testing and then they have their surgery before our next multidisciplinary meeting gets scheduled. During this type of situation, we still have our geriatric provider do the high-risk evaluation and enter a note in the patient's chart about her recommendation. In addition, she will also send an email to all of our multidisciplinary committee attendees and let them

know of the patient's upcoming admission and outlined her recommendations for that group so they can then kind of look into the patient's chart and plan for the patient's upcoming admission. Another issue with short surgical bookings is that the timing of the multidisciplinary meeting can be a problem in terms of getting the surgeon to attend just because of scheduling and so we do make sure to recommend to document the recommendations of that multidisciplinary committee in the patient's chart and make sure that that note gets sent to the patient's surgeon. Now, in the event that we find a really significant concern during a multidisciplinary meeting that we're really worried about, we end up having our geriatric APP call the surgeon after the meeting and notify the surgeon directly of the multidisciplinary group's concern. As I said again, though, we do have an inpatient representative from Surgery APP Group which attends regularly and does offer a surgical perspective as well. Now, if another team member can't attend our meetings because of scheduling, for instance, if a physical therapy or a social worker is unable to attend, those team members will generally send an email to me, the program manager, just before the meeting with their recommendations, and then we'll make sure to bring those up during the meeting and we'll come to a final conclusion as a group and put that in the note as well.

QUESTION #5

Kataryna Christensen [00:07:47] Great. Can you share with us any tips for other hospitals who are struggling to implement the standard?

Jana Cooper-Slifko [00:07:54] Yeah, one tip that I would say for how to sustain the meetings would be to make them efficient and predictable. We found that it's really well received when we give program updates at the end of the multidisciplinary meetings. So, for instance, we sometimes talk about how we've made an impact on a certain patient's day or in our hospitals or community and even sometimes nationwide, how we've made an impact and people really like to hear about those updates. We also allow for all of our participants to bring up any GSV related questions or concerns at the end of the multidisciplinary meetings and we sort of use that time as a working group meeting, you know when we're not physically there as the program manager and the program director in the hospital, this sort of keeps us connected to the team members and it really helps when we work through these issues as a group. It really helps the GSV program to continue to thrive and function smoothly.

CLOSING REMARKS

Kataryna Christensen [00:08:51] Great. Thank you so much for joining us today and sharing your experience implementing Standard 5.8 at your hospital.

Jana Cooper-Slifko [00:08:58] Yeah. Thank you so much for the opportunity, Kat. I'm really excited to share our journey with everyone, and I just want you all to know that my emails up on the screen, if anybody would like to reach out with further questions, I'm happy to help.

Kataryna Christensen [00:09:10] Great. And if you'd like to share your GSV implementation strategies, please don't hesitate to reach out to me. Kat Christensen, thanks so much.