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Identifying Frail Patients Prior to Surgery and Implementing a Novel Social Work-Focused Preoperative Intervention: A Feasibility Study

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BACKGROUND

- Frailty doubles the odds of post-operative death and increases likelihood of adverse outcomes following surgery; it also doubles odds of new patient-reported disability and impaired quality of life following surgery.
- Frailty increases the odds of non-home discharge fivefold postoperatively among the elderly.
- Psychosocial risks have been shown to confer 3-fold increase in odds of postoperative complication.
- A novel social-work intervention is being performed preoperatively within the Center for Perioperative Optimization at Johns Hopkins to improve psychosocial risk factors in frail surgical candidates.
- In this preoperative intervention, a social worker meets with patients who are identified by a score ≥ 6 on the Edmonton Frail Scale (EFS) prior to surgery. The social worker then assesses patients in ten domains and performs a predetermined intervention.

STUDY OBJECTIVE

Our study aims to evaluate the feasibility and barriers to implementation of a social work-focused preoperative intervention in frail patients.

METHODS

Study Design:

- Identify frail surgical candidates scheduled for surgeries between November 2021 and March 2022 and targeted for the novel social work-focused intervention
- Evaluate how many surgical candidates are successfully assessed and examine psychosocial categorization of patients following social worker assessment
- Determine factors facilitating and hindering preoperative assessment and intervention for our targeted surgical candidates

• The first feasibility metric was set at greater than 40% of targeted patients being evaluated by the social worker.

Setting:

- Johns Hopkins Center for Perioperative Optimization

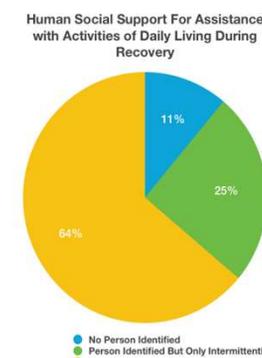
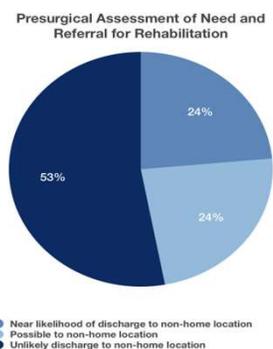
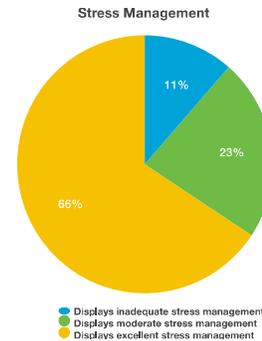
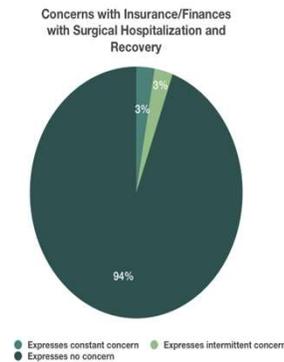
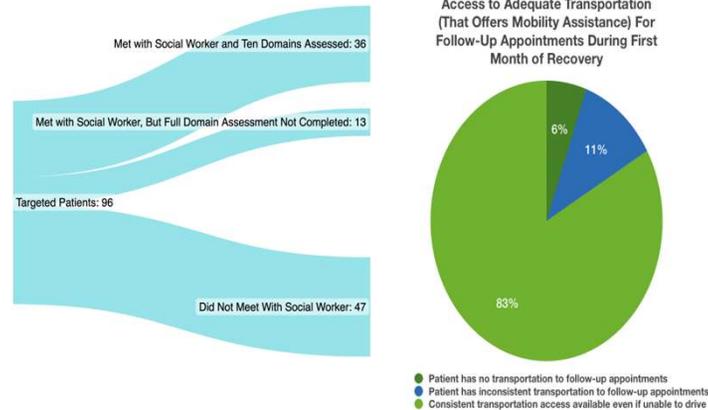
Population:

- Surgical candidates for inpatient surgeries with an EFS score ≥ 6 at a high-volume surgical center.

Main Outcomes:

- Rate of targeted patients being assessed by social worker
- Percentage of evaluated patients with unfavorable psychosocial factors
- Facilitators and barriers to assessment of targeted patients by social worker

RESULTS



CONCLUSIONS

- We achieved our feasibility metric of $>40\%$ of targeted patients meeting with social worker prior to surgery.
- We found that some patients did not have full domain assessment and social work-focused intervention despite meeting with the social worker.
- Barriers to assessment by social worker included surgery being postponed, patients not answering social worker's phone calls, patients being busy at the time of call, and patients being scheduled for outpatient surgery.
- We identified several patients with psychosocial risk factors for poor postoperative recovery.
- Most concerning psychosocial deficiencies involve transportation, stress management, social support for assistance, and need/referral for rehabilitation.

LIMITATIONS

- Availability of a social worker at a medical institution is a significant barrier to performing preoperative assessment and optimization of frail surgical candidates.
- Given limited sample size, our study may not accurately reflect the prevalence of psychosocial barriers to postoperative recovery.
- Our data gathering instrument could have failed to capture certain psychosocial barriers.

IMPLICATIONS

- Our study suggests that there is need for psychosocial optimization prior to surgery, which justifies the implementation of social work-focused preoperative interventions at surgical centers.
- We have used this time point to improve our data gathering instrument. For example, we realized that some patients did not have time for full assessment and intervention, so we are reviewing how to include patients with limited time.
- One area to continue to explore is how to best incorporate patients who are not available by phone