Implementation of a PSH Model in a Preoperative Clinic
Les Garson, MD
Department of Anesthesiology & Perioperative Care
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Key points for a PSH Pre-Op Clinic...

Culture
Change Management

Triage

Optimization
Preparing the patient

Work Flow
New Roles
What is a typical ‘Preoperative Clinic’?

✓ Provide ‘Clearance’ for surgery

✓ Focused on ‘getting the patient’ into the O.R.

✓ Batteries of tests

✓ No escalation of care or management based on any sort of Triage system

✓ Low ‘same day’ cancellation rates as ‘the gold standard’

Consultations from colleagues...

“Cleared for surgery
Non smoker, Illegible note....”

Insufficient information
The Perioperative Surgical Home

PSH ??

Traditional

Decision to Operate
- Minimal pre-procedure planning

Pre operative
- Variable pre-op assessment, testing and medical treatment

Intra operative
- Provider choice anesthesia
- Lack of standardized protocols

Post operative
- Surgeon managed Post op
- Few protocols

Post discharge
- Variable support often leading to ER

Perioperative Surgical Home

Seamlessly integrated, protocolized care at each phase of care

Shared Decision Making, Patient Centered Care
The Perioperative Surgical Home is a new paradigm for surgical care.

FIVE BUILDING BLOCKS OF A SUCCESSFUL Perioperative Anesthesia Partnership

PATIENT & SURGEON SATISFACTION

The ultimate result of the combination of expert leadership, a collaborative team, performance improvement, and a partnership mindset is the enhanced satisfaction among patients. Efficient and effective operations, quality care and positive outcomes help maintain high levels of patient and surgeon satisfaction and drive future success.

BUSINESS PARTNERSHIP

In a successful partnership, each partner combines its unique strengths with the strengths of other partners to achieve the best possible results. In addition to delivering high levels of clinical excellence, our anesthesiologists work closely with hospital leadership to help improve the facility’s patient base and assist its leaders in growing their business. Key attributes: vision, cooperation, collaboration, commitment.

PERFORMANCE TRANSPARENCY

Quality and efficiency of patient care demand the performance of the anesthesia team. Performance efforts require total transparency in clinical, financial, and operational data. The right perioperative anesthesia partner has an understanding that supports the leading information systems and data management. Key attributes: performance management, strategic planning.

TEAM COLLABORATION

At the core of perioperative anesthesia partnership is trust in the clinical, economic, and administrative leadership of the qualified anesthesia providers. A dedicated team of nurses and CTAs ensuring best practices for evidence-based medicine will produce consistently superior outcomes. Key attributes: commitment, accountability, flexibility, reliability.

LEADERSHIP

Leadership is the foundation of any successful endeavor. An on-site anesthesia director ensures that the center’s best interests are served. Practices hands-on regional and inter-rural anesthesia and supports the goals of the center and the anesthesia team in delivering optimal perioperative anesthesia care. Key attributes: accountability, clinical expertise, flexibility, confidence.

Our rapidly evolving healthcare environment demands that hospital and surgery center executives and clinicians deliver higher-quality care more efficiently. Simon’s expertise can help you deliver cost-effective, patient-focused, quality-driven anesthesia services.
Preoperative Period

- Prehabilitation
  - Smoking cessation
  - Coaching
  - Fitness
  - Diabetes control
  - HTN control
  - Compliance to Medication

- Patient Self Assessment Tool
  - Patient engagement
  - Decreased cost

- Using AIMS to Determine Risk
  - Clinical Pathways
  - Best evidence

- Risk Calculator
  - Used to inform patients
  - Shared decisions making

In the old days (2 years ago)...

- Physicians performing data entry
- Parallel Systems of paper and EMR
**Old evidence...**

**A New Model of Care**

- **Change Management**
  - Convince the staff of a *better way* to do things

- **Triage**
  - Determine need for escalation of care
  - Review of risk factors
  - Management of risk factors

- **Optimization**
  - Patient Education
  - Peer to peer communication
  - Multidisciplinary Care
Change Management

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.
How difficult change is....

Preoperative testing before cataract surgery occurred frequently and was more strongly associated with provider practice patterns than patient characteristics!

Triage
Triage of Charts

<table>
<thead>
<tr>
<th><strong>Cataracts</strong></th>
<th>AICD/PM Interrogation</th>
<th>A/Q Negative</th>
<th>A/Q Bold Font</th>
<th>A/Q Bold Font and Hx Difficult Airway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Within 12 months</strong></td>
<td>DataEntry Only</td>
<td>DataEntry Only</td>
<td>DataEntry Only</td>
<td></td>
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</tbody>
</table>

*Minor Surgery* OR 2nd Procedure within 6 Months

| **Within 12 months** | DataEntry Only | DataEntry and Phone Interview |

*Major Surgery*

| **Within 6 months** | Data Entry and Phone Interview | DataEntry, Phone Interview, Consult (If needed; Hospitalist, Cardiologist, or other Specialist) |

Pediatric Patients

| **N/A** | DataEntry and Phone Interview | DataEntry and Phone Interview |

*See Appendix A

**See GHEI/OSS Ophthalmology Protocol

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Cascade of Evaluation and Responsibility

<table>
<thead>
<tr>
<th>Educational /Triage</th>
<th>Outpatient Orthopedic Procedures</th>
<th>Laminectomy /Discectomy</th>
<th>Anterior/ Posterior Cervical Fusion</th>
<th>Simple Lumbar Fusion</th>
<th>Complex Thoracic/ Lumbar Fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA 1-2</td>
<td>MA</td>
<td>MA</td>
<td>NP</td>
<td>NP</td>
<td>NP</td>
</tr>
<tr>
<td>ASA 3</td>
<td>MA</td>
<td>NP</td>
<td>NP</td>
<td>NP</td>
<td>NP</td>
</tr>
<tr>
<td>ASA 4</td>
<td>MA</td>
<td>NP</td>
<td>NP</td>
<td>NP</td>
<td>MD</td>
</tr>
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</table>
### Preoperative Testing Grid

**Bleeding Questionnaire:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
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1. Have you had abnormal bleeding following: Dental Extractions? Major/minor operations? Major/minor injuries?

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2. Do you have trouble with any of the following: Easy bruising (bigger than 2 inches)? Frequent nose bleeds? Abnormal heavy menstrual periods? Bleeding into joints or muscles? Oozing a long time from cuts or scrapes?

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3. Have you ever needed a blood transfusion for unexpected or excessive bleeding after a surgical procedure?

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4. Is there any family history of abnormal bleeding?

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5. Do you currently take any sort of anticoagulant (blood thinner) medication? (Coumadin, Lovenox, Pradaxa, etc.)

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Note: If a patient is actively taking an antiplatelet drug (NSAIDs, ASA) up until the time of surgery, this may increase the risk of bleeding regardless of results of coagulation studies.

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**Preop testing is triaged as well...**

**Urine Preg Test**

**PT/PTT/INR**

**CBC**

**Type & Screen**

**BMP**

**HGC**

**CBC**

**Other Disease/Procedure Specific Studies**

**Minor Surgery**

**Low Bleeding Risk**

**□** *(Consider IF positive bleeding questionnaire)*

**□**

**High Bleeding Risk**

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

**M, F > 60**

**Abnormal lung exam**

**Active Pulmonary process**

**Cardio-thoracic, Vascular thoracic surgery**

**See Appendix A**

**Major Surgery**

**Low Bleeding Risk**

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

**High Bleeding Risk**

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

**Diabetes, Hx. of Renal Failure, HTN, Patient on Diuretics**

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

**Reproductive Age**

**□** *(Consider IF positive bleeding questionnaire)*

**□** *(Consider IF positive bleeding questionnaire)*

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**Triaging... Is our ‘Do Not Pass Go’ card**

![Community Chest - Go to Jail](image)
Optimization

The new way of preparing high risk patients

Risk factors for....

Delirium Pulmonary Complications Renal Complications
Protocols

- ACC/AHA 2014 Guidelines
- BMS/DES protocols
- Pacemaker/AICD evaluation and management

Diabetes Management

- Perioperative glucose management
- HgA1C

Perioperative Evaluation of the Geriatric Patient

- Organ based preoperative risk assessment
- Nutritional assessment
- Functional assessment
- Neuropsychological assessment

Shared Decision Making

- American College of Surgeons National Surgical Quality Improvement Program® (ACS NSQIP®)

Optimization

- Nutrition
- Smoking Cessation
- Exercise
- Mind-Body Considerations
- Anemia Management
PSH Optimization Checklist

- Nutrition
  - Clear liquids after midnight, solid foods before surgery
- Nutrition Questionnaire for all Major surgery/Complex procedures
- BMI recorded
- Medication reconciliation
- Patient education
  - Education booklet provided to patient
  - WellReaded
- Mental status
  - Neurocognitive (MMSE or logical test)
  - Refer to PCP for Exec as appropriate
- Respiratory
  - Evaluated for Pulmonary risk triggers
  - Incentive spirometry (equipment dispensed)
  - Smoking cessation instruction
- Evaluated for Renal risk triggers
- Evaluated for Delirium triggers
- Diabetes Status
  - HgA1C checked
- Anemia Management
  - Not necessary (Preop Hb > 12 mg/dl)
  - Refer to PCP for Adjunctive management or Referral to UCI Hematology/Infusion Center
- Respiratory
  - Evaluated for Pulmonary risk triggers
  - Incentive spirometry (equipment dispensed)
  - Smoking cessation instruction
- Evaluated for Renal risk triggers
- Evaluated for Delirium triggers
- Diabetes Status
  - HgA1C checked

- Physiotherapy
  - Walking exercises program is necessary
- Physical Therapy: PT techniques with mobility, walking, and transfer training and serial positioning assessment if appropriate
- Occupations Therapy (OT) proper technique on inking, dressing, hand & arm movements
- Smoking cessation

- MBSA Status
  - Normal weight
- Chronic, if yes, communicate with Pre-surgical
- DVT prophylaxis/Incapacitant status

- Discharge planning
  - Patient will be going
    - Home, Inpatient facility, Other
    - Identification of Best Nursing Facility
    - Identification of Next of Kin for patient in distress
    - Identification of home review by each patient and post operatively
    - Home health needs assessed
    - Needs in post discharge assessment needs eg., walker, catheter, sues, bowel ostomates

- Language barrier considerations
- Not applicable

- Identification of patient’s home environment unprecedented during preoperative process
  - Family Member
  - Other

- Transitions in Care
  - Identification of HCP (phone number & fax number)
  - Identification of Post Provider (phone number & fax number)
E-PAT Viewer app displays the list of preoperative evaluations. The icon on the right shows one of four states: “Ready for Data Entry”, “Data Entry Completed”, “Needs Phone Call”, “Phone Call Completed”.

Other ... Non traditional aspects of care

- Patient expectation management
- Patient engagement
- DME confirmation
- PT/OT ‘Pre-hab’ and Re-hab
Operational aspects of a PreOp clinic transitioning to a PSH Model

Workflow

• Who does what?
• New roles?

New responsibilities

• Surgical clinics? Preoperative Clinic?

OUR expectations are different...

Clearance is not enough anymore...

Patients are expected to be PREPARED for surgery, recovery, and to return to as close to baseline Preoperative function as quickly as possible