DEVELOPMENT AND IMPLEMENTATION OF GERIATRIC-SURGICAL CO-MANAGEMENT FOR PATIENTS UNDERGOING COLORECTAL SURGERY

Background

Our healthcare system is challenged by an ageing population, often with multiple chronic diseases, frailty and geriatric syndromes, such as functional or cognitive decline. Population ageing results in increasing numbers of geriatric patients on non-geriatric wards, including surgical wards. Geriatric co-management on non-geriatric wards has proven effective in improving patient outcomes.

Aim(s)

The aim of our research project was to 1/ develop a nurse-led geriatric-surgical co-management model on the abdominal surgical ward, and 2/ select strategies for sustainable implementation.

Methods

The co-management model was developed based on literature review, a previously implemented co-management model on the cardiology ward, stakeholder meetings, and experiences of the mobile geriatric consultation team on non-geriatric wards. The implementation was led by three project nurses: a project coordinator and two implementation coordinators, a geriatric nurse and a surgical nurse, respectively. Implementation strategies were determined during stakeholder meetings with members of the geriatric and abdominal surgery team: head nurses, nurse specialists, project nurses and physicians. Chosen implementation strategies were context-specific and based on expert recommendations for implementing change, ERIC-implementation strategies, experience with implementation of previous co-management models, clinical experience and stakeholder input. Key performance indicators to ensure objective follow-up and to allow adjustment of implementation strategies were selected.

Results

The co-management model includes the four successive steps of Comprehensive Geriatric Assessment: 1/ detection of frail older patients (by means of an online screening questionnaire and subsequent clinical confirmation by a nurse), 2/ bedside geriatric evaluation (by a healthcare worker), 3/ individual care planning (using standardized geriatric protocols adapted to the surgical population and context), and 4/ systematic nurse-led follow-up. Geriatric protocols affecting the former standard of care were implemented step-by-step. Implementation strategies included, among others, intensive stakeholder involvement of the geriatric and abdominal surgery team, programming the online screening questionnaire and standard geriatric interventions in the electronic medical records, development of a detailed co-management manual, and bedside coaching of geriatric and surgical nurses and allied health professionals.

Discussion

The project team worked on the implementation of a pre-defined co-management model, with flexibility for context-specific adaptations and appropriate implementation strategies. A core team of three project nurses with experience in either geriatric medicine or abdominal surgery, led to field participation, accessibility, direct communication and a strong advocacy in the context of feasibility and acceptability for the team. Intensive collaboration between the geriatrics and surgery team provided an opportunity to build a partnership where exchange of expertise can occur.

Implications and future perspectives

The implementation of the co-management model on the abdominal surgery ward is part of an implementation project, in which geriatric-surgical co-management is being implemented on three surgical wards, namely traumatology, abdominal surgery and vascular surgery. Implementation strategies are selected with an important focus on sustainability, with the ultimate goal of maintenance by the surgical team, supported by coaching from the mobile geriatric consultation team. Implementation materials developed during the project can be used to scale-up of geriatric co-management to other wards and for other intra- and transmural projects.

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