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SHINE

Conference

Evaluating Surgical Outcomes for Older Adults Undergoing Surgery Utilizing a Geriatric Surgical Nurse Navigator (GSNN)

Suzanne Dutton DNP, GNP-BC, RN

Rosemary Trejo BSN, RN-BC



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All individuals involved in the planning and delivery of this activity have no relevant financial relationship(s) with ineligible companies.

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This educational activity has not received any form of commercial support.

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- 2023 Sibley Surgical Cases over 65 years=3,099 (30% of all cases)
- Older Surgical Patient Outcomes
 - Increased mortality
 - Increased Length of Stay
 - Increased Readmissions
 - Increased Complications
 - Loss of Functional Status

The purpose of this retrospective study is to evaluate the impact of utilizing a Geriatric Surgical Nurse Navigator prior to surgery, during hospitalization, and after discharge on postoperative outcomes in older adults participating in the PRIME (Presurgical Rehabilitative and Integrative Medicine for Elders) Program.

PRIME Program

Patients over 75 years of age, elective surgery with expected 2-night hospitalization
(excluding orthopedics)

Prior to Surgery

- Geriatric Surgical Nurse Navigator
 - Geriatric Screening Evaluation and Education
- Nutrition
- Physical Therapy

Multi-Disciplinary Meeting

Surgeon, Geriatric Nurse, Pharmacist, Physical Therapy, Nutrition, Anesthesia, Physiatry, Case Management

PRIME Program

Hospitalization

Geriatric Nurse Rounds

5 M's: Mind, Mobility, Medications, Multi-Complexity, Matters Most

Communication Board, Sensory Impairment Aids, Safety

Evidence-based Geriatric Nursing Interventions

Postoperatively

Follow up Discharge Phone Calls- (3-days, 30 days, 90 days)

PRIME Program

Data Collection

- Sibley Memorial Hospital, July, 2021-October, 2023
- Sample Characteristics, N=116
Mean Age=80.9

Type of Surgery	Percent of Cases
General Surgery	78%
Thoracic	7%
Urology	13%
Gynecology	4%

Data Collected Included

- Mortality, Complications, LOS, Readmission, DC to Rehab, Delirium, Fall

PRIME Program Outcomes

Surgical Outcomes	PRIME Program (N=116)	NSQIP (N=21,863)	Statistical Significance (p<0.05)
Mean Number of Occurrences: Complications	(9) 7.8%	(6800) 31.1%	(p<0.001)*
Median Surgical Length of Stay in Days	3.0	4.0	(p<0.001)**
Cases Dead at 30 Days	(1) 0.9%	(548) 2.5%	(p=0.38)
Unplanned Readmission	(4) 3.4%	(2173) 9.9%	(p=0.02)***
*PRIME pt. were 75% less likely to have a complication compared to NSQIP-statistically significant+ **PRIME patients median LOS is statistically significant when compared to NSQIP ***PRIME patients wre 65% less likely to have an unplanned readmission compared to NSQIP-statistically significant			
Delirium Rate	(5) 4.3%		
Fall Rate	(0)		
CAUTI Rate	(1)0.9%		
CLABSI Rate	(0)		
C. Diff Rate	(0)		
Pressure Ulcer Rate	(0)		

- Implications
 - Nursing Support
 - Patient Safety
 - Quality of Life
- Limitations
 - Lack of Referrals
- Future Research
 - Urgent Surgeries

- Berian, J.R., Rosenthal, R.A., Baker, T.L., Coleman, J., Finlayson, E., Katlic, M.R., ...& Russell, M.M. (2018). Hospital standards to promote optimal surgical care of the older adult . *Annals of surgery*, 267(2), 280-290.
- Ehrlich, A. L., Owodunni, O. P., Mostales, J. C., Qin, C. X., Hadvani, P. J., Sirisegaram, L., ... & Gearhart, S. L. (2023). Early outcomes following implementation of a multispecialty geriatric surgery pathway. *Annals of surgery*, 277(6), e1254-e1261.
- Ranieri, G., Gilmartin, M.J., & Petitis, J.L. (2021). The role of geriatric nurse champions to advance surgical excellence for older adults. *Geriatric Nursing*, 42(5), 1204-1209.
- Streid, J. L., Lee, K. C., Bader, A. M., Jarman, M. P., Rosenthal, R. A., Cooper, Z., & Lindvall, C. (2023). Shared Decision Making in the Geriatric Surgery Verification Program: Assessing Baseline Performance. *Journal of Pain and Symptom Management*, 65(6), 510-520.



Questions?