A Comprehensive Redesign to Improve Surgical Safety: Impacting Multiple Outcomes

HIIN Leadership, Improvement Advisors, and Hospitals Pacing Event

July 18, 2019
Welcome!

Who’s in the Room?

Kendall K. Hall, MD, MS
Managing Director
IMPAQ International, LLC
NCD Project Director
Overview

• Improving Surgical Outcomes at UF Shands
  • Chancellor Gray, MD and Hari Parvataneni, MD

• Role of PFE in Improving Surgical Outcomes
  • Lee Thompson, MS (PFEC / AIR)

• Questions and Answers

• CMS Comments
  • Upcoming ISCR Cohort (Shelly Coyle, CMS)
Questions to Run On

• What opportunities does your HIIN or hospital have to improve surgical outcomes?

• What aspects of the surgical process can your organization redesign to impact multiple outcomes?

• How can you use data to monitor improvements in outcomes (and gaps), as well as demonstrate impact on the bottom line?
Improving Surgical Outcomes at UF Shands

Chancellor Gray, MD
Hari Parvataneni, MD
UF Health - Gainesville

UF Health Shands at a glance (Fiscal Year 2018)

- 1,162 Licensed patient beds
- 55,373 Admissions (excluding newborns)
- 128,799 E.R. and trauma visits
- 8,090 ShandsCair emergency air and ground transports

- 10,324 Employees
- 1,200+ Medical staff physicians
UF Health - Gainesville

- Primary Referral Center – 18 counties
- Secondary Referral – 15 counties

PATIENTS FROM ALL 67 COUNTIES
- 100,000 Outpatient Visits / year
- 7 Arthroplasty Surgeons
  - 2 Presenting today *
Triggering Event: CJR 4/1/16

- Opportunity for widespread optimization
- Underlying Program for All Insurances
  ✓ Quality
  ✓ Value based care
  ✓ Patient Centered
Challenges

• Status Quo - Change is hard
• Concern - Earlier and more discharges to home = higher readmissions?
• Hurdles – So many services involved
• Post-Acute Care - large service area
• Patient preference / dissatisfaction
• High risk patients – Cherry picking/Lemon Dropping
Keys to Success

- Measurement = iterative changes
  • Don’t fear negative trends = Opportunity to create new goals / initiatives

- MD Engagement

- Multidisciplinary Involvement

- Messaging (celebrate success, engage teams)
PFCC (A DiGioia): Patient and Family Centered Care
Approach:

– Service Line Approach
– Multidisciplinary

– Initial Workgroup

• Preoperative
• Acute Care
• Post-Acute Care

(Please use the following link to access Table 1 to the right and the corresponding article: https://www.sciencedirect.com/science/article/pii/S2352344118300074)
# Simple, Standardized Pathways

## Perioperative Pathway: Total Hip Arthroplasty

### POD 0 (Day of Surgery)
- **On admission to Preoperative area:**
  - Multimodal Pre-emptive medications
  - Confirm CHG / Mupirocin use
- **FNB & Capsular Injection in Block Room**
- **Intraoperative:**
  - Spinal unless contraindicated
  - Intraoperative IV agents
  - TEDs / SCDs
  - Hospital Bed with Trapeze
  - No Foley
- **PACU:**
  - Xray Images
  - No PCA
  - < 2 hr stay unless medically indicated
- **PT/OT evaluation <3 hr after surgery:**
  - OOB to chair & bed exercises
  - Ambulate
- **Case management validates preop disposition plan & starts process**
- **RN education begins for hospitalization plan, POD 1 discharge & post-discharge care (patient and family involved)**

### POD 1
- **Prior to 7am:**
  - APS infusion stopped at 4am unless plan for home catheter / opioid free protocol
  - Oral analgesics Premedication
  - Labs resulted
  - AM MD rounds
- **8am:** APS catheter per APS Protocol.
- **8am - 11am:**
  - Hospital to street clothes
  - 1st of 2 PT / OT sessions
  - Ambulate in hallway
  - Exercises in chair
  - No meals in bed
  - Most of day in chair
  - CM confirms plan & DME
  - PA rounds on patient
  - RN education continues w family
  - Rx filled (if not done already)
  - RN Navigator speaks with family & CM
  - Multimodal, pre-emptive oral pain medications per protocol
  - No IV narcotics except for severe pain
- **After 11am:**
  - 2nd of 2 PT / OT sessions
  - Group class for some patients
  - POD 1 Discharge - most patients
  - Aim for DC before 2pm

### POD 2
- **Prior to 7am:**
  - AM MD rounds
  - Oral analgesics Premedication
- **8am - 11am:**
  - Street clothes
  - PT / OT session
  - Ambulate in hallway
  - Exercises in chair
  - No meals in bed
  - Most of day in chair
- **CM confirms DC plans & needs**
- **PA Rounds on patient**
  - RN discharge education w family
  - Multimodal, pre-emptive oral pain medications per protocol
- **After 11am:**
  - Pre-discharge medications
  - Discharge to home by noon
  - Very small percent to SNF
- **Variances to be reported to RN Navigator for tracking:**
  - Discharge to home after POD 2
  - Discharge after noon
  - Prolonged use of blocks
  - Unplanned placement to SNF
  - Acute Rehab placement
Patient Education & Engagement

Joint Replacement Education Program (JREP)

Questions about your upcoming total joint replacement surgical procedure?

Consider viewing the following guides for more information:

- Hip Replacement Surgery - Maximizing Your New Hip (PDF)
- Knee Replacement Surgery - Maximizing Your New Knee(s) (PDF)
- "Opioids, Arthritis and Joint Replacement"
  - Opioids Before Surgery (PDF)
- Additional AAHKS website resources

The video series below helps explain the entire process of your care from start to finish.

Tips on Preparing for your Total Joint Replacement Surgery
### Arthroplasty Risk Stratification CPG

#### Proceed with Surgery
- **Human Immunodeficiency Virus (HIV) Status:**
  - No viral load detectable
  - Normal CD4 counts (≥ 400 cells/mL)
- **Dental Conditions:**
  - Normal dentition
  - History of recent cleanings
- **Obesity:**
  - Healthy, non-obese BMI (20-30)
- **Diabetes**
  - No history of DM
  - Evidence of well controlled BGs, with Hgb A1C < 6.4
- **Hematologic conditions**
  - No history of anemia, coagulopathy

#### Needs Further Risk Stratification / Optimization
- **Human Immunodeficiency Virus (HIV) Status:**
  - CD4 count 200-400 cells/mL
  - Viral loads ≤ 50 copies/mL
- **Dental Conditions:**
  - Evidence of poor gingival conditions
  - Recent extraction sooner than 4 weeks prior to planned surgery
- **Obesity:**
  - Obese BMI (31-39)
  - Extra caution in those who meet morbid obese characterization, BMI (40-49)
- **Diabetes**
  - Hgb A1C from 6.4 to 8
- **Hematologic conditions**
  - Anemia with pre-operative Hgb from 9-12
  - Coagulopathy with history of VTE, OCP use, venous stasis condition
  - Thrombocytopenia with Plt > 75k or hemophiliac condition, appropriately managed

#### Surgery Contraindicated
- **Human Immunodeficiency Virus (HIV) Status:**
  - CD4 count ≤ 200 cells/mL
  - Viral load > 50 copies/mL
- **Dental Conditions:**
  - Active caries requiring extraction
  - Oral abscesses
- **Obesity:**
  - Super obese BMI (≥ 50)
- **Diabetes**
  - Hgb A1C > 8
- **Hematologic conditions**
  - Pre-operative Hgb < 9 prompts hematology consultation
  - Recent VTE event (DVT/PE, stroke, MI) within 6 weeks
  - Thrombocytopenia < 75k prompts consultation
SSI Prevention Strategy

Comprehensive, Evidence Based Protocol:

**Preoperative:**
- Risk Stratification CPG
- Patient Optimization
- Chlorhexidine Baths
- Mupirocin Nasal Ointment

**Day of Surgery:**
- Antibiotic choice / timing
- Clean Air ORs
- Isolation Suits
- Standardized Prep
- OR Traffic
- Disinfection

**Postoperative:**
- Occlusive dressings
- ASA/Hematoma reduction
- Avoid Drains
- Early Intervention for Wound issues
SSI Prevention Strategy

Leverage Telehealth, “MyChart”, Email or other patient engagement platform to evaluate wounds – avoid the ER
Opioids

Comprehensive Pain Management Strategy

Patient Education & Engagement
- Educational materials in multiple formats
- Shared expectations about goals for pain levels, management and mobility
- Preoperative agreement on post-operative opioid plan
- Narcotic contract for chronic opioid users

Structured Pathway
- Standardized, stratified dosing
- Multi-specialty team approach
- Uniformed messaging across entire episode
- Incremental and iterative improvements

Multidisciplinary Approach
- Emphasis on multimodal, non-opioid medications
- Improved rapid recovery pathways
- Pre-emptive analgesics
- Optimized intraoperative medications
- Optimized Regional anesthetic use

EHR Integration
- Streamlined & Standardized documentation
- Comprehensive inpatient and outpatient “order sets” corresponding to stratification
- Continuous monitoring, data collection
Opioids

Outpatient Oral Morphine Equivalents (mg) by Year

- 52.4% Decrease in All TJA
- 48.1% Decrease in Primary TJA
- 62.37% Decrease in Revision TJA

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary TJA</th>
<th>Revision TJA</th>
<th>All TJA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1599</td>
<td>2122</td>
<td>1727</td>
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<tr>
<td>2015</td>
<td>1355</td>
<td>1349</td>
<td>1354</td>
</tr>
<tr>
<td>2016</td>
<td>1290</td>
<td>1462</td>
<td>1335</td>
</tr>
<tr>
<td>2017</td>
<td>1289</td>
<td>1265</td>
<td>1283</td>
</tr>
<tr>
<td>2018</td>
<td>830</td>
<td>798</td>
<td>822</td>
</tr>
</tbody>
</table>
Care Continuum

Continuity across the care spectrum improves:
• Patient experience
• Patient outcomes
• Hospital and insurer finances
• Overall quality metrics

Long term implications from short-term decisions made around TJA episode
Team-Based Orthopaedics

Surgeon as a Health System Ambassador

Though the surgeon is just one part of the team, they are often the touchstone for the patient to navigate their whole UFHealth system experience.
Team-based Orthopaedics

- All aspects of care, from pre-operative to long term recovery, are a continuum of care from the same team
- Patients do not discriminate between sites of care, but seek high value care
- Patients can access their surgical team at all times
- Patients love to get answers!
A Straightforward Perioperative Phase is Essential
Key Components of Action Plan

- Pre-operative education and counseling
  - Pre-op visit
  - JREP
- Create culture of ownership/ responsibility for patient touches
  - Nurse navigator meets high-risk patients
  - EPIC Dashboard
- Improved access through daily clinic schedule and OCAH
- PROM collection and tracking
Engagement

- Identify “engagement” activities
  - Attend JREP class
  - Smoking cessation
  - Weight loss
  - Pre-habilitation
  - Narcotic reduction
Patient Tracking and Outreach - Details

### Upcoming Preadmissions · 4m ago
- Report completed: Wed 1/11 09:55 AM

<table>
<thead>
<tr>
<th>Scheduled Surgery Date</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td>2</td>
</tr>
<tr>
<td>Tomorrow</td>
<td>3</td>
</tr>
<tr>
<td>Rest of the Week</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

### All Preadmissions · 4m ago
- Report completed: Wed 1/11 09:55 AM

<table>
<thead>
<tr>
<th>Surgeon</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIBBS JR. CHARLES PARKER</td>
<td>1</td>
</tr>
<tr>
<td>GRAY, CHANCELLOR FOLSOM</td>
<td>16</td>
</tr>
<tr>
<td>IAMS, DANE ANDREW</td>
<td>3</td>
</tr>
<tr>
<td>MYERS, SCOTT L</td>
<td>2</td>
</tr>
<tr>
<td>PARVATANENI, HARI KIRAN</td>
<td>9</td>
</tr>
<tr>
<td>PRIETO SAAVEDRA, HERNAN AUGUSTO</td>
<td>6</td>
</tr>
<tr>
<td>VLASAK, RICHARD</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

### Upcoming Outreach · 3m ago
- Report completed: Wed 1/11 09:55 AM

<table>
<thead>
<tr>
<th>Next Surgery Outreach</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td>0</td>
</tr>
<tr>
<td>Tomorrow</td>
<td>0</td>
</tr>
<tr>
<td>Rest of this Week</td>
<td>0</td>
</tr>
<tr>
<td>Next Week</td>
<td>0</td>
</tr>
<tr>
<td>3 Weeks</td>
<td>0</td>
</tr>
<tr>
<td>4 Weeks</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>257</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>257</strong></td>
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</tbody>
</table>

### Surgery > 90days Old · 2m ago
- Report completed: Wed 1/11 09:55 AM

<table>
<thead>
<tr>
<th>Surgeon ID</th>
<th>Patients</th>
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</thead>
<tbody>
<tr>
<td>GRAY, CHANCELLOR FOLSOM</td>
<td>10</td>
</tr>
<tr>
<td>IAMS, DANE ANDREW</td>
<td>10</td>
</tr>
<tr>
<td>MYERS, SCOTT L</td>
<td>3</td>
</tr>
<tr>
<td>PARVATANENI, HARI KIRAN</td>
<td>16</td>
</tr>
<tr>
<td>PRIETO SAAVEDRA, HERNAN AUGUSTO</td>
<td>7</td>
</tr>
<tr>
<td>SCARBOURGH, MARK T</td>
<td>1</td>
</tr>
<tr>
<td>VLASAK, RICHARD</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>63</strong></td>
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</tbody>
</table>

### Admitted Patients · 3m ago
- Report completed: Wed 1/11 09:55 AM

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<th>Patients</th>
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<tbody>
<tr>
<td>VLASAK, RICHARD</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>2</strong></td>
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Patient Tracking and Outreach – Details (Cont’d)

### Total Joint Summary - 1m ago
- **Report completed: Wed 1/11 09:55 AM**

<table>
<thead>
<tr>
<th>Patient Status</th>
<th>Patients</th>
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</thead>
<tbody>
<tr>
<td>Admission</td>
<td>11</td>
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<tr>
<td>Discharged</td>
<td>258</td>
</tr>
<tr>
<td>Preadmission</td>
<td>216</td>
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<tr>
<td><strong>Total count</strong></td>
<td><strong>485</strong></td>
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### Discharged Past 48 Hours - 1m ago
- **Report completed: Wed 1/11 09:55 AM**

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<tr>
<th>Discharge Date</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 48 Hours</td>
<td>2</td>
</tr>
<tr>
<td>IAMS, DANE ANDREW</td>
<td>1</td>
</tr>
<tr>
<td>VLASAK, RICHARD</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>257</strong></td>
</tr>
</tbody>
</table>

### Discharged by Surgeons - Just now
- **Report completed: Wed 1/11 09:55 AM**

<table>
<thead>
<tr>
<th>Provider Relationship</th>
<th>Patients</th>
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<tbody>
<tr>
<td>GIBBS JR, CHARLES PARKER</td>
<td>1</td>
</tr>
<tr>
<td>GRAY, CHANCELLOR FOLSOM</td>
<td>50</td>
</tr>
<tr>
<td>HAGEN, JENNIFER ELIZABETH</td>
<td>1</td>
</tr>
<tr>
<td>IAMS, DANE ANDREW</td>
<td>39</td>
</tr>
<tr>
<td>KING III, JOSEPH JOHN</td>
<td>1</td>
</tr>
<tr>
<td>MYERS, SCOTT L</td>
<td>12</td>
</tr>
<tr>
<td>PARVATANENI, HARI KIRAN</td>
<td>65</td>
</tr>
<tr>
<td>PRIETO SAAVEDRA, HERNAN AUGUSTO</td>
<td>46</td>
</tr>
<tr>
<td>SCARBOROUGH, MARK T</td>
<td>3</td>
</tr>
<tr>
<td>SFRIGUEL, ANDRE RIBERIO DO VALLE</td>
<td>4</td>
</tr>
<tr>
<td>VLASAK, RICHARD</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total count</strong></td>
<td><strong>257</strong></td>
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</tbody>
</table>

### Discharged By Week - Just now
- **Report completed: Wed 1/11 09:55 AM**

<table>
<thead>
<tr>
<th>Discharge Date</th>
<th>Patients</th>
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<tr>
<td>Week &gt; 12</td>
<td>47</td>
</tr>
<tr>
<td>Week 12</td>
<td>17</td>
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<tr>
<td>Week 11</td>
<td>24</td>
</tr>
<tr>
<td>Week 10</td>
<td>19</td>
</tr>
<tr>
<td>Week 9</td>
<td>16</td>
</tr>
<tr>
<td>Week 8</td>
<td>16</td>
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<tr>
<td>Week 7</td>
<td>17</td>
</tr>
<tr>
<td>Week 6</td>
<td>11</td>
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<td>Week 5</td>
<td>18</td>
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<tr>
<td>Week 4</td>
<td>24</td>
</tr>
<tr>
<td>Week 3</td>
<td>17</td>
</tr>
<tr>
<td>Week 2</td>
<td>15</td>
</tr>
<tr>
<td>Week 1</td>
<td>16</td>
</tr>
</tbody>
</table>
Access

Contact Information after Your Joint Replacement

Please call any time you have questions or concerns. We love to hear from you! Our physicians are expertly trained and certified in orthopaedics and will be happy to answer any of your questions.

Instructions
- Please call us at 352.273.7920 if you have any of the issues below after surgery during normal business hours:
  - Redness, pain or swelling at the incision site
  - Fever greater than 101 degrees, not explained by another source of infection
  - Fluid of any type or color leaking from the incision
  - Pain not controlled with pain medications
  - Numbness or weakness in the arms, hands, legs or feet
  - Nausea, vomiting or recurring headaches

Urgent
- For urgent appointments after hours please call 352.273.7920
- Walk-ins and call-ins for UF Health ORTHOcare are welcome 7 days a week
- Shorter wait time
- You will be seen by one of our team physicians

Emergency
- If you are experiencing shortness of breath, chest pain, stroke-like symptoms or any life threatening concern, call 911.

UF Health ORTHOcare

APPOINTMENT: 352-273-7929
ADDRESS: 3450 Hull Road
Gainesville, FL 32607

Overview  Maps, Parking & Directions  Providers

Take advantage of fast, convenient after hours orthopaedics care! Our fellowship-trained musculoskeletal physicians from the UF Health Orthopaedics and Sports Medicine Institute (OSMI) will provide fast, expert care for all of your bone and joint issues. Visit us for sprains, strains, minor breaks and x-rays.

We are proud to care for patients at UF Health Shands Hospital, recently ranked one of the region’s top hospitals for orthopedic care by U.S. News & World Report.

Our state-of-the-art facility is home to several specialty clinics that provide patients with the full spectrum of orthopaedic medical care, rehabilitation and radiological services, all in one convenient location. Our physicians are faculty members at UF, expertly trained and certified in Orthopaedics and Sports Medicine to provide patients with a full spectrum of Orthopaedic services.

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCAH 5pm-9pm</td>
<td>Parvataneni/Myers</td>
<td>Gray/Deen</td>
<td>Parvataneni</td>
<td>Gray/Deen</td>
<td>Pulido</td>
<td>OCAH 10am-2pm</td>
</tr>
<tr>
<td>Prieto</td>
<td>Vlasak</td>
<td>Prieto/Pulido</td>
<td>Vlasak</td>
<td>Vlasak</td>
<td>Vlasak</td>
<td></td>
</tr>
<tr>
<td>OCAH</td>
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<td>OCAH</td>
<td>OCAH</td>
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<td></td>
</tr>
</tbody>
</table>
Data Collection

- Build CJR Dashboard (monthly physician monitoring)
- Share results at PFCC
- PROM implementation in clinic
- PROM summary reports
Monthly Data Tracking via PFCC

% of Patients Discharged to Home, DRG 469/470
Monthly Data Tracking via PFCC (Cont’d)
Arthroplasty care redesign related to the Comprehensive Care for Joint Replacement model: results at a tertiary academic medical center

Chancellor F. Gray, MD, Herman A. Prieto, MD, Andrew T. Duncan, MBA, PT, SCS, DPT, ATC, Hari K. Parvataneni, MD

Department of Orthopaedics and Rehabilitation, University of Florida, Gainesville, FL, USA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>696</td>
<td>840</td>
<td>721 → 785</td>
<td>601,000</td>
</tr>
<tr>
<td>Medicare</td>
<td>288 (41%)</td>
<td>348 (41%)</td>
<td>721 → 785</td>
<td>601,000</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>408 (59%)</td>
<td>492 (59%)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Length of stay (d)</strong></td>
<td>3.58</td>
<td>2.11</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Medicare</td>
<td>3.67</td>
<td>2.10</td>
<td>3.6 → 3.0</td>
<td>—</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>3.54</td>
<td>2.11</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Rate of discharge to postacute facility</td>
<td>38.0%</td>
<td>13.4%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Medicare</td>
<td>42.2%</td>
<td>18.1%</td>
<td>44% → 28%</td>
<td>39.9% (TKA) 40.1% (THA)</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>26.9%</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Readmission rate</td>
<td>4.9%</td>
<td>3.9%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Medicare</td>
<td>4.5%</td>
<td>3.2%</td>
<td>13% → 0%</td>
<td>6.5% (TKA) 7% (THA)</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>4.9%</td>
<td>3.0%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Medicare reconciliation</td>
<td>—</td>
<td>6.0%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cost change from baseline</td>
<td>—</td>
<td>—27%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cost to CMS (vs target)</td>
<td>+4.8% (vs national average price)</td>
<td>−11% (vs national target price)</td>
<td>−20% (vs institutional baseline)</td>
<td>—</td>
</tr>
</tbody>
</table>

For the Health System

• Created ~2k bed days per year
• Improved margin by ~25%
• “Unclogged” ER

• Created orthopaedic/health system culture change
• For Payers, saved 25% over 90-day episode
Value of Culture Change

**Table 2**
Differences in Demographics and Select Quality Metrics During Baseline and Study Period.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Study Period</th>
<th>Δ (%)</th>
<th>BPCI (Courtney et al, 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volume</td>
<td>168</td>
<td>459</td>
<td>37%</td>
<td>126 → 91</td>
</tr>
<tr>
<td>Age (years)</td>
<td>67</td>
<td>66</td>
<td>--</td>
<td>67.5</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>30.71</td>
<td>31.42</td>
<td>--</td>
<td>31.5</td>
</tr>
<tr>
<td>CCI</td>
<td>1.60</td>
<td>2.00</td>
<td>--</td>
<td>1.57 → 1.08</td>
</tr>
<tr>
<td><strong>Changes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS (days)</td>
<td>4.84</td>
<td>3.92</td>
<td>19%</td>
<td>5.3 → 4.0</td>
</tr>
<tr>
<td>Home discharge rate</td>
<td>58%</td>
<td>72%</td>
<td>24%</td>
<td>38% → 35%</td>
</tr>
<tr>
<td>Readmission rate</td>
<td>8.9%</td>
<td>5.8%</td>
<td>35%</td>
<td>10% → 18%</td>
</tr>
<tr>
<td>Direct cost</td>
<td>-4%</td>
<td>-3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Spread the Word... Enlist Partners

• PFCC Meetings
  – Control message to our (relatively) small group
  – Troop rallying
• Publish in peer-reviewed journals
• Present to QPSC/Quality Week
• Present to Health System Leadership

• Distill message
  – Motivations
  – Actions/results
• Specific and general
• Share successes and failures
• Learning, growth are goals
Thank You

Chancellor Gray, MD: graycf@ortho.ufl.edu
Hari Parvataneni, MD: parvataneni@ufl.edu
Role of PFE in Improving Surgical Outcomes

Lee Thompson, M.S.
Program Director, PFE Contractor (PFEC)
American Institutes for Research
Key Themes

• Practices patient- and family-centered care (PFCC)

• Models and supports a culture of meaningful patient and family engagement (PFE)

• Provides a continuum of care to align with the patient perspective

• Patient preferences and needs are identified and acted on

• Collects and reports on patient-reported outcome measures (PROMs)
PFE Metric 1: Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.

Intent: For all scheduled admissions, hospital staff discuss a checklist of items to prepare patients and families for the hospital stay—and invite them to be active partners in their care.

• Pain Control (including opioids)
• Getting Ready for Surgery (Joint Preparation Class)
• Discharge Information
• Hospital Care Plan (including signs and prevention of infection)
• Safety Precautions (falls prevention)
PFE Metric 2: Shift Change Huddles or Bedside Reporting

- **PFE Metric 2:** Hospital conducts shift change huddles or bedside reporting with patients and family members in all feasible cases.

- **Intent:** Include patients and care partners as active participants in as many conversations about their care as possible throughout the hospital stay
  - Invite patients to speak up if “something doesn’t feel or look right” (e.g., redness, swelling, pain, numbness or weakness)
Questions to Run On

• What opportunities does your HIIN or hospital have to improve surgical outcomes?

• What aspects of the surgical process can your organization redesign to impact multiple outcomes?

• How can you use data to monitor improvements in outcomes (and gaps), as well as demonstrate impact on the bottom line?
Questions and Answers

Please share your questions for our presenters!

To share a question, you may enter it into the chat box or press 7# on your telephone keypad to have your line unmuted.
Key Takeaways

- The successes at UF Health involve a multifaceted and multidisciplinary approach to surgical safety that leverages many best practices. These include, for example:
  - Strong physician engagement;
  - Adherence to evidence-based practices;
  - Focus on infection prevention;
  - Engaging patients throughout the care process; and
  - Use of data to monitor and drive continuous improvement.

- Innovations and other notable characteristics of the approach include:
  - 7 day/week access to care
  - Ability to send photos of wounds and interact with the surgical team if there is a concern
  - Development of dashboards to examine and explore patient tracking, outcomes, and financial impact

- An important component of the approach is its patient-centered approaches, such as engaging the patient from the first encounter, providing meaningful patient education, and seeking to ensure patients can recover successfully at home.

- The results of UF Health’s comprehensive surgical safety approach demonstrate an impact on multiple outcomes, such as those related to infection prevention, opioid use, patient satisfaction, safety culture, and cost savings!
Participant Polling

Please share your feedback!
AHRQ Safety Program for Improving Surgical Care and Recovery (ISCR)
Join the Next Cohort!

- September 2019 – *but start enrolling early!*

- Customize your participation to make it work for you
- Elect to participate in one, two, or three areas

Service Lines:
- Colorectal
- Hip Fracture
- Joint Replacement
  - Hip Replacement
  - Knee Replacement
- Gynecology
Participation Overview

- Open to all **U.S., Puerto Rico and the District of Columbia** hospitals
- Organized by **cohorts** to promote collaboration and learning
  - **Cohort 3B** (September 2019) – colorectal, total joints, hip fractures and gynecology
  - **Cohort 4** (March 2020) - colorectal, total joints, hip fractures, gynecology and emergency general surgery
- Hospitals can **participate in one or more cohorts**
- Each cohort **lasts 12 months**
  
  ⬅️ Months 1-3
  
  Onboarding and Baseline Data Collection
  
  ⬆️ Months 4-9
  
  Implementation
  
  ⬅️ Months 10-12
  
  Sustainability

- **No fee** to participate!

* Tentative order
How To Join

Visit us at: qi.facs.org/iscr/ to begin the enrollment process

Please direct questions to: ISCR Program Team at: iscr@facs.org
NCD Weekly Pacing Events
Thursday, July 25, 1:00 – 2:00 PM ET
Topic: Sepsis

Thursday, August 1, 1:00 – 2:00 PM ET
Topic: Readmissions