Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Development of a Geriatric Multidisciplinary Conference

INTRODUCTION

Michael Bencur [00:00:11] Hello and welcome to GSV Insight. Let's talk about development of a geriatric multidisciplinary conference. I am Mike Bencur, the Geriatric Surgery Verification Project Manager. Today we have with us Dianne Bettick from Johns Hopkins Bayview Medical Center. Welcome, Dianne, and thank you for joining us.

Dianne Bettick [00:00:30] Thank you. Just a little bit about myself. I'm a nurse at Johns Hopkins. I work in the quality department focusing on the surgery department. I've worked with Dr. Susan Gearhart for about ten years working on NSQIP. And we became a part of the geriatric pilot years ago and have been a part of it as it's been growing. Our hospital is in Baltimore, Maryland, and we are a part of the Johns Hopkins Health System, which is an academic medical center.

Michael Bencur [00:01:03] Great. Thank you.

QUESTION #1

Michael Bencur [00:01:03] And moving on to our questions. Can you describe the key steps taken to implement this standard, including planning meetings, creating task forces, and how you obtained buy-in from key participants?

Dianne Bettick [00:01:17] Sure. I would say that we didn't really have planning meetings, particularly for this standard. I think it was something that our clinicians were very much prepared to take on and we just kind of picked a time that we thought would work best for the group. I would say the most work went into finessing how we would approach the call. So, you know, in the beginning it was very, because this is all a homegrown effort, in the beginning it was almost like paper and pen, just creating different ways to get the group together and to document what we've done. So, I would say along the journey it's been very IT-driven. So, we had some really good buy-in from our IT folks that would help us create ways of conducting the call and having it work within our EMR, which I think was the big piece. And I just feel like our clinicians sort of just went down the list of people that participate on our surgical floors and we had stakeholders that wanted to be a part of it from the get-go. So, I think we were lucky in that sense.

QUESTION #2

Michael Bencur [00:02:51] Definitely. I mean, it's great to hear that you have such a strong team and that you're able to get your IT department involved as well. What is the process of actually conducting the geriatric multidisciplinary conference?

Dianne Bettick [00:03:05] So the process of that and this is kind of where I was saying, like with each of these steps started off like kind of archaic, if you will, and then we refined it to make it a little more like 2023. The selection of patients really just going into the EMR and pulling down all those patients who are scheduled for surgery for the coming week. We try not to do it too soon because we don't want to miss anybody that might get scheduled close to the last minute. And then I will take that list. I'll put it together. And we've used multiple different formats for how I share that list. And I would say the biggest part of this is taking into account what the end users prefer to see and then the format and kind of lay out how they

like it. So, I finally came up with something that works for everybody. I send out the patients to the group and then I will sort of, you know, do a on the call like a patient presentation, almost like in an M&M, you know, age, the surgery, the date, what kind of admission it's going to be, and then giving a background of the patient. While we're on the call, I take notes, I take input from the team members. We usually have representation from almost every discipline, including anesthesia, nursing, usually multiple nurses in the different areas, you know, like the peri-op area and then the inpatient unit. We also have geriatrics is always on the call. We always have case management is huge, social work, sometimes rehab. I would say the least frequent visitor is the surgeon. But I mean, we're dealing with a bunch of different surgeons, so I'll often just rely on sharing the communication post call. So, I take all that information from the team members. Again, it started out being like just sort of taking notes and sending emails, but along the way we had our IT department develop almost like my own progress note. So, I actually create a progress note in Epic, which is our EMR, and that progress note or visit note is set up to pull in quite a bit of the information that I use for the call. So, it's made the patient presentation preparation a little bit more streamlined. I use that progress note to capture what we've talked about on the call, and then I take those recommendations and put them together in again, a format that has been quote unquote approved by the team members. And then I'll share that with the team members. And I think a big piece of this is how do we circle back to see, well, okay, we talked about Sally Smith, but what happened to Sally Smith while she was here? Did they follow up with the recommendations that we put forward? So, we have a geriatric surgery dashboard, that is capable of isolating the patients that we've actually talked about on the call by tracking my progress note. So that allows us to filter down to just the patients we talked about. And then you can see, you know, did they have a consult? Did they have, you know, what was their length of stay? Did they develop delirium? Did they have any falls? So, it's a good way for us to see the outcomes of that specific group of patients, which is usually six patients every Friday out of, you know, 45 scheduled cases. So, I would say we stick with six because I try to keep it to a half hour in respect of everyone's time and have a very structured flow to it. And I think that has worked for the team and that's part of what has kept everybody engaged. And then the future is we developed a geriatric surgery order set and the purpose of that order set is to actually make the selections for the recommendations within the order set so that it's less, you know, communicating the recommendations and hoping that someone actually follows up on them. So that's kind of our next step.

QUESTION #3

Michael Bencur [00:07:24] That's fantastic. So, on a scale of 1 to 5, with five being extremely difficult, can you describe how difficult it was to implement this standard?

Dianne Bettick [00:07:33] I feel like that's a kind of a tricky question because it's almost like there's so many different areas to do it. Like staff engagement, I would say was a five, whereas the IT work, maybe it was a three and then at times a two. So, it kind of was all over the place. It was just such a big project. But I would say overall I would say it was a two. And again, I think the biggest part of that is because we had such good engagement from our team members.

QUESTION #4

Michael Bencur [00:08:01] Sure. And how long did it take your hospital to fully implement the standard?

Dianne Bettick [00:08:07] Another good question. I, you know, I feel like in health care, do we ever fully implement everything? So, I think it's like a learning process as you go along the way, you think, okay, we've got this down. And every time I think this is exactly how it should be, then something comes up and we fine tune it. So, I think it's just an ever-evolving process of how to make this the most efficient, the most meaningful to the clinicians and the most impactful to our patient outcomes.

QUESTION #5

Michael Bencur [00:08:43] Great. And how did you sustain momentum/activity with your team?

Dianne Bettick [00:08:48] One thing I'll share that I think is so amazing is we have a case manager. She's been on the call since day one. I mean, we started back in like 2018, I think. And she she's you know, she's a case manager, She's a nurse. She actually put together a presentation for the case manager national conference that's coming up this summer. And she's never done that before. So, it's things like that that the players on the team see the impact of what they're doing. And I think that's the greatest momentum that you can hope for anything is that they actually see the fruits of their efforts. You know, actually they see what they're doing is making an impact.

Michael Bencur [00:09:37] Absolutely. I mean, that is definitely a challenge with many hospitals. So, it's great to hear that you have that dedication and that that insight or seeing their efforts come to fruition is such a strong motivator.

Dianne Bettick [00:09:52] Absolutely.

QUESTION #6

Michael Bencur [00:09:54] Were there any barriers or setbacks that occurred while trying to implement the standard and what were the solutions you used to overcome those barriers?

Dianne Bettick [00:10:02] Well, I'm going to I'm going to use the, you know, the most common one, COVID. That was definitely a setback. But I guess I wouldn't say that we had necessarily any barriers. I would say setbacks were transition in staff. You know, we've been fortunate, like I said, the case manager, she's been the same case manager since 2018. Nurse manager, nurses on the floor. It's been pretty steady. The biggest issue was we had a geriatric provider who attended the calls. She would prepare for the calls and then she had a fellow who took over for her. Phenomenal. And then she moved on because her program was finished, and our geriatrician actually left the hospital. So, we had to sort of figure out who would take the place. And then at one point they tried to move our call to like the afternoon, the day before. And it really was a train wreck. I mean, it was something about that 7:30 a.m. every Friday morning that people were it was ingrained in their schedule, and we quickly moved it back. We said for the benefit of the patient and for everyone else on the team, you're kind of overruled on changing the times. We had to change it back. And I would say that was our biggest setback aside from COVID that there were no surgeries happening. So that was probably the number one.

QUESTION #7

Michael Bencur [00:11:41] Great. And what are some tips you would have for other hospitals who are struggling to implement this standard?

Dianne Bettick [00:11:48] I would say the biggest thing, two things. I think you have to identify sort of that champion lead person in each area. I would start out with whoever you can get on the call, just start. You know, I mean, even if it's just a case manager, even if it's just a nurse, it's at least a communication about patients. And then from there you can build on it, because I would say a lot of what we've done, there'll be times when there'll be someone on the call who's not usually on the call just because they've heard about it. So, I think if you just start with whoever you have engaged and then it will build from there as you show the impact again, not only on patient outcomes but also on staff satisfaction. And you know, just knowing that, okay, next Wednesday we have someone coming in who's going to be a real handful and now we're prepared for it. So, I think that's my biggest tip. Don't wait. Just

get going with it.

CLOSING REMARKS

Michael Bencur [00:12:55] Fantastic. Well, thank you so much for joining us today, Dianne, and sharing your experience implementing this standard. Dianne's email is up on the screen. If you would like to reach out to her with any further questions.

Dianne Bettick [00:13:08] Thank you.

Michael Bencur [00:13:08] Yes. Thank you so much for joining us. And I hope you all 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.