Geriatric Surgery Verification
American College of Surgeons

# GSV Insight: Let's Talk About… Management Plan for Patients with Positive Geriatric Vulnerability Screens

## INTRODUCTION

**Kataryna Christensen** [00:00:09] Hello and welcome. I'm Kataryna Christensen, the Geriatric Surgery Verification Project Manager. On today's podcast, I'll be talking with Dr. Teresa Jones and Sara Davidson from Rocky Mountain Regional VA Medical Center. Today we'll be talking about how their hospital implemented GSV Standard 5.7: Management Plan for Patients with Positive Geriatric Vulnerability Screens. Hello Dr. Jones and Sara, thank you for joining us today.

**Dr. Teresa Jones** [00:00:35] Thank you so much for having us, Kat.

**Sara Davidson** [00:00:36] Thank you. We're excited to be here.

**Kataryna Christensen** [00:00:39] Can you please tell us a little bit more about yourselves in your hospital?

**Dr. Teresa Jones** [00:00:43] So my name is Teresa Jones. I'm a general surgeon and critical care physician at the Rocky Mountain Regional VA Medical Center, I'm also the co-director for our Geriatric Surgery Verification Program. We are a level 1A facility at the VA, which means we handle complex patients in our VISN. Our hospital size is about 150 beds.

**Sara Davidson** [00:01:02] And this is Sarah Davidson. I'm a surgical nurse navigator here at Rocky Mountain Regional, primarily working on quality improvement projects and things of that nature. But I'm also the program coordinator for the Geriatric Surgery Verification Program.

**Kataryna Christensen** [00:01:19] Great. Thank you.

## QUESTION #1

**Kataryna Christensen** [00:01:21] And when did you begin implementing the GSV standards?

**Dr. Teresa Jones** [00:01:24] Well, we were really lucky that our boss, Dr. Tom Robinson, is a national expert in geriatrics, as well as our chief of surgery and so when he took over our service, he really implemented a culture of safety and quality improvement. So, our hospital was selected as a beta testing site for the initial standards with his involvement in the program. We started implementing these standards in January 2018. We had our first site visit in the summer of 2018. We had a brief pause with moving hospitals and of course, COVID. So, we got officially site visited in December of 2021 and verified in January 2022.

## QUESTION #2

**Kataryna Christensen** [00:01:59] Great. How have you implemented standard 5.7 and what were the interventions used?

**Sara Davidson** [00:02:05] So when implementing Standard 5.7, we first identified surgical patients that were over the age of 75 that would be having an inpatient operation and we really strived to include all of these patients - so, achieving 100%. The first step was to complete a standardized preoperative questionnaire that would help us identify vulnerabilities and areas of optimization prior to their surgery. These vulnerabilities would help address the patient's cognition, nutritional status, and their function and mobility at baseline. In terms of the patient's cognition, we would use the 6CIT to address this and should the patient screened positive with either a mild or a significant impairment, we would place a consult for the outpatient primary care, mental health integration, and then if the patient had a positive nutrition screen in which they had admitted to losing weight, if they had swallowing difficulties and those kinds of things, then we would refer them to our nutritionists. When addressing the patient's mobility and function, they're asked if they have fallen in the past six months, and in this case if they have fallen even just one time, they're connected with our outpatient gait and balance clinic. Palliative care and geriatrics are on our weekly multidisciplinary calls. And their continued engagement, along with many other stakeholders, help to provide the necessary care to these patients and make sure that we're addressing their preoperative vulnerabilities. From an inpatient side, we also strive to meet standard 5.7. So, with this, we round on our aging veterans during their post-operative phase. The aging veteran rounding nurses will screen for delirium using the 4AT and then also conferring with their inpatient nurses who complete the CAM assessment. Should they notice any signs or symptoms of impaired cognition, a medication review can be conducted with the pharmacists, and the nursing staff are encouraged to continue orienting the patient to prevent further decline. The group also ensures that physical therapy, occupational therapy, and the progressive activity initiatives are ordered for patients during the post-operative period. Lastly, if a patient suffers from a lack of appetite or nausea postoperatively, nutrition can also make recommendations to help order supplements if needed.

**Kataryna Christensen** [00:04:24] Great. Thank you. That's super helpful.

## QUESTION #3

**Kataryna Christensen** [00:04:27] And what resources were used and what skills were needed to put this standard in place?

**Dr. Teresa Jones** [00:04:32] I think our biggest resource has been the variety of providers and patient caregivers who participate in our weekly meetings. Like Sara said, we have palliative and geriatrics present at every meeting so they can review these patients even though they aren't their primary care physician and additionally, we have PT/OT, social work, nutrition, pharmacy participating on these weekly calls. So, they're able to see all these patients preoperatively. If not, if there's not an intervention that they can do before surgery, certainly they're on high alert for these patients and again, all these patients have universal precautions for delirium and mobility after surgery. So, we're really using the skills and resources that we already have with a standard in place.

## QUESTION #4

**Kataryna Christensen** [00:05:15] Great, and were there any setbacks or roadblocks when implementing the standard?

**Sara Davidson** [00:05:19] I would say that one of the biggest roadblocks or setbacks was staffing. Turnover in all of the areas have to be accounted for. We have to provide updates and education every time somebody steps out of a role and somebody new comes in. This includes nursing Pas, NPs, and the other clinicians that might help complete the pre-operative assessments in their respective clinics. There's also been some turnover within the inpatient rounding team, so we've done a good job of recruiting people and making sure that they're passionate about helping this program move along. There was some difficulty in getting the program off the ground as COVID brought many inpatient operations to a halt and sort of

limited our supply of people to implement this on. It was challenging to start a program with a limited number of patients, but it ultimately allowed for the group to fine tune some of the interventions and focuses. Continuing to recruit caregivers that are passionate about the program is really what keeps it alive. The group has been successful even during these difficult times because there's a vested interest in the participants and they really recognize the importance of the program.

**Kataryna Christensen** [00:06:24] Great. Thank you for sharing.

## QUESTION #5

**Kataryna Christensen** [00:06:26] Do you have any tips or advice for hospitals struggling with implementing the standard?

**Dr. Teresa Jones** [00:06:31] I think for us a big key was understanding what resources we already had. I think, you know, again, we are lucky to have our geriatricians participate in this call. They knew a lot of the resources that were already in place for older patients. So really mining the resources that you already have and thus being flexible with everything that's gone on in the last few years, you know, transitioning to primarily a phone screen really helped us identify a lot of, you know, needs that these patients had and that was after a lot of trial and error, trying to do everything in person. So, I think using the resources you have, being flexible and being persistent throughout this process because, you know, some staff will turn over, but as long as there's people passionate about it, like Sara said, we're going to get this done and we're going to implement a good program.

## CLOSING REMARKS

**Kataryna Christensen** [00:07:15] Great. Well, thank you so much for joining us today and sharing your experience implementing Standard 5.7 at your hospital.

**Dr. Teresa Jones** [00:07:22] Thank you so much, Kat!

**Kataryna Christensen** [00:07:24] Great, and if you'd like to share your implementation strategies, please don't hesitate to reach out to me at kchristensen@facs.org.