Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Code Status and Advance Directives

INTRODUCTION

Michael Bencur [00:00:10] Hello and welcome to GSV Insight. Today we are going to be talking about Standard 5.2: Code Status and Advance Directives. I am Michael Bencur, Geriatric Surgery Verification Project Manager. And on today's podcast we will be talking to Jessica Pintiello from Cleveland Clinic Akron General. Welcome, Jessica.

Jessica Pintiello [00:00:31] Hi, thanks for having me.

Michael Bencur [00:00:32] Thank you for being with us. Can you tell us a little bit about yourself and your hospital?

Jessica Pintiello [00:00:37] Sure. My name is Jessica Pintiello. I am the Administrative Program Coordinator for Cleveland Clinic Akron General. I have a Bachelor of Science in Public Health. Cleveland Clinic Akron General has over 500 inpatient beds. We are a nonprofit teaching hospital, and we are also a Level I trauma center.

Michael Bencur [00:00:56] Great.

QUESTION #1

Michael Bencur [00:00:56] Moving on to our questions, how did you obtain buy in from key participants?

Jessica Pintiello [00:01:03] We really had a lot of support from our Executive Team as well as our Chiefs of Service, Residency Program Coordinators, Nursing, and our Palliative Medicine Team. We have a very passionate and dedicated team working on the Geriatric Surgery Verification Program implementation that are very diligent and purposeful to ensuring we are providing the best care possible for these vulnerable patients. Specifically with code status, we really wanted to emphasize the importance of listening and understanding our patients' wishes. These discussions can also provide patients with a basis for informed decision-making regarding life-sustaining treatment. So inadequate code status conversations can really lead to a lack of communication, which then leads to undesired outcomes, unwanted medical treatment, and unnecessary distress to all involved. I think as care providers, we really want to do what we can to help our patients have the best outcomes possible and have a positive quality of life. But sometimes it's just as important for us to think about the other side of that and normalize these conversations around having a dignified death or what quality of life may look like after full measures are deployed on some of these older adults.

QUESTION #2

Michael Bencur [00:02:20] Absolutely. Can you describe how your hospital began implementing the standard?

Jessica Pintiello [00:02:26] Sure. As we were rolling out the program and implementing the standards, we found that a lot of patients had "full code by default" in their chart and really weren't having any

conversations happening on the admissions side or even at any point during their hospital stay, and “full code by default” is all full measures. So, we also found that surgical providers were a bit uncomfortable having these conversations with their patients. Really, a lot of them felt that these conversations were better for patients to have with their primary care providers. But it is truly important for the entire care team to know and understand what these patients want in terms of end-of-life care should something happen. So, we concentrated on education first and foremost. We partnered with our Palliative Medicine team and held forums where we concentrated on how these discussions could take place and the difference between code statuses. We also utilized a template and note that encapsulated code status to help trigger these conversations between providers and patients prior to surgery, as well as an inpatient template to ensure code status was also discussed with our elective urgent and trauma patients once they were admitted. We also audit our charts in real time, and if this portion of the chart is not completed or code status is still showing “full code by default,” we reach out to the care team to ensure they circle back and have these conversations with their patients. Our GSV lead team also meets weekly to discuss any barriers or strategies that we could be doing differently to help better ensure compliance with this specific standard.

QUESTION #3

Michael Bencur [00:04:10] Great, and who was involved in implementation?

Jessica Pintiello [00:04:14] We really have an outstanding team of geriatric surgery leads, which includes our Geriatric Surgery Coordinator, Kelly Bahr; our Nurse Practitioner, Christin Boozer, who oversees our Surgery Optimization Clinic; Anita Meehan, who is our Clinical Nurse Specialist; Carly Simecek, who is our inpatient Physician Assistant for Geriatrics; and Gill Myers, who is our Palliative Medicine Clinical Nurse Specialist. We all work under the leadership of our GSV Medical Director, Dr. Mark Horattas, who is also the Chief of General Surgery.

QUESTION #4

Michael Bencur [00:04:48] Great. On a scale of one to five, five being extremely difficult, describe how difficult it was to implement this standard.

Jessica Pintiello [00:04:55] Yes. So, I would definitely say this is a four out of five. This is definitely a cultural change since we are putting emphasis on ensuring our surgical teams are the ones initiating these conversations rather than forwarding these concerns to the patient's primary care team.

QUESTION #5

Michael Bencur [00:05:13] Sure. And how long did it take your hospital to fully implement this standard?

Jessica Pintiello [00:05:18] I would say that this really took us a good year, even though we were really being successful on implementing this specific standard. We're still working on it, ensuring that this is being done at every consult on every admission, every three days in the ICU. And again, because this is a really big cultural change, this is something that most surgeons are not used to doing. So, this has really taken a good year's worth of work.

QUESTION #6

Michael Bencur [00:05:45] Sure, and to your point about cultural change, how did you sustain momentum with your team?

Jessica Pintiello [00:05:53] Our GSV leads meet weekly. We also meet monthly with our surgical attendings and residents. We schedule forums frequently with our residents and often bring in Palliative Medicine to spotlight the importance of code status, as well as normalizing these conversations around what a dignified death really looks like for our elderly patients.

QUESTION #7

Michael Bencur [00:06:15] Great. Can you describe what resources were used and what skills were needed to put this standard in place at your hospital?

Jessica Pintiello [00:06:23] Yes, definitely. Gill Myers, our Clinical Nurse Specialist in Palliative Medicine, was one of our greatest resources that we utilized. She is a wealth of knowledge. Other resources that were crucial would include charting mechanisms in Epic, such as the use of the outpatient and inpatient smart phrases, working with our Epic specialists to ensure we could create and build the appropriate charting necessary to prompt engagement in these conversations, and just really keeping at the importance of having those conversations with patients.

QUESTION #8

Michael Bencur [00:06:57] Great. And were there any additional costs beyond normal hospital operations?

Jessica Pintiello [00:07:03] I don't think it is really a cost issue to implement the standard beyond hospital operations. However, I would have to say that because there's not defined roles or FTEs dedicated to the geriatric surgery program, it does create an additional burden overall in implementation. So essentially, we are pulling people from their normal roles and asking to increase their already heavy workloads to help implement and manage this program. So, I do think it would be prudent to have a dedicated FTEs built into the standards similar to what the American College of Surgeons does with trauma to help ensure continued success.

QUESTION #9

Michael Bencur [00:07:44] Definitely. And do you have any educational resources available for your hospital staff pertaining to this standard? And if so, what are those resources?

Jessica Pintiello [00:07:53] Yeah, actually, we built an internal website dedicated to the geriatric surgery program, which includes a wide variety of additional resources, educational resources, and specifically including code status. So, we have continued educational forums as well and reached out to our different stakeholders frequently to ensure that they not only understand code status but feel more comfortable in having these conversations with their patients.

QUESTION #10

Michael Bencur [00:08:23] Fantastic. And were there any barriers or setbacks that occurred while trying to implement this standard? And what solutions did you apply?

Jessica Pintiello [00:08:32] I think the biggest barrier really is that it's a cultural one. Again, most surgeons do not address code status and leave that to the patient's primary care provider. So, this was a huge change and something new that we were asking them to address. So, getting everyone on board and understanding why this is important to patients was key. Patients are not opposed to having these conversations, especially older adults. And I think we tend to feel that these are uncomfortable conversations to have, and patients don't want to talk about their wishes, but we have found that they do. And it's up to us to really ensure that we're honoring that along with their wishes.

QUESTION #11

Michael Bencur [00:09:15] Definitely. And what are some tips for other hospitals who are struggling to implement this standard?

Jessica Pintiello [00:09:21] It's so important to have open conversations with your providers and teams regarding any perceived barriers or aversions they may have. It's our job as the Geriatric Surgery Verification leads or people advocating for the program to really listen and engage them in a way that is respectful but still ensures we're working within the spirit of the program. We know that this is important for our patients and ensuring better outcomes for this vulnerable population. So if we believe in the program, we are bound to get others to believe in the program as well.

CLOSING REMARKS

Michael Bencur [00:09:54] Wonderful. Well, thank you so much for joining us today and sharing your experience implementing Standard 5.2.

Jessica Pintiello [00:10:02] Sure. Thanks for having me.

Michael Bencur [00:10:04] And if you have any questions for Jessica, please feel free to reach out to her at the contact information you see up here. And of course, if you would like to share your GSV implementation strategies, please don't hesitate to reach out to me, Mike Bencur. Thank you so much for joining us.