



Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Let's Talk About... Treatment and Overall Health Goals & Reaffirm Surgical Decision Making

INTRODUCTION

Kataryna Christensen [00:00:08] Hello and welcome to GSV Insight. Let's talk about treatment and overall health goals and the importance of reaffirming patient goals. I'm Kataryna Christensen, the Geriatric Surgery Verification Project Manager and on today's podcast, I'll be talking with Dr. Morgan Unruh. Today, she'll be discussing how her hospital implemented GSV Standard 5.1: Treatment and Overall Health Goals and Standard 5.5: Reaffirm Surgical Decision Making. Thank you for joining us today.

Dr. Morgan Unruh [00:00:35] Hi, thank you so much for having me.

Kataryna Christensen [00:00:37] Can you please tell us a little bit more about yourself and your hospital?

Dr. Morgan Unruh [00:00:41] Yes, of course. So, my name is Morgan Unruh, and I am a palliative care physician at the Rocky Mountain Regional VA Medical Center in Aurora, Colorado. In my time at the Rocky Mountain Regional VA, I have worked in outpatient, in-patient, telehealth, and hospice settings. At the moment, I am currently focused on our inpatient palliative care team and providing care. We are a level 1A facility within the VA. Our hospital is about 148 beds, and we have a robust palliative care consultation service. I've had the opportunity over the years to collaborate with my surgical colleagues in a multitude of cases and originally, a lot of the palliative care consultations I was providing were postoperative, which as you can imagine, can get a little tricky and through the course of our work together, we've actually been able to move a lot of our palliative care consultations into the preoperative realm for our veterans.

Kataryna Christensen [00:01:45] Great. Thank you so much for that introduction. Now let's dive into the questions.

QUESTION #1

Kataryna Christensen [00:01:50] Can you please describe how your hospital began implementing the standard and who was involved in implementation?

Dr. Morgan Unruh [00:01:56] Yes, of course. One of the main ways that we implemented this standard was we actually coupled this project with the geriatric surgery verification, with a national quality improvement project through the VA's National Center for Ethics and Health Care and this initiative is called the Life Sustaining Treatment Decisions Initiative. The purpose of this initiative is twofold. The first is to identify patients at high-risk of having a life-threatening event in the next year and to have a high-quality goals of care conversation with them prior to a crisis. The second part of this initiative was improving our documentation and orders of patient's goals and preferences for life sustaining treatment. I happened to be I will say "volun-told" to be the coordinator of this initiative in my facility. And as I began working on implementation of the Life Sustaining Treatment Decisions Initiative, Dr. Thomas Robinson and Dr. Teresa Jones at my facility were beginning their work on the Geriatric Surgery Verification, and in a meeting, I thought, hey, this is actually a great way to couple these two initiatives together. You know,

number one, to provide better care to our veterans. But number two, we can each achieve some goals here. And, you know, I'll say that a big part of this initiative, the Life Sustaining Treatment Decisions Initiative is around provider education in how we have conversations about treatment goals and patient values. I'd like to take a minute just to clarify, I think a common misunderstanding about palliative care, which is, if you call palliative care, we're going to pull the plug and I say that jokingly, but I think that is a lot of the hesitation sometimes with involving palliative care. And my purpose as a palliative care clinician is to understand my patients' values - what's most important to them, and make sure that we are aligning their treatments with those values. And so, in this initiative, it's not possible for palliative care to do a preoperative goals of care conversation with every single patient and so what we did was we took the training from the VA's National Center for Ethics in Health Care and provided it to surgeons so that surgeons could have conversations with their patients in preoperative planning about what's most important to our patients, what they're hoping for in their lives, and how this treatment would help support them in their best quality of life. And so, this work began a couple of years ago, and we really started with intensive education. The VA National Center for Ethics in Health Care, actually worked with a group called Vital Talk, which provides education to clinicians on how to have goals of care conversations and Vital Talk created a program for clinicians to learn how to have goals of care conversations. The total number of hours we would provide, ideally, would be about 4 hours of education. However, we were able to modify that and really, we began implementing the standard with education to our surgical teams about what tools they can use to get to learn about our patients lives and their values.

Kataryna Christensen [00:05:47] Wow. That's some incredible work. And you mentioned multidisciplinary care that is key to this program.

QUESTION #2

Kataryna Christensen [00:05:56] What were the key steps taken to implement this standard, including maybe some planning meetings, creating task force, things like that?

Yeah. So one of the things we did to implement this standard is I met with the surgical leadership in our facility and talked about; number one, the need for this standard, this education, and I have to say, the leadership in our facility was very excited for collaboration and very supportive, which was key in the next step, which was carving out time for providers to receive education on how to have goals of care conversations and we were able to do that over the course of about six months. This education was provided by myself and one of my colleagues, who is a hospitalist at the VA, Dr. Emily Wiener and we were invited to meetings with the surgeons, their section meetings, their monthly meetings, and did our best to meet them wherever we could to provide this education. After the education, what we did was then we said, hey, here's this note, in the VA system, it's called the Life Sustaining Treatment Note. We provided training on how to do the note, which includes the patient's values, hopefully includes a direct statement from the patient about what their values and goals are and then we said, this is our standard now for every geriatric patient going into surgery. Let's fill out this note.

Kataryna Christensen [00:07:40] That's key, and you might get a few questions from our listeners on how you sort of streamline that. I know that some hospitals do have difficulty sort of streamlining that and getting everybody on board. But as you mentioned, once you sort of get that structure and it's no longer optional, people start to really do it.

QUESTION #3

Kataryna Christensen [00:08:03] Can you describe next what resources were used and what skills were needed to put this standard in place at your hospital?

Dr. Morgan Unruh [00:08:10] Yes, of course. I would say a key resource that we used was leadership support. Of course, as a palliative care clinician, I believe that goals of care should be at the center of everything we do and I think most physicians feel that way as well, and what we need to make that happen is strong leadership support. So, we had that through multiple levels at our hospital, which allowed us for the time for education. The other thing that was really critical was IT support. We were building a new note and new order set within our electronic medical record to capture these conversations and to make them easily accessible within the patient chart. They actually post to a patient's cover sheet. They're easy to find and I think that I would encourage anyone who's considering these standards to consider not only, of course, gaining leadership support, but to also partner with your colleagues in IT and the electronic medical record who can help you build something to capture these conversations.

Kataryna Christensen [00:09:30] Great point, and we have heard that amongst a lot of our hospitals who are implementing this program, it is absolutely necessary to not only get buy in, but to get IT involved from the very start. They are going to be so helpful in structuring these standards and making it easier on everybody. So, thank you for sharing.

QUESTION #4

Kataryna Christensen [00:09:30] Do you have any educational resources available for your hospital staff pertaining to the standard?

Yes, we do, in fact. So, as I mentioned, we were able to couple the Geriatric Surgery Verification Program with this National Quality Improvement Project through the VA's National Center for Ethics and Health Care. And so, I'd like to share an educational resource with your listeners that is available to the public. It is not licensed, and anyone can use these resources to provide education at their facility and how we have goals of care conversations. You can find these educational resources at www.ethics.va.gov/GoCC, which stands for goals of care conversations, and what you'll see in there are several different parts of how we have conversations to obtain patient values, and there's even modules in there for if we need to reframe discussions. When we need to reaffirm surgical decision making and goals of care postoperatively, there's even frameworks in which to do that. We call that our "remap framework" which again you can find at www.ethics.va.gov/GoCC which again stands for Goals of Care Conversations.

Kataryna Christensen [00:11:25] Great. Thank you so much. I will be sure to add that to our transcript as well so everyone will have that website in writing.

CLOSING REMARKS

Kataryna Christensen [00:11:34] So, thank you so much for joining us today and sharing your experience implementing these two standards.

Dr. Morgan Unruh [00:11:39] Yes, thank you so much for having me. It's really exciting as a palliative care clinician to be able to collaborate so closely with my surgical colleagues. I think what we found is that there's a lot we can do for our patients when we move these conversations and collaborations upstream before surgery and we're able to really focus in on doing what's right for our patients and aligning their treatments with their values.

Kataryna Christensen [00:12:10] Absolutely. This has been so beneficial. Thank you. Again, 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 kchristensen@facs.org.