



Geriatric Surgery Verification  
American College of Surgeons

## GSV Insight: Leveraging Geriatricians at the Committee and Facility Levels

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### INTRODUCTION

**Michael Bencur** [00:00:11] Hello and welcome to GSV Insight. Today let's talk about leveraging geriatricians at the committee and facility levels. My name is Michael Bencur, and I am the GSV Project Manager. Today I am joined by Dr. Aaron Baggs and Dr. Ali Torbati. Welcome Dr. Baggs and Dr. Torbati.

**Aaron Baggs** [00:00:29] Thank you.

**Ali Torbati** [00:00:30] Thank you. Happy to be here.

**Michael Bencur** [00:00:32] Could you tell us a little bit more about yourselves and your background?

**Aaron Baggs** [00:00:35] Sure. I'm Aaron Baggs. I'm a general surgeon for the Permanente Medical Group at Kaiser Oakland and Kaiser Richmond. I've been involved with the American College of Surgeons in the quality programs over the years and was very excited with the start of Geriatric Surgery Verification Program back in 2017-2019. And we rolled out Geriatric Surgery Verification starting in 2019.

**Michael Bencur** [00:01:10] Great. And Dr. Torbati?

**Ali Torbati** [00:01:13] Hi, I'm Ali Torbati. I'm a geriatrician. The majority of my clinical work is in the skilled nursing facility, especially post-hospital state rehabilitation for older adults. I'm also the department chief in Kaiser Oakland East Bay. And I have been involved with the Senior Surgical Project in the East Bay as well.

**Michael Bencur** [00:01:39] Great. And could you give us a little bit more information about Kaiser Permanente Oakland and Richmond Medical Centers?

**Aaron Baggs** [00:01:47] Sure. So, the Richmond Medical Center is a small hospital at about 50 beds with six ORs. It has a good-sized ICU, but it is the smaller facility of the two; Oakland at 315 beds has a variety of specialties from thoracic, spine, vascular, to neurosurgery and pediatric surgery. So, they are much more of a regional center.

### QUESTION #1

**Michael Bencur** [00:02:25] Great. Now moving on to our questions about GSV Standard 5.8. What did you do and what were the steps taken to implement this standard?

**Aaron Baggs** [00:02:36] Sure. So, after hearing about the Geriatric Surgery Verification Program and some of the work that had been done in Fresno, you know, when we started to develop our interdisciplinary conference, really my only experience with anything similar had been the forum we use for cancer care, the Tumor Board. Since then, we've graduated to try to make our multiple providers' areas of expertise

applicable to the patient rather than the disease itself. We found that one of the most important voices was that of our geriatrician. As an organization, Kaiser Permanente has deep experience working in a collaborative integrated fashion, but like most centers we face the challenge of a very small number of geriatricians. Our interdisciplinary committee meeting serves as an educational meeting. We're trying not to just come up with a treatment plan. So, we've had providers come in from oncology, vascular, nephrology, memory clinic, physical medicine, as well as a variety of surgical specialties. And when surgeons attend and hear about their patients they can return to their departments and they serve as a resource for the care of geriatric patients. They become more familiar with the process of shared decision-making looking for goal concordance and what matters most as concepts involving patient family and the surgeon's expertise. And I can hand it off to Dr. Torbati.

**Ali Torbati** [00:04:20] Thank you so much, Aaron. I have to say, providing patient-centric care to older adults with multiple medical conditions is and will be the main priority of any healthcare system globally, not only in our own country, in the next few decades. I think we had a great discussion around the why and why this implementation and this project is important with all the teams involved and how this work will give a structure to a change of culture in our healthcare system. A cultural change through an interdisciplinary approach with a goal to improve patient-centric care within a geriatric friendly healthcare system. I have to say, when you have a good buy-in from brilliant, mission-driven problem solvers, then the next steps will come naturally. And we're very lucky and fortunate to work in a healthcare system that we were able to see the next steps coming to us pretty easily after the first buy-in.

## QUESTION #2

**Michael Bencur** [00:05:27] Great. And how long did it take to implement this standard?

**Aaron Baggs** [00:05:33] Well, implementing it takes years really to have a wide impact. You know, we can have an initial discussion with board participants and the involved surgeons and the involved service lines. And there were certainly some early adopters who were eager to participate and saw the value of the interdisciplinary conference, and they were willing to take ownership of the care plans. There are, you know, there's many decades of surgical training and individuals remain disease focused, and there are some who need regular reminders. We are fortunate we have a set of electronic medical record tools and a vigilant coordinator who provides those reminders. I would say, even though we've been doing this for several years, it is not a task that is behind us. We still have new surgeons joining. We are still developing the process. We still have new people in our medical group. We have a framework that helped a lot through COVID, which was obviously a challenge. And we worked to sustain momentum with annual performance improvement conferences involving multiple service lines. We were very fortunate to have Gretchen Schwarze participate in one of our annual general surgery performance improvement meetings. We've had similar meetings with spine, ortho, and the hospitalists. Dr. Torbati?

**Ali Torbati** [00:07:02] I would like to also add that not only implementing this standard is important, but also maintaining and have a commitment to a continuous, timely service, well organized geriatric evaluation, and a reliable board meeting are critical. I would like to thank our leadership in the Permanente Medical Group to be able to support us to, and provide appropriate resources, appropriate changes in the healthcare system to give us this opportunity to be able to provide the continuous commitment and continuous service to our members in the East Bay.

## QUESTION #3

**Michael Bencur** [00:07:44] Fantastic. And what educational resources do your hospitals provide to staff for this standard?

**Aaron Baggs** [00:07:52] They're important. And, you know, we started with a Grand Rounds presentation in 2019, and just at that, you know, initial meeting to bring out, you know, our desire to work towards identifying frailties; we identified occupational therapists willingness to participate. We also developed online education for the physicians and staff who care for the elderly. And really some of the work I've been most proud of has been the education by the geriatricians of our hospitalists, physicians, and nursing staff. With the involvement of our coordinator and our graduate medical education office, we can award continuing medical education credit to participating physicians. And we really have, as part of Kaiser Permanente, continuing education and improvement as a key value. And, you know, Dr. Torbati talks a little about this, but I'm, I mean, really the education and time he has invested in our hospitalists so that they can do geriatric work has been a real key part of our success.

**Ali Torbati** [00:09:09] Thank you so much, Aaron. I think from my side, I would say, at the Permanente Medical Group, we do have a main strategy around providing age-friendly care to our members in every setting. Giving the appropriate knowledge and perspective to all our healthcare workers and even patients and their family members through the five Ms of geriatrics has been a key part of this strategy. We have been fortunate to be able to use different platforms, including the CME trainings, online modules, and direct education through our geriatrics nurse educator and geriatrics champions that we have in our inpatient and outpatient settings.

## QUESTION #4

**Michael Bencur** [00:09:57] Very interesting. And what other tips or advice would you have for hospitals when implementing this standard?

**Aaron Baggs** [00:10:06] You are unlikely to have enough geriatricians. There just aren't enough in our facility. There aren't enough in California. There aren't enough in the U.S. But they really are an amazing resource as far as reframing the approach to a frail individual being considered for surgical intervention. This is not something I was trained to think about as a surgeon, and really getting the geriatricians involved, even just to try and help you change your framing, is important. The arranging for timely geriatric evaluations, it's not going to be done by geriatricians. You have to find a way to develop a parallel process. And for us it was the use of perioperative medicine to provide that geriatric evaluation. Dr. Torbati?

**Ali Torbati** [00:11:05] I cannot agree more, Aaron. I would say one of the first things I learned in geriatric medicine was that thinking out of the box is essential to this work. I would say, please be creative and identify the limitations and the strength of your team and your system. I also think that having good communication with the ACS team is vital. I recommend using their inputs regarding your work and how you can implement the standards within your system. I have to say, they're brilliant people and they have extensive knowledge about implementing the standards in different healthcare systems, and they have been extremely collaborative with us, with sharing their input and their experience.

## CLOSING REMARKS

**Michael Bencur** [00:11:51] Wonderful. Well, thank you again both so much for being here today to share your perspective of implementing Standard 5.8 at Kaiser Permanente Oakland and Richmond Medical Centers. And Dr. Baggs and Dr. Torbati's contact information is up on the screen if you'd like to reach out

with any follow-up questions. And then I hope you all have learned as much as I have today. If you would like to share your GSV implementation strategies, please don't hesitate to reach out to me at [mbencur@facs.org](mailto:mbencur@facs.org). Thank you.