IMPLEMENTATION OF AN INSTITUTION-WIDE PREOPERATIVE EVALUATION TO INFORM GERIATRIC PERIOPERATIVE CARE

Carmen Flores MD FACS, Anderson Hu DO, Matthew Jordan MD, Abby Howenstein MD, Benjamin Hansen MD, Karen Nelson DO, Sukanta Maitra MD, Erik Kubiak MD, Chowdhury Ahsan MD PhD, Raoul Tamayo MD ABIM, Shamoona Ahmed MD ABIM, Richard Ongtengco MD

BACKGROUND

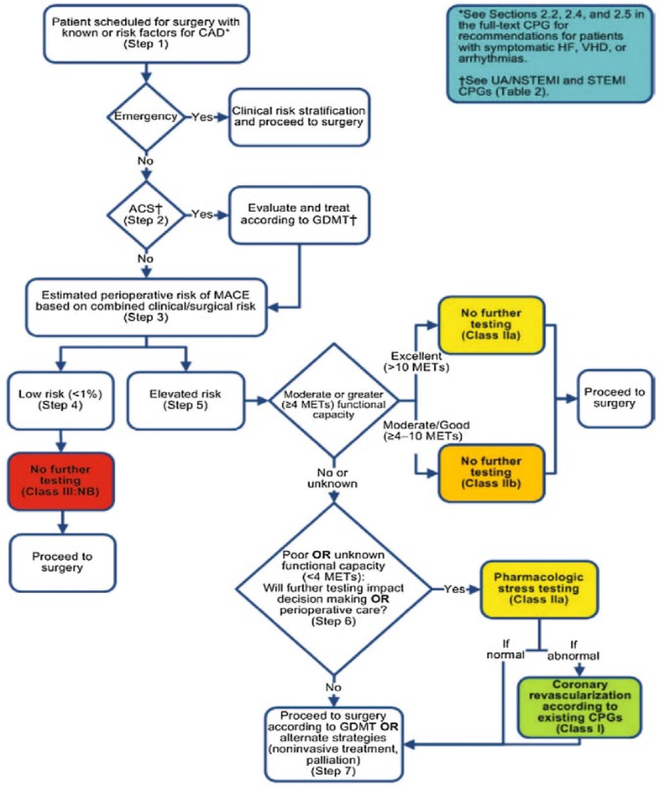
The population of adults aged 65 is expected to double between 2010-2050, as will their demand for a variety of surgical procedures. Older adult surgical patients often require a different level of perioperative care than do younger patients due to physiologic changes experienced with age, functional decline, and polypharmacy. Older age remains a significant risk factor for postoperative morbidity and mortality. In 2012, the ACS NSQIP and the AGS published "Optimal Preoperative Assessment of the Geriatric Surgical Patient: A Best Practice Guidelines" based on the recommendations of 14 medical centers, and representatives of various surgical subspecialties, anesthesiologists, and geriatricians. These guidelines represent a comprehensive perioperative approach to the geriatric surgical patient addressing the domains most likely to affect their risk for perioperative morbidity and mortality: cognitive/behavioral disorders, cardiac evaluation, pulmonary evaluation, functional/performance status, frailty, nutritional status, medication management, patient counseling, and preoperative testing.

PURPOSE

To implement best practice recommendations from the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSIP) and the American Geriatrics Society (AGS) perioperative assessment and risk stratification guidelines at University Medical Center using a multidisciplinary approach.

METHODS

A multidisciplinary preoperative task force to include anesthesiologists, internal medicine physicians, surgeons, and cardiologists, as well as key stakeholders from the fields of pharmacy, nutrition, palliative care, care management, and nursing will be formed as key consultants to follow and advise on best practices for the perioperative treatment of geriatric surgical patients. Key physician members of this team will evaluate ACS NSQIP and AGS best practice recommendations, adapting them into a comprehensive and effective preoperative algorithm standardized to our large volume academic medical center.



Fleisher LA, Fleischmann KE, Auerbach AD, et al. 2014 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Nucl Cardiol. 2015;22:162-215

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RESULTS

A recent institutional analysis of the current institutional criteria pertaining to geriatric perioperative risk stratification demonstrated increased length of stay, a higher volume of unnecessary pre-operative imaging and laboratory tests, and increased time to surgical intervention in the geriatric trauma population. Using this analysis and current evidence-based recommendations from peer-reviewed literature in these respective disciplines, a focused pre-operative guideline for geriatric surgical patients was developed.

CONCLUSIONS

The creation of a standardized, evidence-based preoperative guideline specific to geriatric surgical patients will decrease the volume of unnecessary perioperative tests and efficiently and safely risk stratify and medically optimize geriatric surgical patients for timely operative intervention and recovery, thereby improving outcomes and decreasing hospital length of stay.

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