

# Perioperative Surgical Home: The Administrator's Role

Padma Gulur, MD

Director of Perioperative Medicine, Director Pain Medicine

Maura Hofstadter, PhD

Chief Administrative Officer, Associate Chair

MGMA Anesthesia Administrators Assembly  
May 1, 2015



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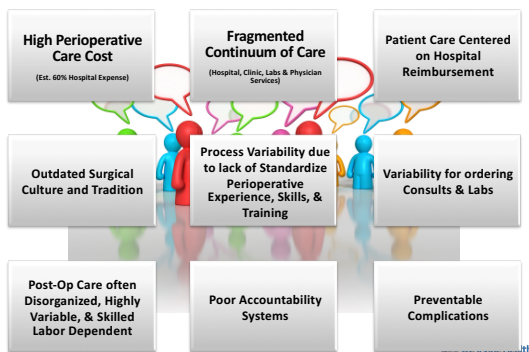
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## Voice of the Customers (Patients, Hospital Staff, Physicians)



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## Perioperative Surgical Home (PSH)



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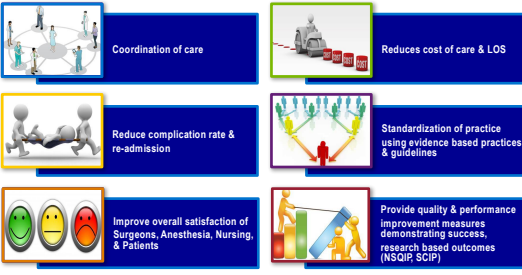
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### PSH Expected Deliverables



- Coordination of care
- Reduces cost of care & LOS
- Reduce complication rate & re-admission
- Standardization of practice using evidence based practices & guidelines
- Improve overall satisfaction of Surgeons, Anesthesia, Nursing, & Patients
- Provide quality & performance improvement measures demonstrating success, research based outcomes (NSQIP, SCIP)

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### How do I get there?

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### Change Management



AN ACTION PLAN FROM THE WORLD'S FOREMOST EXPERT ON BUSINESS LEADERSHIP

**Leading Change**  
John P. Kotter  
HARVARD BUSINESS SCHOOL PRESS

JOHN P. KOTTER  
a sense of urgency

NEW YORK TIMES, WALL STREET JOURNAL, USA TODAY, AND BUSINESSWEEK BESTSELLER

**Our Iceberg Is Melting**  
Changing and Succeeding Under Any Conditions  
John Kotter  
THE #1 BESTSELLING ACTION PLAN FOR LEADERS IN ANY ORGANIZATION  
Foreword by Stephen Johnson, M.D., author of "Who Moved My Cheese?"

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**The 8-Step Process of Successful Change**

**SET THE STAGE**

- 1. Create a Sense of Urgency.**  
Help others see the need for change and the importance of acting immediately.
- 2. Pull Together the Guiding Team.**  
Make sure there is a powerful group guiding the change—one with leadership skills, bias for action, credibility, communications ability, authority, analytical skills.

**DECIDE WHAT TO DO**

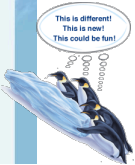
- 3. Develop the Change Vision and Strategy.**  
Clarify how the future will be different from the past, and how you can make that future a reality.

**MAKE IT HAPPEN**

- 4. Communicate for Understanding and Buy-in.**  
Make sure as many others as possible understand and accept the vision and the strategy.
- 5. Empower Others to Act.**  
Remove as many barriers as possible so that those who want to make the vision a reality can do so.
- 6. Produce Short-Term Wins.**  
Create some visible, unambiguous successes as soon as possible.
- 7. Don't Let Up.**  
Press harder and faster after the first successes. Be relentless with instituting change after change until the vision becomes a reality.

**MAKE IT STICK**

- 8. Create a New Culture.**  
Hold on to the new ways of behaving, and make sure they succeed, until they become a part of the very culture of the group.




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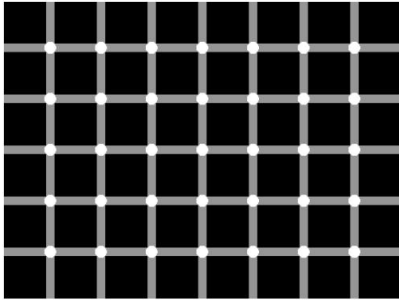
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**Count the black dots!**

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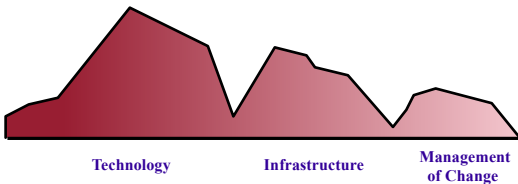
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**Change Management for PSH**

**PERCEPTION...**



Technology      Infrastructure      Management of Change

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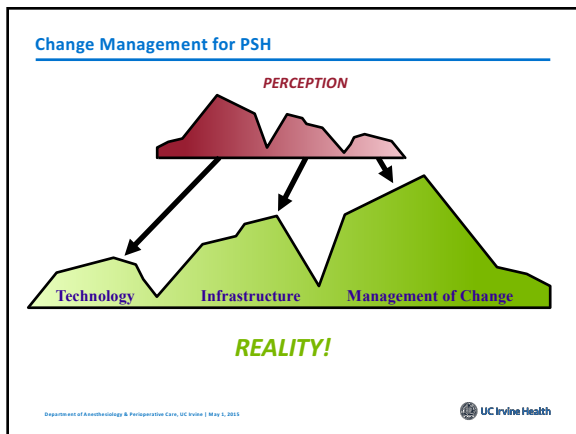
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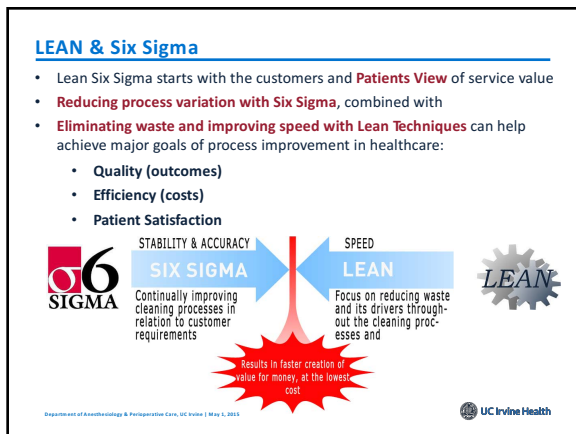
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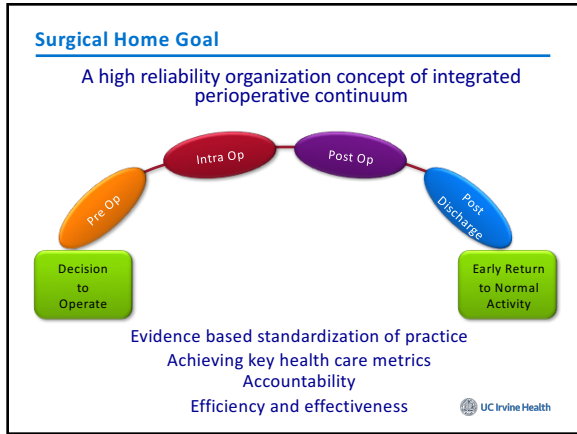
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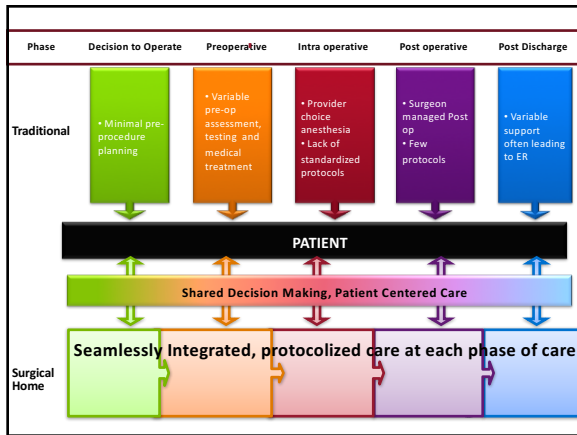
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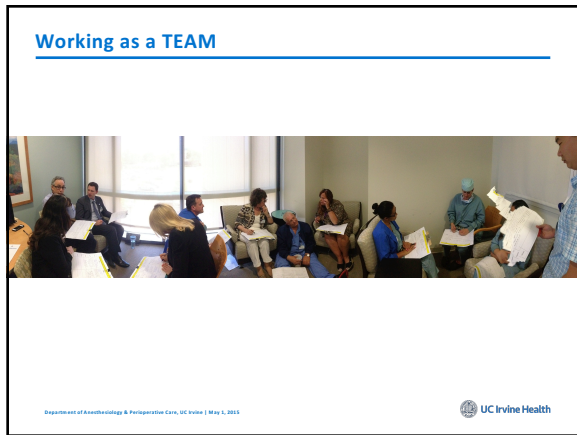
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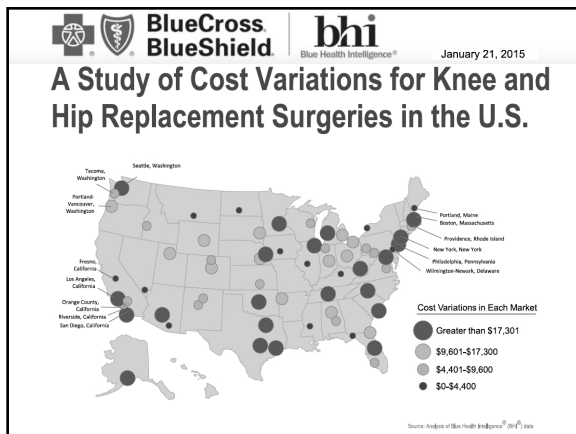
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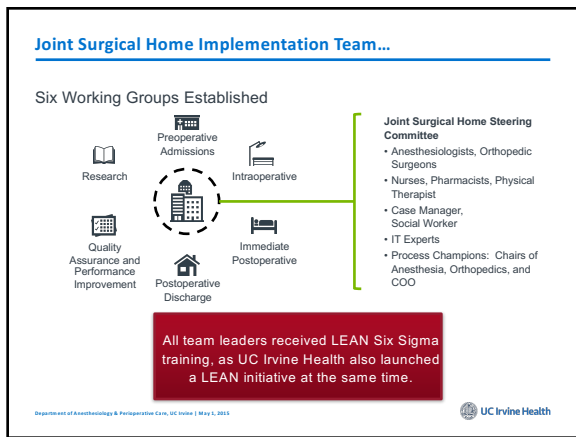
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### Preoperative Period

Optimizing Patients Before Surgery...

- ✓ Mandatory classes educate patients on postop expectations and healing, smoking cessation and exercise
- ✓ Standardized laboratory, ECG, MRSA swab, anemia management protocols
- ✓ Patients prepared for discharge before admission
- ✓ Standardized orders for VTE<sup>1</sup> prophylaxis, multimodal pain regimens initiated

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**Preoperative Period**

Prehabilitation	Patient Self Assessment Tool	Using AIMS to Determine Risk	Risk Calculator
<ul style="list-style-type: none"> <li>Smoking cessation</li> <li>Coaching</li> <li>Fitness</li> <li>Diabetes control</li> <li>HTN control</li> <li>Compliance to Medication</li> </ul>	<ul style="list-style-type: none"> <li>Patient engagement</li> <li>Decreased cost</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Pathways</li> <li>Best evidence</li> </ul>	<ul style="list-style-type: none"> <li>Used to inform patients</li> <li>Shared decisions making</li> </ul>

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**Intraoperative Phase Joint Surgical Home**

**Anesthesia Care Standardization**

- Standardized anesthesia protocols
- Standardized fluid management
- Anesthesia Total Joint-PSH intraoperative team (5 faculty) assigned to all PSH cases

**Surgical Care Standardization**

- Updated physician preference provide standardization within each orthopedic surgeon's practice
- Workflow standardization also used to eliminate other inefficiency
- Limited device standardization (single vendor for most implants and prosthesis)

**Looking Beyond Device Standardization**

"Implant standardization is certainly not the driving force of ROI in the joint replacement home. Our experience suggests that the biggest ROI comes from optimizing the patient, and coordinating pre and post operative care."

*Dr. Zeev Kain, UC Irvine Health*

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### Coordinating Postoperative Care

Perioperative Surgical Team Ensures Adherence While Coordinating Care



- Care coordinated by Senior Anesthesia Resident and Anesthesiology Faculty
- PSH team closely monitors patients for adherence to protocol, oversees patient care
- Orthopedic surgeons contacted by cell phone for joint decision making when needed

**Standardized Postoperative Care Pathway**

- Protocols emphasize early mobility in the first 24 hours:
  - All patients receive two physical therapy sessions
  - All patients are weight bearing
- Multimodal pain management protocols emphasize oral medication and opioid avoidance
- Early intervention protocols when care deviates from planned recovery goals
- Discharge readiness

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### Overview of Discharge Pathway

#### Standardized Recovery Plan

- Prior to discharge, patients receive a personal recovery plan including physical therapy schedules, ambulation goals, and medication reconciliation
- Confirmation that all at-home equipment (cane, walker, etc.) were ordered and delivered

#### Anti-coagulation Clinic

- 2-3 days post discharge, patients visit anti-coagulation clinic to ensure anticoagulant levels are appropriate

#### Patient Follow Up

- Follow up nursing call one week post discharge to assess compliance and satisfaction
- Two orthopedic clinic visits (two weeks and then three months postdischarge)
- Optional weekly telemedicine visits for the first month, then monthly until nine months postoperative

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### Formula for Continued Success

**12 PSH Clinical Pathways In Service**

Total Knee Replacement Clinical Pathway | 2012



UNIVERSITY OF CALIFORNIA - IRVINE  
HEALTHCARE

ORTHOPEDICS  
TOTAL KNEE REPLACEMENT  
CLINICAL PATHWAY  
ICD 9 81.54

1. Review applicable Orthopedic Clinical Outcomes  
2. Review applicable evidence for current medications of their providers and settings  
3. Collaborate with orthopedic team regarding patient with a current condition and their suitability for surgery  
4. Document Discharge/transfer plan and a comprehensive patient clinical pathway

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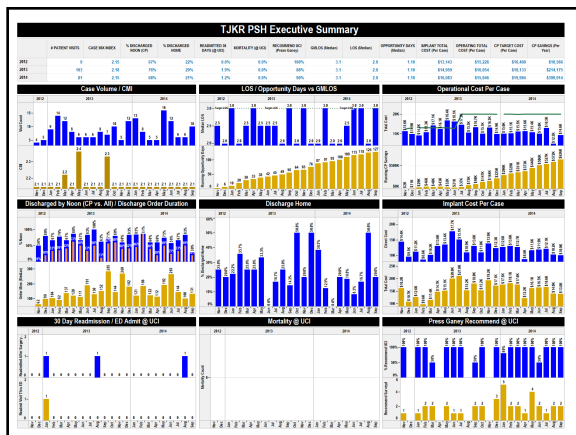
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**Urology Surgical Home**

	Measure	Radical Cystectomy	Laparoscopic Nephrectomy	Open Nephrectomy
Direct Cost	Baseline	\$41,666	\$19,409	\$30,038
	Target	\$28,479	\$13,375	\$25,767
Length of Stay	PSH	\$20,057	\$9,805	\$14,240
	Baseline	12.5 days	4 days	9 days
	Target	8 days	3 days	7 days
	PSH	5 days	2.67 days	4.5 days

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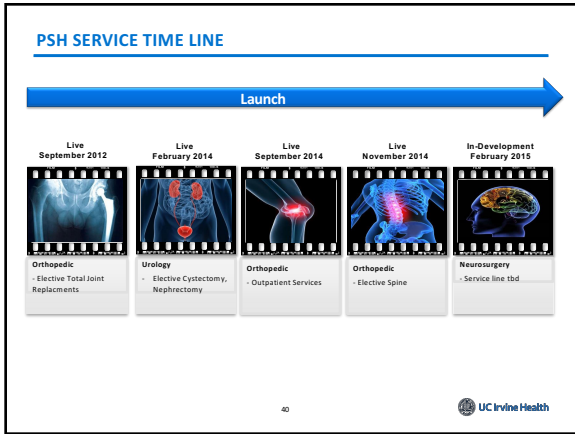
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Department of Anesthesiology  
& Perioperative Care

American Society of  
Anesthesiologists

**ANNUAL PERIOPERATIVE  
SURGICAL HOME SUMMIT 2015**  
JUNE 26-28 | HYATT REGENCY | HUNTINGTON BEACH, CA



**Save the date!**  
Pre-conference: Friday, June 26  
Main Conference: Saturday, June 27 – Sunday, June 28

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