



Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Assessment of Geriatric Vulnerabilities at Discharge

Christin Boozer, RN, MSN, AGPCNP-BC, CCRN-K – Geriatric Nurse Practitioner

Kelly Bahr, RN, BSN, BC-Med-Surg – Geriatric Surgery Coordinator

INTRODUCTION

Michael Bencur [00:00:11] Hello and welcome to GSV Insight. Today let's talk about assessment of geriatric vulnerabilities at discharge. My name is Michael Bencur, and I am the GSV project manager. Today I am joined by Christin Boozer and Kelly Bahr from Cleveland Clinic Akron General. Welcome, Christin and Kelly.

Cleveland Clinic Akron General Team [00:00:30] Thank you for having us. Good morning.

Michael Bencur [00:00:33] Could you begin by telling us a little bit about yourselves and your backgrounds?

Cleveland Clinic Akron General Team [00:00:38] My name's Christin. I work at Cleveland Clinic Akron General. I have taken the position a couple years ago in the surgery optimization clinic. I am certified in adult primary geriatric CNP, and part of my time as been helping with the GSV Program. And I'm Kelly Bahr. I started off in 2016 as the ERAS coordinator and then was asked to help us get our Geriatric Surgery Verification. So, I also have the title of geriatric surgery coordinator as well.

Michael Bencur [00:01:15] Great. Thank you. And could you tell us a little bit about Cleveland Clinic Akron General?

Cleveland Clinic Akron General Team [00:01:22] Sure. We are a nonprofit teaching hospital and a level one trauma center. We have over 500 beds and we just received our Geriatric Surgery Verification in October of 2023.

Michael Bencur [00:01:34] Wonderful. And congratulations again.

QUESTION #1

Michael Bencur [00:01:36] Okay, moving on to our questions for GSV standard 5.16, Assessment of Geriatric Vulnerabilities at Discharge, can you describe how your hospital began implementing this standard?

Cleveland Clinic Akron General Team [00:01:51] So the standard was a tricky one to try to figure out whose job this was going to be. So, we do a dot phrase, a daily dot phrase. That's how we pull in all our multidisciplinary team and what the recommendations are. Christin is our surgery optimization clinic NP. So, she sees some of these elective patients pre-surgery and kind of follows them biweekly on their pre-op journey. So, we had Christin, we trialed it a couple different ways. And we, the residents were not going to happen if we tried getting the residents to add another dot phrase to their life. So, Christin started reviewing these daily dot phrases every day. We do live chart audits. So, we kind of see what the multiple disciplines are recommending for their patient. So, it just, Kristen started doing this dot phrase at discharge and she just reviews the daily dot phrases that are put in along with the RNs' documentation for the day of their, you know, their bCAM and the amount of food they're taking in to see if there's any needs at

discharge. And then if there's anything that needs ordered or that doesn't get translated into their after-visit summary, Christin kind of moves that along and contacts the residents or the attending physicians.

QUESTION #2

Michael Bencur [00:03:17] Sure. Great. And who was involved in implementation?

Cleveland Clinic Akron General Team [00:03:22] So this was kind of a process to see who was going to have ownership of this discharge vulnerability screening. I think initially we started with thinking care management. Since we're part of Cleveland Clinic, it's a huge health system, so that was a challenge in itself, because nobody else in the Cleveland Clinic system has this GSV Program and they like us to be kind of uniform throughout the enterprise. So, we got a little bit of pushback from care management because nobody else was doing it. So, then this role kind of took on, I kind of took this role on to fill that need, and plus I was already helping making sure that documentation, other documentation with the nursing and the residents daily dot phrase was being completed. So, I was already in the charts anyway, so it just kind of made sense that I would, you know, just make sure that the information that the nursing staff was assessing, the information from the daily rounding was matching what is being sent home with information that the patient's given at discharge.

QUESTION #3

Michael Bencur [00:04:37] Absolutely. And can you describe the key steps taken to implement this standard that includes planning meetings, creating task forces, how you obtained buy-in from key participants?

Cleveland Clinic Akron General Team [00:04:49] So, I think the steps taken, we kind of had a lot of brainstorming in the beginning of what, who would make more sense, which department would make more sense that it could flow easily in their day. For buy-in, I think I feel like we got a little pushback from the residents to be honest, because it was a big ordeal to get them to do the documentation with the daily dot phrase and addressing code status and just a whole lot of changes that, you know, happened in quite frankly a short amount of time within two years. So, we've made a significant amount of culture change, so just adding on an additional, "hey, this is another step you got to do," there was some pushback on that. So, task force, I don't, I don't really feel like we, we just had our monthly quality meetings with our whole team, so that was brought up multiple times in the team to try to brainstorm on what other ways we could try this. And it landed in Christin's lap, and she started doing it and it's been very successful. That was one of our strengths that they noticed when they did our site visit, that every chart they went through had that documentation at discharge.

QUESTION #4

Michael Bencur [00:06:07] Great. What educational resources does your hospital provide to staff for the standard?

Cleveland Clinic Akron General Team [00:06:14] So we have met with the surgical residents and the orthopedic residents, they both have monthly meetings, so we have joined their meetings and kind of explained to them what the importance is of doing that daily dot phrase because we pull their discharge recommendations into that after visit summary for them.

QUESTION #5

Michael Bencur [00:06:34] Great. And what are some tips for other hospitals that might be struggling to

implement this standard?

Cleveland Clinic Akron General Team [00:06:41] I would say first and foremost, just remember this is a culture change, so it does affect, you know, every department that touches this patient. So, keep at it. We got pushback along the way on pretty much every standard we tried to do, but we kept at it. One recommendation we would give: We tried, we implemented several different dot phrases at different phases, so you know, we worked and worked and worked to get them to do a dot phrase and then we said, "oh, hey, guess what, here's another one." So just kind of any of those kinds of things bundled all at the same time in the beginning to get everybody on board all at once instead of throwing more things at them once, once they're trying. But yeah, big culture change. It's a huge culture change in every aspect of this program, but we have been making great headway, still get pushback sometimes on different standards, but we are, we are doing well and plugging along.

CLOSING REMARKS

Michael Bencur [00:07:36] Wonderful. Well, thank you so much again for being here today and sharing your experience implementing standard 5.16, Assessment of Geriatric Vulnerabilities at Discharge. Christin and Kelly's contact information is up on the screen if you would like to reach out to them 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.