Date: April 23, 2019

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Topic Area of Focus: Quality Improvement
I. EXECUTIVE LEADER STATEMENT

Eisenhower Health is a not-for-profit care system comprised of a 463 bed hospital, the Annenberg Center for Health Sciences, the Barbara Sinatra Children’s Center, 86 clinics and Urgent Care Centers. We are located in the Coachella Valley within the Inland Empire of Southern California. As a Magnet designated teaching hospital, we strive to promote evidence-based process improvements throughout the health system. The outpatient total knee replacement clinical care pathway quality initiative is driving excellence in care provided to patients in the community we serve and promotes resource stewardship. This differentiating approach facilitates needed patient support to safely same day discharge home elderly patients after a total knee replacement surgery and the outstanding patient care outcomes and satisfaction achieved by the team here at Eisenhower Health are noteworthy. We thank you for the opportunity to share this great work and for your consideration of our application.

Sincerely,

[Signature]

Martin J. M
Executive Vice President/Chief Operating Officer
Eisenhower Health

II. EXECUTIVE SUMMARY

Healthcare organizations across the nation face demands to improve efficiency and maximize use of healthcare funding without compromising outcome quality. Recent changes to reimbursement models for Total Knee Replacement (TKR) surgeries provide organizations with opportunities to explore a more patient centric approach. In January 2018, Centers for Medicare and Medicaid (CMS) removed requirements for TKR to be conducted as an “inpatient only” procedure. The orthopedic team at Eisenhower Health embraced the concept as it would provide an opportunity to enhance the patient’s experience through successful surgical treatment as an outpatient. An interdisciplinary team developed a clinical care pathway comprised of a risk stratification process and a comprehensive patient-centered approach that begins in the physician’s office, mapping treatment through the entire continuum of care as an outpatient. This unique approach allows the team to engage in extensive preoperative preparation for those patients who are appropriate for outpatient TKR and contrasts a “one size fits all” approach that schedules all TKR cases as outpatients. Eisenhower Health noted program success through sustained positive outcomes, patient satisfaction, and fiscal responsibility resulting in planned expansion of use of the clinical care pathway to other outpatient surgical procedures.
III. BACKGROUND AND RELEVANCE

Eisenhower Health is located in Rancho Mirage, California, with approximately 68% of all patients admitted being Medicare recipients. The organization performs nearly 1,000 TKR surgeries a year. Persons insured through Medicare are typically elderly. Many patients have medical comorbidities and care complexities which may complicate a safe transition home the same day of surgery after having a TKR. These considerations necessitate a safe, positive, and efficient transition plan, across the continuum of care to ensure positive patient outcomes and experience, in addition to responsible use of hospital resources at Eisenhower Health.

In January 2018, CMS removed TKR from the “inpatient-only” list, which meant that while a TKR is still considered major surgery, it could be conducted as an outpatient procedure (Sconce, 2018). This posed many challenges as healthcare organizations grappled with a means to safely discharge the older Medicare patient home within hours of surgery. An interdisciplinary team at Eisenhower Health considered these changes as an opportunity to develop a unique comprehensive proactive approach to successful outpatient TKR surgery.

The goal was to develop a clinical care pathway that guides patients through a plan designed to discharge home the same day of their procedure. The clinical pathway is termed FastTrack that supports quality outcomes, patient safety, and transition support across the continuum. This concept was in contrast to many other institutions, who admit all planned TKR surgeries as an outpatient, then convert to an inpatient status, when necessary, following the surgery. Negative impacts of this approach include patient preparation with expectations that may or may not be met, inefficient use of hospital resources, and procedures that may not be reimbursed to the fullest extent. The clinical care pathway at Eisenhower Health facilitates appropriate patient assessment and optimization, combined with navigation and led to the development of an approach that streamlines resources and provides an enhanced patient and staff experience, preserving patient safety and positive outcomes. Eisenhower Health’s stratification suggests that approximately 20% of patients are appropriate for an outpatient approach, and that 80% of scheduled TKR surgeries will still require inpatient admission post operatively.

IV. OUTPATIENT TOTAL KNEE REPLACEMENT CLINICAL CARE PATHWAY

An interdisciplinary team comprised of stakeholders, such as orthopedic surgeons, anesthesiologists, advanced practice providers, surgical services, physical therapists, case managers, a nurse navigator, and the Director of Orthopedic Programs, was convened (Figure 1).
Figure 1. Total Knee Replacement Interdisciplinary Team

The team conducted a thorough systematic review of literature, best practice and evidence based methodologies in order to develop patient-centered care coordination across the continuum process. The result was a carefully constructed clinical care pathway consisting of a risk stratification process combined with patient-centered navigation and optimization that maps treatment from an interdisciplinary team that begins in the physician’s office, through the entire continuum of care (Figure 2). The primary purpose of the care pathway was to enhance care delivery for TKR patients that supported same-day surgery discharge home, by improving processes in several areas, including:

a. Inpatient versus outpatient risk stratification  
b. Preoperative optimization and education  
c. Care coordination utilizing a nurse navigator

Inpatient versus Outpatient Risk Stratification
Eisenhower Health utilized recommendations from renowned recovery audit contractor (RAC) expert, Dr. Ronald Hirsch to develop a screening tool that assessed a TKR patient for clinical comorbidities (Pace, 2018). This included factors that would proactively assess patients for appropriate inclusion in the clinical care pathway for outpatient surgery. Those patients that were not deemed appropriate are prepared for postoperative recovery period as an inpatient. Risk stratification allows the team to prepare all patients appropriately, as well as
placing appropriate emphasis on crucial documentation that supports patients that do not meet criteria for outpatient surgery. This proactive approach mitigates risk for reimbursement deficits related to inappropriate plans for outpatient versus inpatient procedures prior to the patient’s arrival to the hospital. The organization is able to better utilize resources, that are most appropriate for the patient, and enhances patient outcomes, expectations and overall experience.

Preoperative Optimization and Education

Patients that are considered appropriate for outpatient surgery through risk stratification are placed on the standardized clinical pathway, which begins with shared decision-making between the patient and surgeon. Once agreement on the plan of care has been reached, an intensive interdisciplinary preoperative preparation period begins, a key factor for success. Initial assessment is designed to optimize the patient condition by addressing any uncontrolled or problematic comorbidities in order to prevent complications and readmissions post-operatively. The next step in the clinical care pathway preoperative phase includes attendance at a total joint replacement education class, taught by orthopedic nurse practitioners. The focus of preoperative education is to provide information and care at each phase of care to include the plan of care for discharge. Patients also work with a physical therapist and are fitted for and trained on the use of their walker pre-operatively. Patients are advised that they will also receive a physical therapy evaluation and treatment in the post-operative recovery unit prior to discharge. In addition, therapy expectations are established for post-surgical treatment in home and as an outpatient in the post-surgical phase. Any additional patient specific needs or concerns are addressed during this phase.

Care Coordination

The clinical care pathway’s success depends on standardized, targeted processes facilitated by the orthopedic nurse navigator. The orthopedic nurse navigator is responsible for promoting consistent communication across the continuum. The expectation is that patients feel 100% prepared prior to their arrival for surgery. The nurse navigator:

● Verifies that all knee replacement patients are screened in the orthopedic surgeon’s office.
● Reminds the patient of upcoming total joint replacement class and physical therapy training session.
● Facilitates any discharge disposition needs, including arrangements for home health or outpatient physical therapy and durable medical equipment prior to surgery.
● Ensures the patient has filled and picked-up their prescriptions.
Following surgery, the nurse navigator also completes a discharge phone call within 24 hours to ensure compliance with the discharge plan of care, and to address any patient concerns. The nurse navigator reinforces patient expectations throughout the entire FastTrack experience.

Risk Stratification
- Screening of patient for 25 comorbidities or care complexities excluding them from outpatient clinical care pathway
- Shared-decision making between surgeon and patient
- Initiation of FastTrack icon in EMR

Pre-operative Education and Optimization
- Total Joint Replacement class attendance
- Physical therapy training session
- Preadmission testing visit
- Standardized order sets

Treatment and Recovery Phase
- Short-acting spinal anesthesia
- Physical therapy evaluation and treatment in PACU
- Discharge phone call
- Assessment of patient satisfaction with experience

Figure 2. Clinical Care Pathway Cares

The biggest challenges faced by the organization with the clinical care pathway were the change in mindset of staff and the consistent messaging to the patient. The traditional inpatient care plan, which included an average 2-night hospital stay at Eisenhower Health, transitioned to treatment and education in the immediate post-operative recovery phase and required a paradigm shift for staff. The team struggled to imagine how elderly, comorbid Medicare patients could safely transition home the same day after having TKR surgery. To address this skepticism, monthly meetings were held where the challenges and successes of cases completed were reviewed. Small tests of change were implemented and improvements were monitored. This process provided an opportunity for staff to engage in the pathway development and provide valuable feedback for needed improvements. In this way, change management has been effectively integrated.

Early on, the team found that if even one staff member miscommunicated the intent to go home on the same day to patients, it quickly derailed the whole plan. The patient-centered decision-making process initiated in the surgeon’s office set patient expectations and to ensure uniform messages for those patients slated to same-day discharge, a “FastTrack” icon was
entered in the patient’s chart alerting the entire care team to this discharge plan. This fostered accurate and same-messaging amongst the multi-disciplinary care team members and at all touchpoints; ensuring that with every contact, the intent to discharge home the same day of surgery was communicated to the patient.

V. RESULTS
The first patient was entered into the program in May 2018. Of the Medicare patients who required a TKR and were screened from May 2018 to April 2019, 17.8% were identified as FastTrack candidates (Appendix A). Of the identified clinical care pathway patients, 97.5% were successfully discharged home the same day of surgery (Appendix B). The one patient who failed to discharge home same day occurred early-on in the quality improvement initiative and were due to the inability to void caused by long-acting spinal. As a result, modifications were made to anesthesia and now same day discharge TKA patients receive short-acting spinal reducing side effects in the immediate post-operative recovery phase. This change also resulted in a decrease in average time from case start to discharge home from the hospital for FastTrack TKR patients to five hours and six minutes and as short as three hours. Only one patient has been readmitted within 30 days, for a DVT, and two patients were assessed in the Emergency Department for causes solely unrelated to their TKR. Outcomes have been sustained over the past year following implementation, with positive patient satisfaction results, indicating enhanced patient experience.

VI. SIGNIFICANCE OF RESULTS
The outcomes of our patients who discharge home the same day after having a TKR demonstrates that this program provides comprehensive care across the continuum, including preoperatively and after discharge. At the time of the discharge phone call, patients are given the opportunity to provide feedback on their experience. Comments we have received include, “This was the best experience of any surgery I have had – and I’ve had two knee surgeries in the past.” and “I’m happy I went home the same day and am thankful to the entire team at Eisenhower.” Discharging patients the same day of their knee replacement surgery has also positively contributed value to Eisenhower Health with a savings of over $94,000, thus far, by reducing the costs incurred with overnight care. The success of the clinical care pathway illustrates the achievements of the interdisciplinary team demonstrating the power of patient engagement and collaboration. This approach has resulted in a quality patient experience and excellence in care of outpatient TKR patients.

VII. SUSTAINABILITY AND_SCALING
Providers were introduced to the clinical care pathway during a ramp up period from May to December. They were coached to effectively complete the risk stratification screening process
and taught how to suggest same day discharge to appropriate patients. This was a change in mindset and different from how things have always been done. Order sets were updated and standardized to drive pathway initiatives while simultaneously ensuring ease of use. Adherence to the pathway is measured, monitored, and reported out monthly to the interdisciplinary team, thereby promoting sustainability and compliance. Patients’ experiences are also shared. Team members are charged with disseminating information regarding outcomes, and project status with their dedicated units. Transparency and communication is thus encouraged, providing all members of the organization an opportunity to provide feedback, suggestions, and ideas. This collaborative approach will ensure sustainability in the environment of continuous improvement found at Eisenhower Health.

An orthopedic outpatient hospital surgery center is under construction at Eisenhower Health that will have eight new operating rooms. Over the next two years, the outpatient TKR clinical care pathway will be adopted, and modified, as needed for other types of outpatient orthopedic procedures. This will facilitate a smooth transition from current practice – where these surgeries are done in the main OR – to occurring at the new surgery center with safe same day discharge.

VIII. KEY LESSONS AND ADVICE

This quality improvement project based on an interdisciplinary collaborative approach, empowered frontline staff to implement a comprehensive proactive strategy to include risk stratification and a standardized clinical care pathway. This engagement was powerful lending a positive energy that promoted buy-in and engagement. We would recommend interdisciplinary collaboration, with those who actually do the work, to successfully facilitate quality improvement initiatives.

It has been beneficial to implement a patient-centered decision-making process between the patient and health care team, where the patient is actively involved in determining their care pathway. This patient-centered approach has placed the patient at the center of their care as an active team member when undergoing TKR surgery. Transition support for the patient is imperative for successful same-day discharge. We have seen great success in using a nurse navigator who serves as a one-point contact for any patient questions and facilitates consistent messaging, increasing overall patient comfort and confidence with their plan of care and same-day discharge outcomes.

In summary, this innovative approach demonstrated success for TKR patients promoting patient safety, enhancing patient experience, maintaining positive outcomes, and is fiscally responsible, and may be duplicated in other organizations. We believe this project and approach has not merely impacted the success of our same day TKR patients, but is THE
difference and paves the way forward for other orthopedic surgeries to be offered on an outpatient basis.

References:

Appendix A
Patients Screened for Inclusion/Exclusion in the Outpatient Total Knee Replacement Clinical Care Pathway

% of Medicare Patients Risk Stratification Screening Completed
Appendix B
Outpatient Clinical Care Pathway Patients Discharge Home Same Day

% of Patients Included in OP TKA Clinical Care Pathway Successfully Discharged Home Same Day

- 97.5%