

Innovation

SPOTLIGHT



DR. NUNO DIOGO, ORTHOPAEDIC
SURGEON AT SAINT JOSEPH'S
HOSPITAL IN LISBON (ULS SÃO JOSÉ)

“ We need to treat people, not just perform surgeries.
Changing this mindset is not easy, but without a
cultural shift, real improvement won't happen.

THE TEAM AT HOSPITAL ULS SÃO JOSÉ

Saint Joseph's Hospital (ULS São José) in Lisbon is one of the oldest hospitals in Portugal with over 500 years of history. The unit where SAFEST is carried out is Hospital Curry Cabral which houses key surgical specialties, including orthopaedics, transplantation, and general surgery. Within the SAFEST project, three major services, pancreatic surgery, colorectal surgery, and orthopaedics, collaborate to enhance patient safety. The team is composed of surgeons, anaesthesiologists, nurses, and other healthcare professionals working together to improve perioperative care.



INNOVATION: WHAT'S NEW?

One of the most important changes brought about by SAFEST has been the improvement in communication and collaboration, especially between surgeons and anaesthesiologists. Traditionally, these groups worked more independently. Through SAFEST, the teams started meeting regularly and sharing ideas. These structured conversations led to a greater understanding of common challenges, particularly in patient optimisation before surgery.

A key outcome of these discussions has been a growing focus on frailty in surgical patients. Although frailty has long been recognized in healthcare, it was not consistently integrated into our surgical decision-making. With the recent establishment of a geriatric unit, a new idea emerged: developing a structured pathway for frail patients. This pathway, still in its early stages, aims to identify frail patients before surgery and refer them to geriatric consultations for targeted interventions, such as medication review, rehabilitation, and nutritional support. Once optimised, patients are reassessed for surgical readiness. The shift is not just about recognizing frailty but ensuring that identified risks lead to solutions that improve patient outcomes.

Innovation

SPOTLIGHT



MAKING IT WORK: STEPS TO IMPLEMENTATION

The key to making it work is simply getting started. We cannot wait for the perfect system to be in place before taking action. Instead, we initiate discussions, identify shared concerns, and gradually introduce changes. This approach allows us to refine and adapt the process along the way.

A crucial focus is fostering a cultural shift in how we approach patient care. Traditionally, orthopaedic surgeons, for instance, have concentrated on performing operations, with their role primarily defined by their technical skills. However, we need to recognise that surgery is just one part of a larger patient journey. Treating a patient means considering their overall health holistically, not just their immediate need for an operation. This shift in mindset is still ongoing. Many experienced professionals tend to rely on established routines, and changing long-standing practices takes time.

IMPACT

Although the frailty pathway is still in its early stage, improved communication and collaboration between departments have already had a noticeable impact. By working together to optimise patient care before surgery, we aim to shorten hospital stays, reduce complications, and facilitate earlier discharges. Addressing frailty proactively ensures patients are not just classified by their surgical risk but are supported with solutions to improve their overall health before undergoing procedures. The goal is to move towards a more holistic, patient-centred approach to perioperative care.