Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Utilizing Epic to Facilitate Implementation of Geriatric Vulnerability Assessments, Management Plans, & Interdisciplinary Input Huddles for Elective, High-Risk Patients

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INTRODUCTION

Michael Bencur [00:00:09] Hello and welcome to GSV Insight. Let's talk about utilizing Epic to facilitate implementation of geriatric vulnerability assessments, management plans, and interdisciplinary input huddles for elective high-risk patients. My name is Michael Bencur, the GSV Project Manager, and today we are joined by Sam Silverstein at White Plains Hospital. Welcome back, Sam.

Samantha Silverstein [00:00:32] Thank you so much for having me.

Michael Bencur [00:00:34] Can you describe a little bit about yourself and your hospital?

Samantha Silverstein [00:00:39] Yeah, so I'm a nurse practitioner at White Plains Hospital. I work in our Surgical Navigation Center although I've been doing that for about the past eight months. But prior to that I was in our quality department and working, as you know, the geriatric surgical quality program lead and working on other quality improvement programs as well for our surgical population. I work at White Plains Hospital, which is a 292-bed acute care hospital, and a member of the Montefiore Health System. And it essentially serves as the tertiary hub of advanced care in the Hudson Valley, and its mission is providing exceptional, acute and preventive medical care to all people who live in, work in, or visit Westchester County and surrounding areas.

Michael Bencur [00:01:32] Great.

QUESTION #1

Michael Bencur [00:01:32] Moving on to our questions. Who was involved in implementation?

Samantha Silverstein [00:01:40] Yeah, we had a true multidisciplinary team involved in our initiative. The core team consisted of our White Plains Hospital IT team, our Montefiore Health System IT team, some Epic specialists, our GSV Director, GSV Coordinator, our quality team, inpatient nursing, perioperative nursing, our surgical APP team, and our provider with geriatric expertise, along with the surgery team in general. And then we included other specialties such as palliative, nutrition, physical medicine and rehab, our surgeon office team, our Surgical Navigation Center, pharmacy, and others as needed so that we weren't using up their time when it wasn't needed. And this was a really big undertaking. It truly took a village to move this project forward. And it was really successful in part because we had administrative and leadership support in everything that we did. And I think they are just as important key stakeholders as are all the other players that were involved in the program. So, it really was helpful to have their support and have everybody involved.

QUESTION #2

Michael Bencur [00:02:55] Great. And can you describe the key steps taken to implement this standard and what resources were used and what skills were needed to put this standard in place at your hospital?

Samantha Silverstein [00:03:05] Yes. This project took a lot of time and before the project was even approved, we had about four to five months of meetings with the Epic and IT teams to go through standards and understand what we were currently doing to try and meet the standard, where there were gaps, and ultimately what needed to be implemented and built within Epic. At the time I had reached out to the American College of Surgeons, and they had connected me with some other facilities that had Epic, and that really helped to kind of understand what they were doing, what changes they had made, but of course, with Epic, every instance of Epic is different from facility to facility. And so just because other hospitals had done some changes, specific to the Geriatric Surgery program, didn't necessarily mean that we could just flip a switch and use it at our own facility. So, it was really helpful to kind of see where people had gone. We didn't have to reinvent the wheel if we didn't need to, but we ultimately had to go in a slightly different direction than some of the things that we had seen based on our documentation that was already in place. And to make sure that as a part of a health system we weren't making changes that would impact the other hospitals in that system in a way that would impact their workflow for what they were doing.

The biggest changes that we made really had the most impact on Standard 5.6, which was Geriatric Vulnerability Screens, Standard 5.7, which is the Management Plan for Patients with Positive Geriatric Vulnerability Screens, and Standard 5.8, which is the Interdisciplinary Input or Conference for Elective High-Risk Patients. So, after our preliminary pre-approval meeting, we then waited for about three to four months to see if the project was even approved. So, all that work we had done wasn't officially signed off on. And during that time, we went back to work on some other standards. But once we heard that the project was approved, we then underwent really intensive interdisciplinary team meetings. And this was to look at our workflow, identify screening tools, daily assessments, and the IT team really started to build out the framework. In addition, we identified data points that we would need for reporting, which was helpful to identify upfront. And we added to that as needed. So, over the next six months or more, we were meeting two to four times per month with the IT and EPIC teams and our core team that I talked about earlier. And then I was having internal team meetings in between those to look at upcoming topics and try to have information ready for the next time we met with those IT and Epic teams to hopefully make those meetings more valuable time spent for everyone that was there. Although inevitably we usually had to have lots of discussions and things to figure out what we needed, but it was all helpful in doing that.

Michael Bencur [00:06:07] Absolutely.

Samantha Silverstein [00:06:08] Yeah, and while I can't really speak to, of course, the IT side of things, that wasn't my expertise in all of this, but they certainly did tireless work. There are some key things that as frontline users were really key in helping us to implement some of the standards. On the next slide, I did include a screenshot of our GSV Navigator. So, when we look at Standard 5.6 in the vulnerability screens, when we met with our team, we identified which screening tools we wanted to use. And only some of them were already available in our version of Epic. So, for example, something like the Mini-Cog for impaired cognition or the delirium tool, we used the DEAR tool for risk of delirium, those weren't already available. And so those were all built in. And you can see on the left-hand side the GSV screening tools. The navigator also provides access to our GSV assessments that should be done each shift as well as progress notes. And then you could review other information for the medical records such as assessment reports,

orders, and care plans. And so, this was all really helpful to kind of have in one place. And in addition, if you can see at the bottom of the screen, it's a separate screenshot, there's also this GSV banner that was available and made to help identify those patients that were in the program. And so, for some people, everyone documents differently. And in Epic there's so many different ways to document things. So, for those team members that didn't really use the navigators that much, the GSV banner, if you click on it, it brought you right to the screenings in a different format. So, staff had different ways to access these tools, which was really helpful. And we used this in both our Surgical Navigation Center, which is an outpatient department where we see patients preoperatively, and then also our ambulatory surgery department and our inpatient teams all had access to this. So, that was really a huge help to help bring everything together and make sure we were all doing standardized work.

And then on the next slide, I looked a little bit at our management plan. So Standard 5.7 looks at those patients that have vulnerabilities identified, what's our management plan for them? And in our previous podcast, I had talked about our SmartPhrase that we built. And now that we had Epic and our IT teams working together, they built this for us globally, if you will. Prior we had to build the SmartPhrases ourselves and share it individually with each person who needed access to it, but in this way, they created the SmartPhrase, but it's a SmartPhrase times a hundred, because what we were using before, we had to enter everything manually. And so, this one brings in all of the assessments that were done in the navigator or in the GSV bar. All of that is brought right in when the provider would bring this SmartPhrase into their note, and again, whether it was in the outpatient setting for elective cases or inpatients for our non-elective patients, we can bring this in and it automatically brings in the results, what I highlighted in or put a rectangle around in red, that shows the final scoring of whatever screening was done. So, in this case, the Mini-Cog, this patient scored a five, and then we also identify what a positive screening would be, so that would be a score of two or less. So, in this case, we knew that this patient didn't meet the high-risk criteria. And so, while there's opportunities to put in a recommendation for the management plan, none was needed for this one. But looking right below it, you can see for our functional status, there was impaired function noted for bathing. And so, this patient was at impaired functional status. And so, we put in our recommendations of what needed to be done so that that could be seen by all team members. So again, using the SmartPhrase and making it available to everyone, we were able to make sure that everyone was aware of what the provider was recommending to move forward. And the reason we wanted to do this was because in our pre-op setting, not all of our plans needed to be implemented preoperatively. Some of the plans were for post-op or day-of surgery. And this allowed the inpatient team to see that.

So finally on the next slide, this looks at Standard 5.8, and that's focusing on the interdisciplinary input or conference for elective high-risk patients, and I just wanted to show this report. This was a report created by our Epic team and IT team, and it provided us an easy visual for seeing which of our upcoming elective patients had any type of vulnerability and what those vulnerabilities were. And so, the report looks out the next two weeks, and you're able to see on the right-hand side the icons showing whether the screening was done or not, and if the screening was positive or negative. So, the exclamation point means that the screening was completed and it's a positive screen, meaning the patient is vulnerable, whereas the green check mark means that the screening was done and the patient was not vulnerable. So, any place with an exclamation we knew needed to be addressed and focused on. We could also see if the screenings weren't done for any reason and look into see why that was. And then we see those patients with no vulnerabilities documented, and they get all green check marks. And the positive vulnerability column is not highlighted. So, this is a really helpful tool that we've been using. So, every Wednesday when we huddle, we can run this report and we're able to easily identify those patients and look further into those that have the positive vulnerabilities and discuss that with the team and get their input. So, this report has been helpful, and again, as we've been working with our Epic teams, just continually kind of revising what we've been doing, and thankfully with each iteration, things have been getting easier and easier, which is wonderful.

CLOSING REMARKS

Michael Bencur [00:12:47] This is great work. Thank you for choosing to share this. It really is impressive and the EMR buildout can definitely be a challenge for many hospitals. So, I know it is highly appreciated by our participating hospitals to see this. So, thank you.

Samantha Silverstein [00:13:01] No, thank you so much for the opportunity to share, and a thank you to all the hospitals that I've spoken to that have shared their work as well. So, it's a great opportunity. Thank you.

Michael Bencur [00:13:10] You're very welcome. Sam's contact information is up on the screen if you would like to contact her with any questions. And then 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.