Academic Orthopaedic Consortium

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Accelero Health Partners

Perioperative

Processes

Patient Outcomes

Pathways

Payer Strategy

Profitability

Patient Satisfaction

Promotion

Protocols
The Focus on Delivering Value

• High-quality, cost effective healthcare with good patient satisfaction
  – Payers, employers, and government agencies are shifting volume to those who deliver high value. (*volume impact*)
  – CMS (Medicare) value based purchasing program penalizes/bonus hospitals 2% in 2015 based on quality and patient satisfaction. (*reimbursement impact*)
  – Bundled payment programs expands/requires the scope of cost drivers to include quality and care process metrics (*cost impact*)
Focus on Processes and Best Practices

**PRE-OPERATIVE ELEMENTS**

- Responsibility for admitting H and P process clearly defined by PCP, hospitalist, and surgeon; updated within 24 hours of admission
- Pre-admission testing process standardized for joint replacement patients to identify potential areas of risk (i.e., asthma, COPD, diabetes)
- Standardized process in place to decrease post-operative complications
- Risk reduction protocols in place to decrease post-operative complications
- Blood consultation standard and standardized
- Pre-operative testing re-established (e.g., labs, X-rays, etc.)

**Risk reduction planning initiated at point of operative scheduling/pre-admission education**

**DAY OF SURGERY**

- Surgeon consistently arrives on time for the first case (20 minutes prior to scheduled start time)
- Standardized pain management protocol exists for joint replacement patients
- Planned before DOS with enough time for surgeon to maximize patient schedule

**SCHEDULING**

- Surgeon responsibilities
- Physician assistant
- Anesthesia provider activities
- RN circulator activities

**STAFF AND EQUIPMENT**

- Day of surgery
- Post-operative
- Metrics and outcomes
- Infrastructure
Perioperative Solutions

**SCHEDULING**
- Patient Preparation
- Patient Education
- Scheduling Process
- Scheduling Capability

**STAFF & EQUIPMENT**
- Multiple Room Criteria
- Patient
- OR Staff
- Supplies & Equipment
- Central Sterile Processing

**DAY OF SURGERY**
- Surgeon
- First Assist
- Anesthesia Provider
- RN Circulator
- Scrub Tech
- Turnover Process

**METRICS & OUTCOMES**
- OR Communication Structure
- Throughput Metrics
- Care Outcomes Metrics
- Dashboard Elements

**PRE-ADMISSION**
- PAT Process
- Nursing Assessment
- Anesthesia Assessment
- Surgery Team Patient Review

**POST-OPERATIVE**
- Surgeon
- Documentation
- PACU

**INFRASTRUCTURE**
- Surgical Services Operating Committee
- Process Improvement Teams
Program Assessment and Plan

- Compare and Benchmark Data
- Interview Stakeholders
- Onsite Observations
- Report and Recommendations
Implementing Performance Improvement

1. Observe and Record
2. Review the Recording and Note the Processes
3. Analyze for Improvement and Create Standard Work
4. Manage to Standards and Ensure Compliance
5. Reporting of Metrics
WHITE PAPER

Accelerero Identifies Opportunities to Provide Greater Value in Hip Fracture Care

Jason Fry, Senior Director

ABSTRACT

Every year more than a quarter of a million people over the age of 65 are admitted to a hospital with a hip fracture. Mortality and readmission rates are higher for this patient population, increasing the risk of unfavorable outcomes and increased costs. This white paper details the care and contribution margin improvement opportunities for a hospital that performs approximately 300 hip fracture repair/partial hip replacement cases annually. Data analysis, on-site observation and interviews were conducted to uncover opportunities to improve care and expand market share for these procedures. Emphasis was on the admission, perioperative and acute stay care processes and metrics. While the perioperative metrics were good overall, opportunities were identified to improve on-time starts and scheduling. In addition, the percentage of patients that had surgery within one day of admission or less was below the 50th percentile when compared to the Accelerero OrthoVal database. In all, a financial opportunity of $1.3 million exists for the hospital in the improvement of hip fracture care.

INTRODUCTION

According to the Centers for Disease Control and Prevention, almost 260,000 people over the age of 65 are admitted to the hospital with a hip fracture. By 2030 the number will be closer to 300,000, a projected increase of 12%. While the numbers are small in comparison to hip and knee replacements, Medicare is expected to spend almost $3 billion annually to care for this patient population.

As reimbursement remains virtually unchanged or declining for hip fractures, hospitals must understand the primary cost drivers for hip fracture care in order to maintain or improve their contribution margin. A review of the Accelerero OrthoVal database shows that the cost for hip fractures care is categorized in ten categories: Room, OR, Implant, Diagnostics, Supplies, Pharmacy, Lab, Rehabilitation, ED and Respiratory. The average percentages of cost per category can be seen below in Figure 1.

Figure 1. Cost distribution for hip fracture care.

The main cost drivers of hip fracture care in the hospital are the room costs (i.e. length of stay), operating room time, and various diagnostics/services that are part of the patient admitting, preparation and postoperative care processes.

The average length of stay (LOS) for the three MDSRC's (480-482) included in the hip fracture grouping is five days. A good indicator of how effective a program is at managing length of stay

INTRODUCTION

The hospital system is a regional network in the Southeastern United States, with two large hospitals located only two miles apart conducting a combined 1,529 total hip and knee replacements annually. One is a 469-bed community hospital that performed 617 cases via an independent practice while the other is a 649-bed academic medical center that conducted 612 cases through a hospital-affiliated group of orthopedic surgeons. A third hospital located 20 miles away was being constructed at the time of this writing and will also perform total hip and knee replacements. As a result of two private practice surgeons reducing their case load, there has been a decline of nearly 400 cases at the medical center over the past two years. Accelerero was enlisted to review the joint replacement program for the hospital network and make recommendations to ensure all of the hospitals provide consistently high quality and cost effective care.