Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Geriatric Surgery Directors and Coordinators

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INTRODUCTION

Michael Bencur [00:00:11] Hello and welcome to GSV insight. Today let's talk about Geriatrics Surgery Directors and Coordinators. I am Michael Bencur, the GSV Project Manager. Today I am joined by Dr Anita Chiu and Kimberley O'Brien Dollé from the Kaiser Permanente Northern California system. Welcome, Dr. Chiu and Kimberley.

Kimberley Dollé [00:00:32] Thank you.

Anita Chiu, MD [00:00:33] Thank you very much.

Michael Bencur [00:00:36] Could you tell us a bit more about yourselves and your backgrounds?

Anita Chiu, MD [00:00:41] Sure that sounds good. Again, thank you, Mike, for having us. And thank you to the ACS for having us. My name is Anita Chiu, and I'm joined by my partner in crime, Kimberley Dollé. I am a general surgeon at, Walnut Creek Kaiser in Northern California, and my role at Walnut Creek is the Geriatric Surgery Director. I also have a dual role that I fell into after this local role as the Northern California co-lead for geriatric surgery in the, Northern California Permanente Medical Group.

Michael Bencur [00:01:20] Thank you, Dr. Chiu. And Kimberley?

Kimberley Dollé [00:01:24] As mentioned, I am Kimberley Dollé. I am the Geriatric Surgery Coordinator, or I was, for Walnut Creek, and took them through verification. I am currently the regional geriatric surgery program mentor and, very fortunate partner with Dr. Chiu.

Michael Bencur [00:01:49] Great. Thank you so much for being here today. And then could you give us a little more information about the Walnut Creek Medical Center and the larger Northern California Kaiser Permanente system?

Anita Chiu, MD [00:02:00] Sure. For sure. And, Kimberley, feel free to interject on any of my comments. Walnut Creek is where I practice as a general surgeon. It is one of two main hospitals in what we call the Diablo service area in Northern California. It is a medium sized hospital. We have 233 beds, all specialties. We have a full emergency room at Walnut Creek where we service our patients. We are also pretty unique in that we have a very, very large geriatric population that lives in this community. In terms of Northern California, we have 21 hospitals within our Northern California Kaiser system that we service, but in terms again of Walnut Creek Medical Center, this is, again, the hospital where I practice general surgery. It is the hospital that we took to heart the standards of the American College of Surgeons in recognizing the value of geriatric care for our patients. Not only does, again, Walnut Creek have a very high number of geriatric patients on both the medical and the surgical front, Northern California in general is recognized as having many, many older adults in terms of the population that not only Kaiser but all health care serves.

QUESTION #1

Michael Bencur [00:03:30] Great. Thank you. Moving on to our questions about GSV Standards 2.1 and 2.2, Geriatric Surgery Directors and Coordinators, respectively. What were the key drivers when designing your roles to meet the GSV standards and Kaiser Permanente's needs?

Kimberley Dollé [00:03:48] So in designing the roles for both the coordinator and the physician director, in addition to maintaining the ACS GSV Standards, we also take into consideration the qualifications or qualities those two roles would need in order to really support the GSV care pathway that Kaiser had designed. As well as what we needed to meet the local, medical center culture. We're very fortunate because Kaiser actually saw the value of a full-time coordinator could offer each medical side. Given the number of moving pieces and the strong need to support a multidisciplinary team and lead through relationship building and influence. So I think that's something that's very unique to the way we designed that particular job description. Anita, I'm sure you have insights to add that I don't?

Anita Chiu, MD [00:05:02] Oh for sure. And I think, as Kimberley said, both of our roles for 2.1 and 2.2 were again defined and followed based on the ACS standards. And again, having this geriatric patient in mind and knowing that it was a very vital patient population as we move forward in the future and knowing that this is such a large population that Northern California sees. We definitely understood that there was going to be a huge culture change in the way that we take care of patients, that we needed to be change agents for. And so, again, when the rules were designed to meet the GSV Standards, obviously those are black and white in the leadership components that were asked. But the attributes and things that we knew that we were needed were to, again, be change agents for this geriatric care that is important, knowing how to push momentum forward. We understood again that and we're lucky that there was support overall with the time allotment, and again we call it an FTE allotment for both of our roles. The knowing that again, that there were this geriatric interest that we had garnered and knowing that there would be educational components that would be continuing as we went along throughout this process. So, I think a lot of those components knowing these factors coming into play, and that implementation in a hospital system that involved a change in culture, I think these were a lot of the key components that we took on when taking these roles.

Michael Bencur [00:07:04] Absolutely.

Kimberley Dollé [00:07:06] We also learned a lot from Fresno, which was an early adopter and one of the first sites verified. So we were also able to see based on lessons learned and really what was needed in those roles. What on a large scale we needed to focus on with attributes and and role responsibilities and design.

QUESTION #2

Michael Bencur [00:07:35] Definitely. On that note, can you go into detail about the responsibilities of your roles at the local level?

Anita Chiu, MD [00:07:43] For sure. And I think the great thing with about working Kimberley is that we were able to bounce ideas off one another in order to implement and hardwire and actually operationalize what we needed to do to have the GSV standards go into an effect in our hospitals. As Kimberley had pointed out before, we learned a lot from Fresno. But again, even though Kaiser is one large beast in Northern California, each of the 21 sites has its own culture and workflow. And so having learnings from Fresno and Fresno's process and implementation of the GSV Standards helped us create a framework for going about and learning our local hospitals' culture and how to create that change involved in creating specialized geriatric care for our surgical patients there. And again, knowing that the two hospitals have very, very different workflows. But the road map from Fresno and the road map that the ACS provided,

helped us out in a lot of our roles. I think we had mentioned a little bit before that, you know, the responsibilities, that are laid out in Standards 2.1 and 2.2 are fairly basic in description, but really in terms of the responsibilities again, how did we go about in creating that sort of culture? And the main thing is how did we work together in sustaining that culture? And I think that was the biggest unwritten responsibility that we, engaged in throughout that verification process. And I know, again, that's sort of like a vague responsibility. But I think in actuality and what happened, that really is what we experienced during that entire time process as we went through our verification journey.

Kimberley Dollé [00:09:58] I agree. One of the key elements, I think, and reasons for the success between Anita and I is, one we definitely have a passion for the program, and we've been with it since the beginning. I, in my opinion, or how I view the coordinator role in addition to what's stated in, the ACS [GSV] Standard 2.2, it's really what can I do to help support Anita, and take off her plate as we socialize and engage our providers? How do I best create the relationships that are needed within Walnut Creek to make meaningful change? And then how do we best connect and demonstrate the amazing value that the GSV Program offers, not only to our patients, but to our providers? And so I think in addition to what the [Standard] 2.2 lays out, those were really key areas of focus for the coordinator.

QUESTION #3

Michael Bencur [00:11:13] Absolutely. Building off that, can you describe how you transitioned from your local roles to your roles for the larger Northern California region?

Anita Chiu, MD [00:11:22] For sure. And again, I think we're, Kimberley and I, are lucky that we were able to do this together, as we have such a great partnership. I think one of the things that was very, very important and how we tackled Walnut Creek was that we wanted to listen to our front line, the actual physicians and nurses and all the consultants involved in geriatric care. It was very, very important for us, at our local site, to know what our frontline needed in order for this to be successful. So not just the why and the culture change that it took when we went literally on the ground and spoke to people at our hospital, but understanding that also what they needed on a technology standpoint to make this successful and not create excess work that, I think it's very difficult for anyone in health care these days to take on. So, understanding that the transition and, again, having the background of an experience of learning this throughout this whole verification journey. I think, one of our key pilots, Dr. Banerjee, who I'm sure everybody knows, who was instrumental in taking Fresno off the ground as a pilot site and adopting the ACS standards, when Dr. Banerjee had retired, I was lucky enough that he identified me as somebody who had a lot of passion for this geriatric process. And, I think also understood that we were unique in Walnut Creek that we had this experience going through the verification journey. Again, both Kimberley and I have a lot of passion for this project. And so, under Dr. Banerjee's suggestion, I applied for this regional role, having the goal with the rest of my team to successfully take the ACS standards and implement through them through all 21 hospitals in our system. And again, knowing the challenges that all 21 hospitals, even though we are under one umbrella, have very, very different, processes and workflows in place for patient care. But, having the experience, I think, in dealing with this from the ground up and from our frontline troops and understanding how valuable that is, that transition makes it easier. And so, mine is less of a transition rather than doing double duty. But, I think that kind of sums up the overall, pairing between both the local and the larger regional Northern California role. And again, we still miss Kimberley in her local role, but I'll let Kimberley talk a little bit more about her transition.

Kimberley Dollé [00:14:40] So for me, I was actually the coordinator for Walnut Creek at the time that I was recruited to take the regional mentor role. And so I actually did double duty. I maintained my coordinator role in Walnut Creek as we were on the verification timeline. And so I got to maintain my connection and my role within the program locally and take us through the verification process. With that, I learned a ton. And the beauty of it was, I could then take what I've learned and share those best practices with our coordinator team, and with our regional leadership team. And based on our learnings, we were

able to really make some key changes. For example, in our technology build, which Anita had alluded to, we learned from the feedback and from our experience ways that we could make our pathway and that ask of our providers regarding documentation. And the touch points and journey of the patient, how we can make it more intuitive to the work that the providers are already doing as opposed to making it an additional ask of them. And I think, Anita very modestly didn't share. She actually is still the Walnut Creek, Geriatric Surgery Director, as well as the regional, co-chair of the geriatric surgery program. And so she's, like she mentioned, has had the benefit and the ability to do the same. And together we've been able to collaborate locally and regionally to kind of liaison and share what we've learned. And what our vision is for process improvements and pathway refinement moving forward.

QUESTION #4

Michael Bencur [00:16:49] Absolutely. It's really interesting to hear about how these roles transformed for you. And what are some lessons learned when you first took on these roles, and what was the growth involved during your journey towards verification?

Anita Chiu, MD [00:17:01] So, again, I think, when we first took on these roles, definitely when I first took on this role, Kimberley was already on as a coordinator. But when I first took on the role locally at Walnut Creek, I honestly was not aware of all the culture change that needed to go into, again, all the unwritten things that go into driving culture change that came along with this role. It is true that I could interpret it in a different fashion and never took on that route that being a change agent was part of it. I could have took this role very literally, as you know, just the very black and white components that I needed to do. But the whole thing with geriatric care is that it is a culture change. I know people who are in training right now are exposed to it. But I can tell you that physicians and nurses, anyone that's even considered mid-career, an old guard, this is not how people practice medicine. And so the changing the institution of how we went about driving these things to be successful as a culture, I think, were the bulk of the lessons that I learned throughout this process and how important that change and that education needed to be to have this be, again, a successful and sustainable program. The growth again involved in the journey, as Kimberley also alluded to before, involved both identifying what was needed to have people understand the why in order to make this patient care change in the way that the ACS had outlined for us as a roadmap, but as well as, again, identify what they needed to be successful. And that component, came in the form, obviously, of the technology that we've been talking about and that we hope to continue to make into a tool that makes it even easier as we go along. So I think that those were probably the biggest components. And again, the unwritten things that went along with this position and these roles, and they continue to grow as we apply our knowledge into all of the 21 sites of Northern California.

Kimberley Dollé [00:20:02] I think just to build on that, from the coordinator lens, one of, I think, my best learnings that resonated that we, I have been able to share, regionally and with our other 21 sites, was the approach that really needs to be taken to make this program (1) implement it, and then (2) make it successful and sustainable, was rather than an approach of here's a new program, we're going to implement it, we need everybody to get on board, which is never successful, it was a learning on how really to best partner with our providers in a way that had meaning to them. For example, rather than enforcing what we needed to happen, listening to them and talking to them and seeing how we could make the process more meaningful to them and more intuitive to the work they're already doing. And then, you know, really how to build those relationships that maintain the ability to grow and to continue to engage and to, of course, correct if we need to; without having those relationships and that transparent, respectful foundation in place, I don't know that it would be possible to do everything that really needs to be done to keep the program on course and make it not only successful, but to grow it and refine it as time goes on.

CLOSING REMARKS

Michael Bencur [00:21:43] Absolutely. I think your passion is really evident in all the amazing work that you've accomplished. Thank you so much for being here today and sharing your experience in your roles as Geriatrics Surgery Director and Geriatric Surgery Coordinator.

Kimberley Dollé [00:21:56] And thank you for having me.

Anita Chiu, MD [00:21:57] Thank you so much.

Michael Bencur [00:21:59] Dr. Chiu and Kimberley'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. Thank you.