Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Let's Talk About… Communication with Post-Acute Care Facilities

INTRODUCTION

Kataryna Christensen [00:00:09] Welcome to GSV Insight. Let's talk about communication with post-acute care facilities. I am Kataryna Christensen, the Geriatric Surgery Verification Project Manager. On today's podcast, I will be talking with Gina Clarke and Dr. Saini from Kaiser Permanente, Fresno Medical Center. Today they will be talking about how their hospital implemented GSV Standard 5.18 Communication with Post-Acute Care Facilities. Hello Dr. Saini and Gina, thank you so much for joining us today.

Gina Clarke [00:00:41] Hello. Thank you for having us on today's podcast.

Kataryna Christensen [00:00:44] Can you please tell us a little bit more about yourselves and your hospital?

Gina Clarke [00:00:50] Sure. My name is Gina Clarke, and I am a clinical innovation deployment leader and the geriatric surgery program coordinator, and I've been in this role since 2018 and I'm responsible for managing a portfolio of strategic clinical quality initiatives to support older, vulnerable populations across care settings. In 2018, our facility was selected to participate as a beta pilot for the Coalition for Quality in Geriatric Surgery Pilot, and I've been acting as the GSVP coordinator ever since then and was on hand in August 2021, when our medical center earned verification as a geriatric surgery hospital through the ACS. Dr. Saini, you want to introduce yourself?

Dr. Amit Saini [00:01:42] Sure. Hello, everyone. My name is Amit Saini. I'm a board-certified geriatrician. I joined Kaiser Permanente in Fresno in 2002 and since then, it's been my home and a place where I practice and find my joy and pleasure of working with my patients. I have worked in clinic, hospital, and various rehab and nursing home facilities during my tenure at Fresno, and it's been a pleasure and a privilege.

Gina Clarke [00:02:08] Dr. Saini and I are part of the Kaiser Permanente Fresno medical team. Kaiser Permanente is one of 21 medical centers in Northern California Kaiser Permanente Health Care System. Our facility has 169 beds, and we are an acute care hospital.

Kataryna Christensen [00:02:27] Great. Thank you so much.

QUESTION #1

Kataryna Christensen [00:02:29] Can you describe the steps taken to begin implementing the standard?

Gina Clarke [00:02:36] Sure. To start off with, we established early on a GSV core team, and it was with their guidance and support that we developed smaller work groups to focus on the standards based on the patient's pathway. Our discharge work group was assigned to Standard 5.18. During that process, we

completed a gap analysis with our stakeholders which included our continuum administrators, SNF providers, SNF manager, and transition team to really gain an understanding of our current state in areas we needed to reinforce. Fortunately, what we found out during that process is that we already had a very robust, bi-directional community strategy in place with our contracted and non-contracted post-acute care facilities. We just needed to build on existing processes to meet the standard. Kaiser has an integrated system, and we really leverage our electronic medical record at those facilities. Dr. Saini, do you want to speak more about this?

Dr. Amit Saini [00:03:39] Sure. You know, when we contract with a skilled nursing facility, we look at the service rating of the nursing home and the quality at which they're performing. So, we tend to contract with facilities that are four star or higher. We also look at the geographical location of the facility, so it is in proximity of the hospital as well as it is located closer to where our patient population tend to live so they do not have to travel far from their homes to the facilities. We are an integrated system, and we also look forward to our nursing home to be a partner where they have electronic medical records. Yes, they do not have the same electronic system as ours. However, for them to have an electronic system help our doctors, monitor our patients' progress, vitals, blood sugars, even labs are available on the computer, and the information is clear and transparent in that method. In virtually all our nursing home, we have a good team with trained physical therapist, occupational therapists, speech therapist, nursing team, nursing assistant. We look for some team that is responsive, for the better ratio so that we can provide good care to our patients.

Gina Clarke [00:05:03] And I'll just add, in addition to that wonderful explanation that Dr. Saini gave, one area that we needed to build up was around sharing of data back to our geriatric surgery quality committee. Again, our amazing team already had a process in place for tracking that quality of care. So, they meet quarterly with the post-acute care facilities to review publicly reported Medicare SNF, QRP or the quality reporting program measures, the Medicare star ratings and any CDPH surveys. Additional quarterly oversight meetings are held with the facility leadership to discuss this along with readmissions, data, health and any recent concerns or policy changes. And and then what happens is our continuum team then shares relevant information back to our geriatric surgery quality committee, which was that additional layer that we added.

Dr. Amit Saini [00:05:59] And on our end, as the team are providing care for our patients at various nursing and rehabilitation centers, our team document our notes in our Kaiser Permanente electronic medical records system. So, in the hospital, the primary care doctor, the surgeon or the care team at Kaiser Permanente is also able to track the progress of our patients. Not only that, we have weekly review of every patient who's receiving skilled rehab and have a multidisciplinary discussion not only in the nursing home with the SNF team, however, also with the Kaiser Permanente team. And then we take steps that are necessary. If there are some concerns that are coming out, we tend to resolve them or address them in the moment.

QUESTION #2

Kataryna Christensen [00:06:51] Great. And what resources were used and what skills were needed to put this standard in place at Fresno?

Dr. Amit Saini [00:06:59] So, for our nursing home team, our skilled rehab team, we have to have the nurse care manager. So, this person is like the quarterback of the team, works with making contract or if there are some escalations that need to be shared with the skilled nursing facilities leadership team, this person helps out. Then we have registered nurses in the team and they're also our discharge planners. We

have two physical therapists on the team. We do have room for a social worker in the team. Currently we work in collaboration with the social worker available from various nursing homes, and then we have physicians who are trained in hospital medicine and geriatric medicine. So that's kind of makes the core of our, our nursing home team. And again, as I stated earlier, we collaborate with the SNFs and in the SNFs we look forward to have the nursing care with LPN as well as registered nurses, because nowadays the care in the nursing homes is way more complex than before. Our patients have complex wound care needs. Several of them are receiving intravenous medication, including long term IV antibiotics. So, to have a registered nurse in the SNF is of great value, especially if some changes need to be taken in the middle of night or on the weekend, then our nursing home teams helps out. All of our nursing homes have trained physical therapist, occupational therapist, speech therapist. When needed, we also get nutritional counsels in the nursing homes, and we have a nurse trained in wound care. So, our doctors round with the wound care nurse at the nursing home where we monitor the progress of the wounds for our patients.

QUESTION #3

Kataryna Christensen [00:08:54] Great. And can you share with us any tips for other hospitals who are struggling to implement the standard?

Dr. Amit Saini [00:09:02] I think the key element is integration because what we see at the nursing home as our team and if you're not able to share in our Kaiser Permanente electronic medical record, then our surgeon and the primary care doctors would be at loss. Second thing is, when the patient is at the nursing home, then I am the point of care for the patient. So, my patients' concern and all should be directed to me, and we take ownership of that. So, the primary care is no longer responsible for the patient care at that time - it's me. And I connect with the patients and family and take responsibility then to provide that communication and clarity to them. So, again, that level of ownership is important. I do need support on my end where, you know, if I need some opinion from a surgeon, infectious disease specialist, I need some time and opinion in the moment sometime the urgent or sometimes routine. With our system, I can copy my chart to my colleagues and get an opinion if it is routine in a day or two. If it is urgent, I could call them or page them and, in our system, we have a policy where two doctors talk, good things happen. There has been no time there I called my colleagues, and I did not get a response back or the response was where I did not feel good about it. It has always been very helpful in our system, and we put patients in the center, and we work together to elevate the level of care for our patients. So again, that integration and respectful approach and ownership of the patient are the keys.

Gina Clarke [00:10:39] And I'll just add from a sustainability perspective of the standard… And just to have regular check ins with your team as needed and we've found that it's been helpful to relaunch our ad hoc work group at times to refocus attention and of course, we always involve our stakeholders and subject matter experts. Another really important point is that our continuum team, including Dr. Saini, is integrated into our geriatric surgery quality committee as well.

Dr. Amit Saini [00:11:10] I'll add one more thing. We are also very heavy on medication reconciliation. As this sometimes could be a really key point for patients to have a change in status of their condition when the medications are not reconciled appropriately. So, our team tends to reconcile the medication at every step of transition. So, when I admit my patient in the nursing home, I'm able to see what medications they're taking, work with them and see that my patients are taking the medicine they need to. If you change any medications, some are deleted or added, when I discharge my patient from the nursing home back to home or to community, I then update that list into Kaiser Permanente health record. So again, and we give a printout list for our patients. So, the medication reconciliation happened at every point of transition.

CLOSING REMARKS

Kataryna Christensen [00:12:01] This is some incredible work that you have put together at Fresno. So, thank you so much for joining us today and sharing your experience implementing standard 5.8 at your hospital.

Gina Clarke [00:12:16] Thank you so much for this opportunity, Kat. We're really excited to share our journey with everyone, and our emails are up on the screen if anybody would like to reach out for further questions.

Kataryna Christensen [00:12:28] Great, and if you'd like to share your GSV implementation strategies, please don't hesitate to reach out to me at kchristensen@facs.org. Thanks so much.