The Perioperative Surgical Home (PSH): A New Paradigm in a Surgical Episode of Care

INTRODUCTION

A Perioperative Surgical Home (PSH) is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care for surgical patients.

The PSH coordinates care and transitions from the decision to operate through post-operative and post-discharge care, making care more person-centered, increasing patient satisfaction, and improving operational effectiveness. It is a dynamic process and at every turn there is always more than can be done to improve the care of our patients, eliminate waste, and decrease costs.

METHODS

Target population: Patients undergoing urologic cancer surgery

Collaboration between Departments: Urology and Anesthesiology

January 2015–June 2016

Quality improvement efforts, focusing on each stage of the perioperative process: Pre-operative, intra-operative, post-operative, and post-discharge care.

- Process improvements to standardize care, make care more person-centered, improve communication across surgical episode stages and with primary care
- Process and Outcome measures, including complications, patient experience, costs, etc.
- Data collection from patient records and phone calls to patients

OBJECTIVES

1. Enhance value and help achieve the triple aim of better patient experience, better health care, and lower costs
2. Provide consistent seamlessness across the continuum

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PILOT PROGRAM

Timeline

- Pre-Launch: identify teams
- Launch: 3/1/15
- Intra-Op Team: 4/20/15
- Post-Op Team: 5/28/15
- Post-Discharge Team: 6/11/15

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SELECTED RESULTS (June 2015–May 2016)

- Procedural pain management
- Pre-Op Team: Anesthesiologist calls patient ahead of surgery (n=113)
- Pre-Op Team: Anesthesiologist informs family of surgery progress (n=113)
- Post-Discharge Team: Do you have a scheduled follow-up visit in the next 6 months? (n=87)

OUTCOMES

% of Readmissions

- Length of stay: June 2015–March 2016
  - Nephrectomy: Length of stay in pilot – 2.76 days; not in pilot – 6.4 days
  - Prostatectomy: Length of stay in pilot – 1.38 days; not in pilot – 4.83 days

LIMITATIONS

- Pilot period is not complete
- Lack of pre-to-post comparison
- Actual cost data pending

CONCLUSIONS

- We have demonstrated that our PSH pilot is moving toward improved efficiencies, decreased waste, improved patient and physician satisfaction, and decreased cost of care.
- Collaboration and team work is paramount to starting and undertaking a QI project such as the implementation of a PSH.
- It is important to identify personnel who are engaged, motivated, enthusiastic, and reliable.
- It is a dynamic process and at every turn there is always more than can be done to improve the care of our patients, eliminate waste, and decrease costs.

FUTURE STUDIES

- Continuation of pilot will result in more robust process and outcome data
- Possible expansion to more urologic surgical procedures and other disciplines
- PCP Survey
- Integrating with ECO development
- Solidifying new processes to be the standard of care

DISCLOSURES

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