

## 5) Perioperative Medicine Model of Care

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### PROJECT DESCRIPTION

The Perioperative Medicine Model of Care is a triumvirate approach to the postoperative care of our patients. The surgeon, hospitalist (MD, NP or PA) and the case manager, in relationship with the patient's nurse, physical therapist and occupational therapist comprise the team. Pharmacy, Laboratory, Radiology and consultants are, of course, essential components of the care delivery system. The core team supports and supervises the patient's care from admission through discharge, with the goals of providing tightly managed, protocol-driven care to reduce variation, streamlined care delivery, and improved clinical outcomes. Our model also improves caregiver communication and coordination of care. Transforming care to enhance delivery and improve outcomes is a journey. This new model of care is very exciting and certainly transformative.

Patients with complex care needs must be closely managed to ensure team collaboration, coordination, patient safety and efficiency by eliminating duplication of efforts. For example, many patients will need multiple specialists during their stay depending on their personal health history and needs. Consultations can include specialists from cardiology, pain management, rehabilitation, pulmonary or diabetes care. It is important that all of the activity is coordinated and centered on the needs of the patient.

This team implemented a strategic goal of the organization. All members of the team remain highly engaged in the success of the evolution of the Perioperative Medicine Model of Care as evidenced by the work of the Continuous Improvement Academy to enhance patient care rounds. We are continuing to expand the role of the Hospitalist Team to take on more responsibility for all patients within the inpatient arena on our journey toward becoming a highly reliable health care organization. Our team is committed to and is actively working on enhancing the quality of care and reducing the cost of care.

The team that was charged with implementing the new model of care was truly an inter-professional team. As soon as the design team received approval of this innovative model, the implementation team went to work ensuring a successful transition to a new system of care that was embraced very quickly by all clinicians. From hiring and training new Nurse Practitioners and Physician Assistants, to creating new hand-off and patient rounding practices, to ensuring the provision of unit based care and more efficient transitions of care, the energy and enthusiasm surrounding this practice was palpable throughout the hospital. The high degree of collaboration between all members of the team was the foundation for the success of this implementation.

### OUTCOMES ACHIEVED

- Overall increases in Patient Satisfaction Scores from 84.8% to 91.7%
- Increase in Patient Satisfaction Communication with Nurses from 83.2% to 85.1%
- Overall Percentile rank increased from 93 to 99
- Overall Reduction in LOS from 3.2 to 3.1 days
- Reduction in LOS Primary Hip from 2.6 to 2.4 days
- Reduction in LOS Revision Hip from 3.6 to 3.3 days
- Reduction in LOS Revision Knee from 3.9 to 3.8 days
- Reduction in LOS Lumbar Fusions from 4.4 to 4.0 days
- Reduction in the number of Outpatients being treated in inpatient beds from monthly average of 100.3 to a monthly average of 87.8
- Reduction in Laboratory Cost due to decreased testing - \$50,000

### LESSONS LEARNED

- Exquisite preparation of the patient and family from the physician office to pre-admission screening through surgery and to the inpatient unit has yielded phenomenal results in patient satisfaction, staff satisfaction, quality outcomes and cost.
- Tremendous value in the intra-professional team managing care coordination and communication thereby aiding in patient engagement of their care
- Effective and efficient care delivery as the patient moves through the system of care