

Achieving the Joint Commission's Advanced Hip and Knee Accreditation at PMC Poway

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PALOMAR HEALTH[®]

Reimagining Orthopedic & Spine Care



Why Does Medicare (CMS) Want us to Improve TJR Outcomes?

790,000+ knee replacements
450,000+ hip replacements
performed in the U.S. every year

- The most common Medicare surgery performed
- Many patients experience confusing, uncoordinated care before and after their surgery, which can lead to complications or prolonged recovery.

Why Do We Need to Improve TJR Outcomes?

43%

Growth for elective Hip/Knee Replacement
Over Next 10 years

Complexity of TJRs will be Fueled by:

- Obesity rates
- Expanded patient eligibility
- Aging population
- Transparency of outcomes
- Revision procedures driven by robust TJR growth, although revision volumes will be dampened by better primary outcomes

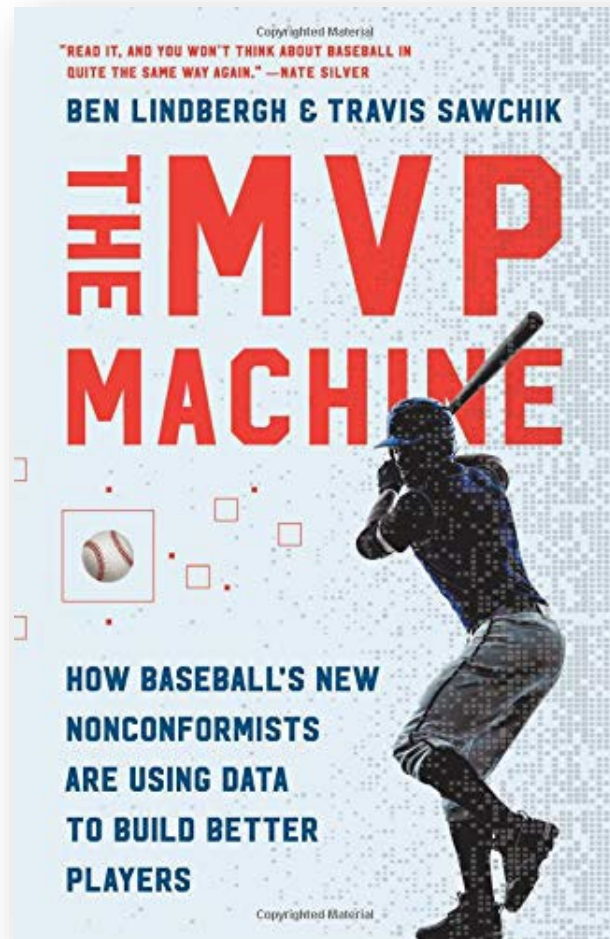
Why Did Palomar Go After the Advanced THKR?

Start with “Why?”

- We can always get better
- It's a good framework to set common goals
- Someone is making us:
 - In 2010, it was CalPERS....
 - In 2022, it's Aetna Institute of Quality
 - ...and someone else will be next.
- It's Important and Urgent

	URGENT	NOT URGENT
IMPORTANT	<u>Quadrant I</u> <i>urgent and important</i> DO	<u>Quadrant II</u> <i>not urgent but important</i> PLAN
NOT IMPORTANT	<u>Quadrant III</u> <i>urgent but not important</i> DELEGATE	<u>Quadrant IV</u> <i>not urgent and not important</i> ELIMINATE

Two Ways to Improve Performance



- 1) Get the **right players** on your team
- 2) Help your players **get better**

What's Driving Demand for Player Development?

- **Scarcity** | participation rates in team sports dropped 7.2% in 5 years
- **Thawing of Resistance** | both front-office and at player level
- **Precise Tracking Technology**

➤ The **competitive advantage** is being at the forefront of applying precise tracking technology

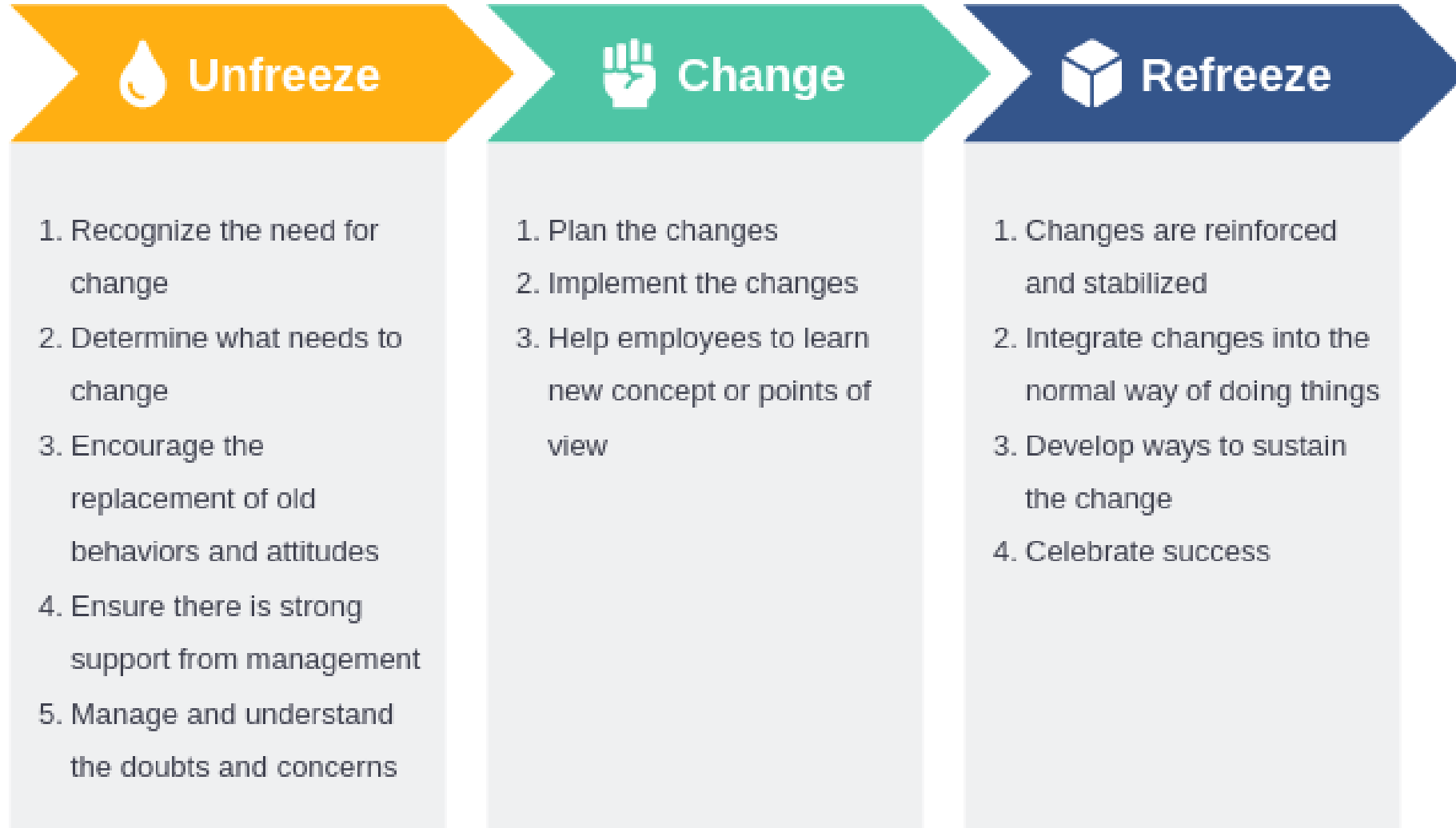
Preview of Topics

- How we got the right players on the team
- How we help each other get better
- What is Joint Commission's Advanced THKR?
 - New Metrics
 - Preparing for certification
 - Onsite survey and findings
 - Lessons learned

How We Got the Right players on the Team



Lewin's Model of Change

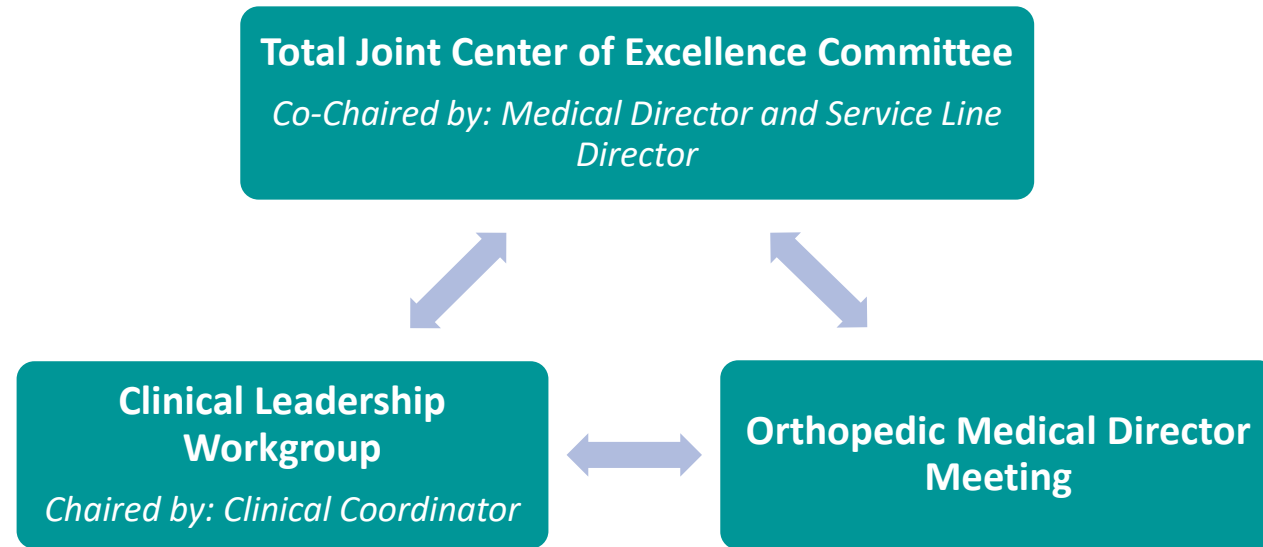


Multidisciplinary Teams Meeting Regularly

- Open Communication
- Long on listening
- Open to feedback, change and collaboration
- Engagement with physicians
- Build trust
- Making decisions and moving forward

Blinded → Un-blinded

Meeting Structure



Clinical Leadership Workgroup:

- Clinical Resource Management
- Nursing Unit Leaders
- OR and PACU Leaders
- Physical Therapy / Rehab
- Pharmacy
- Quality / Infection Control
- Outpatient Rehab
- Home Health

Center of Excellence Committees:

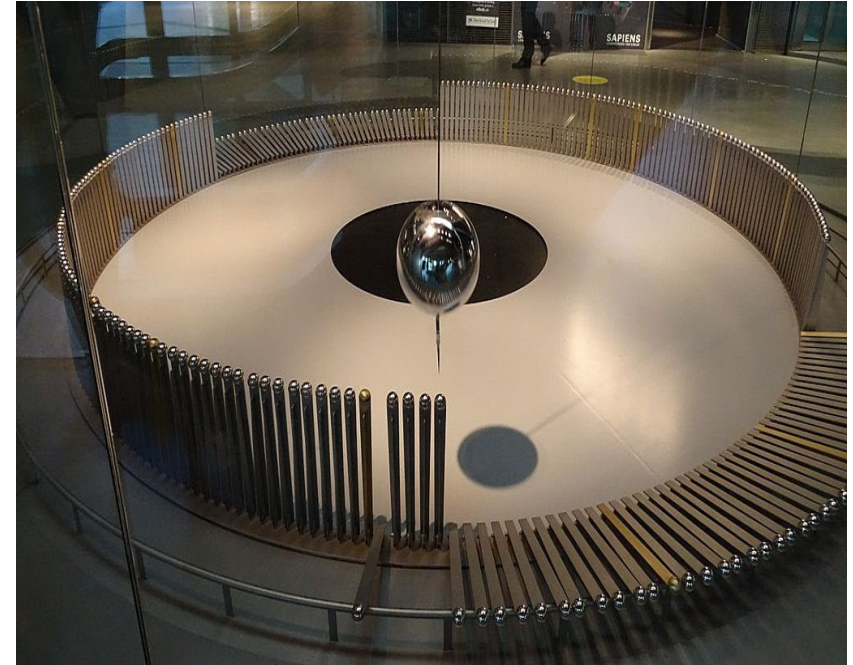
- **Everyone from Clinical Leadership Workgroup**
- Executive leaders
- Surgeons and Anesthesiologists
- Supply Chain
- Physician practice administrators
- Invited Guests (other medical directors)

How We Help Each Other Get Better



COE Works to Stabilize the Quality Pendulum

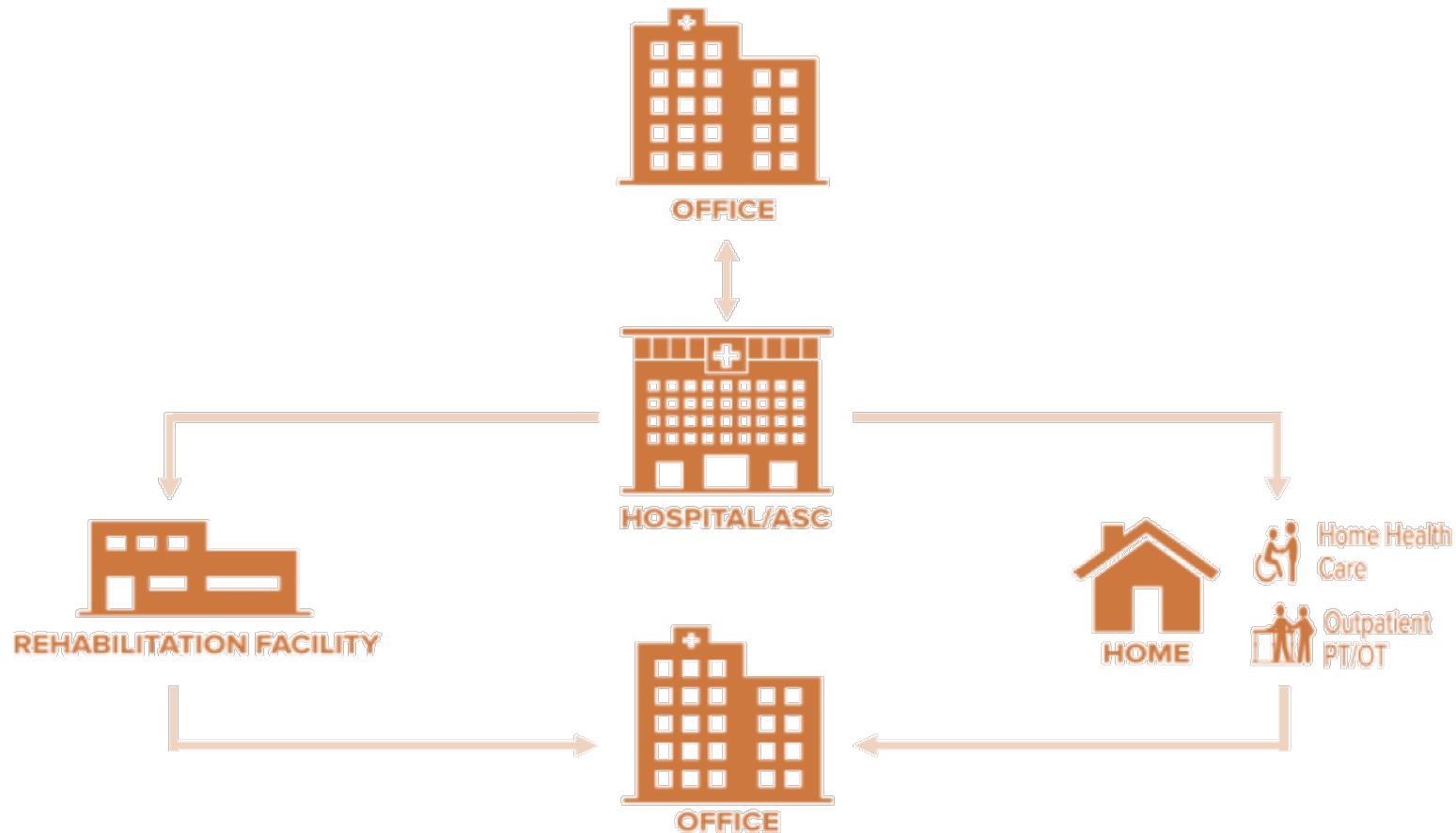
1. **Antibiotics** | drug resistance/C-dif
2. **Aspirin** | GI bleeds
3. **Hydration Before Surgery** | urgency to urinate
4. **Independence After Surgery** | too much, too soon
5. **Pain Under Control** | instability and constipation
6. **Rapid Discharge** | unprepared, no home DME



What is the Joint Commission's Advanced THKR



Joint Commission Advanced Certification (THKR)



The THKR certifies the work we already do every day — from the pre-surgical orthopedic consultation to the intraoperative, hospitalization and rehabilitation activities, - and then the follow-up visit with the orthopedic surgeon.

THKR – Survey at PMC Poway

1 surveyor x 2 days

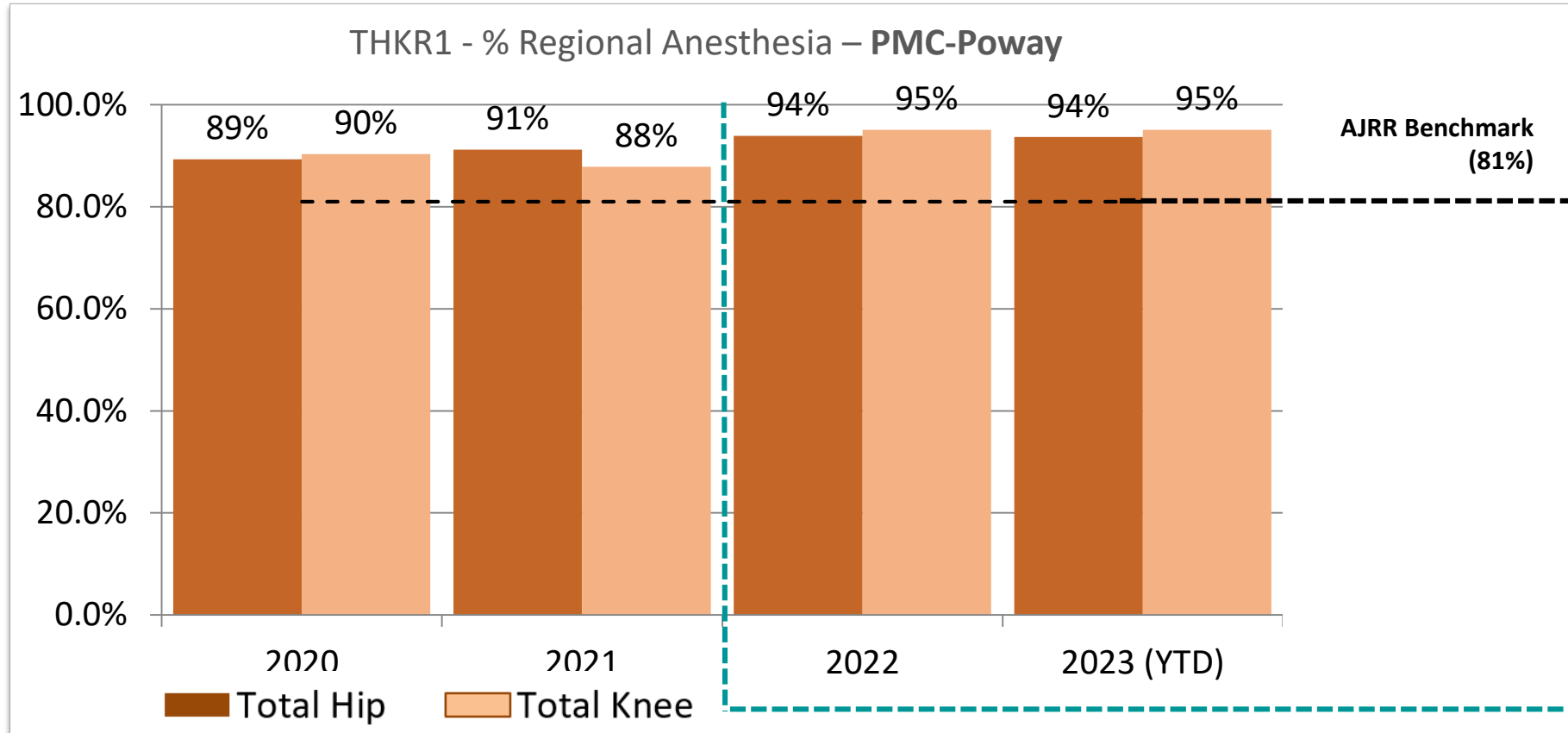
- Data review session
- Surgical Tracer:
 - Surgical observation and conversation with entire perioperative team
 - Observation of handoffs between each care area
- Chart review
- Credentialing and Privileging
- Competency Review

THKR Metrics for PMC Poway

The 5 Required Metrics

- **Metric #1:** Regional Anesthesia (%)
- **Metric #2:** PostOp Ambulation on POD0 (%)
- **Metric #3:** Discharged to Home (%)
- **Metric #4:** PreOp Functional Assessment (%)
- **Metric #5:** PostOp Functional Assessment (%)
- **Other Metrics:**
 - Readmission Rates
 - Blood Management
 - EBL
 - Blood Product Utilization
 - TXA utilization

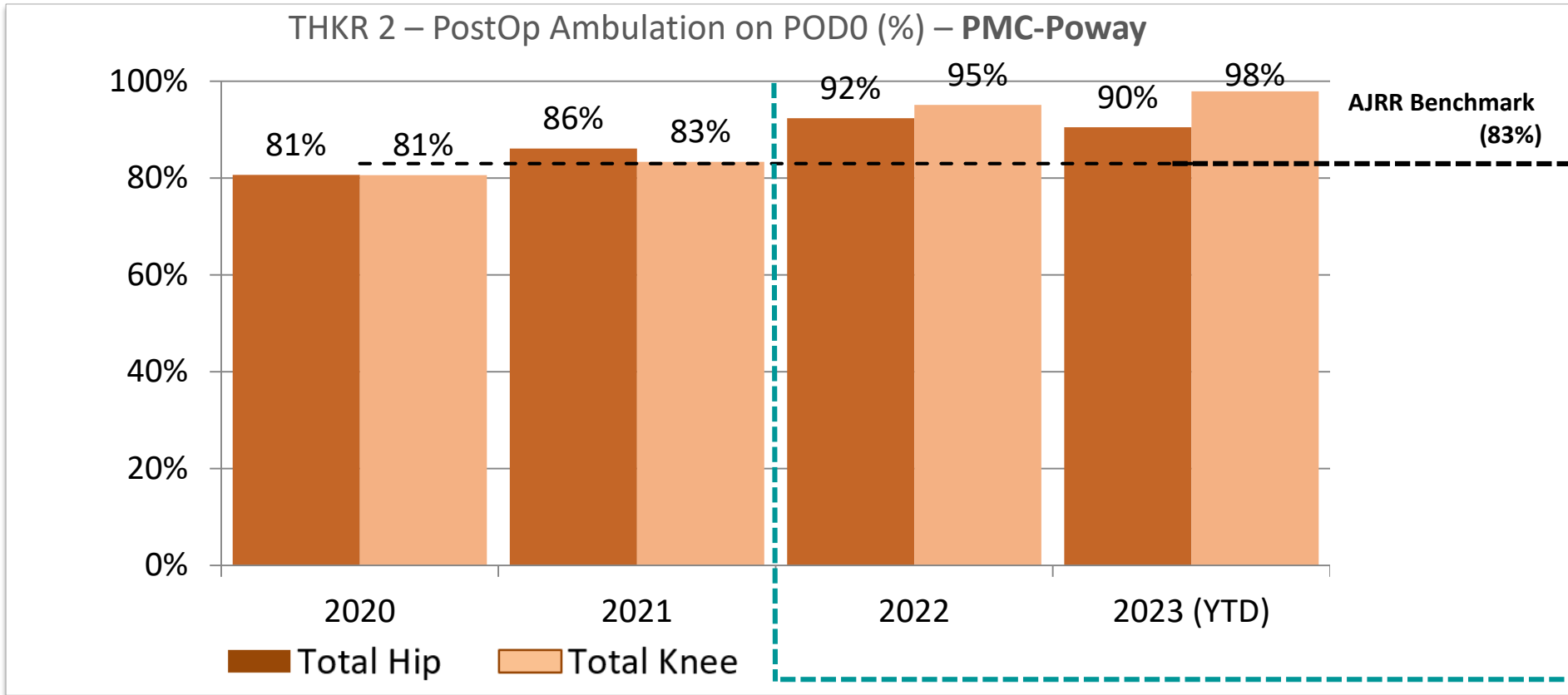
Metric #1: Regional Anesthesia (%)



Why is this Important?

Spinal anesthesia has been associated with improved outcomes and lower complication rates, if used when indicated (spinal anesthesia should not be performed in patients with known contraindications).

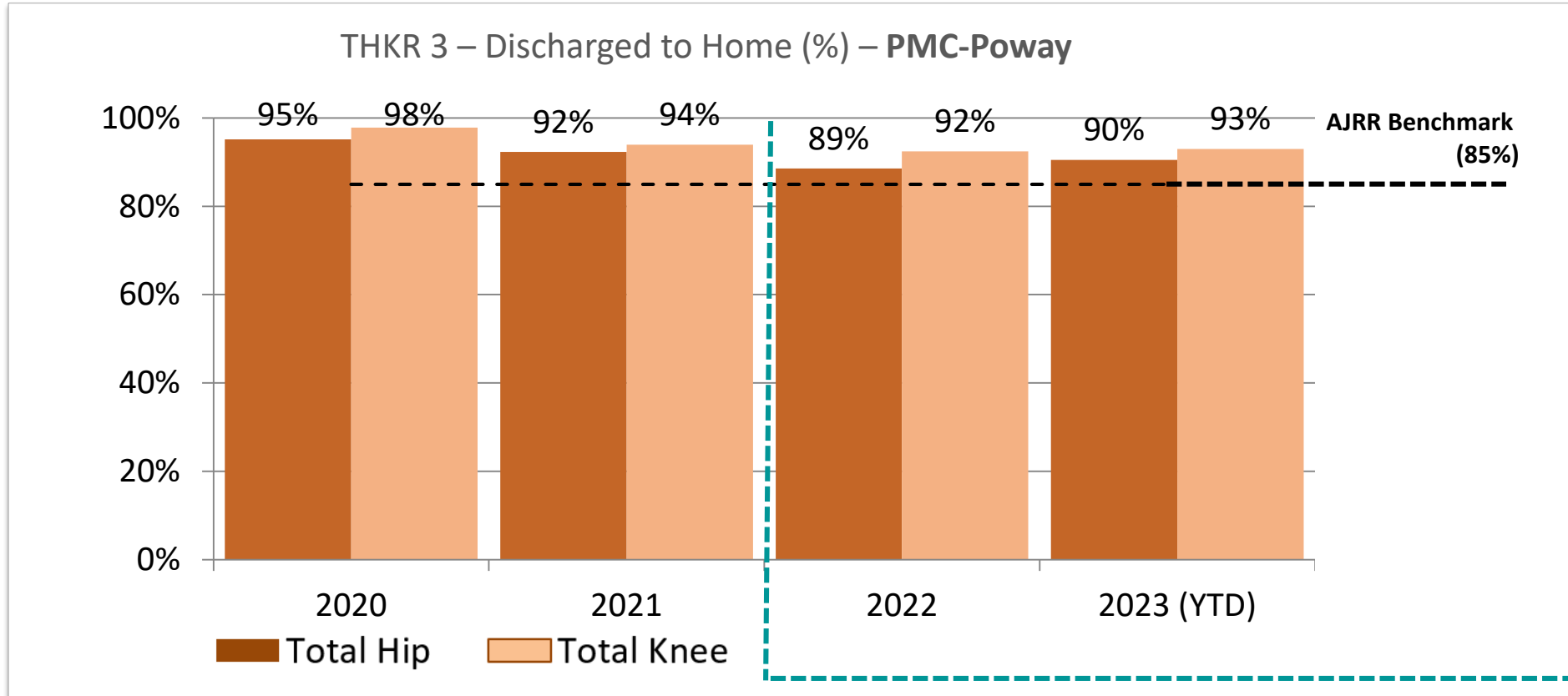
Metric #2: PostOp Ambulation on POD0 (%)



Why is this Important?

Spinal anesthesia has been associated with improved outcomes and lower complication rates, if used when indicated (spinal anesthesia should not be performed in patients with known contraindications).

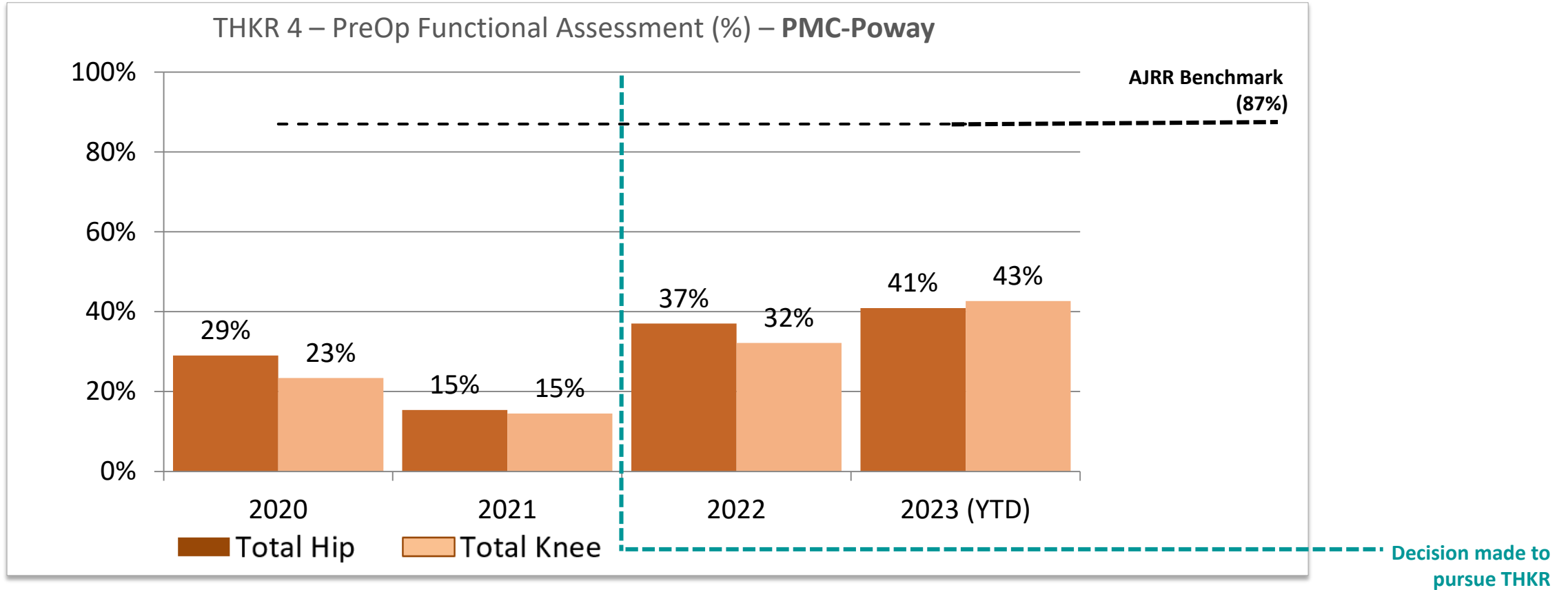
Metric #3: Discharged to Home (%)



Why is this Important?

The Palomar Home Health team can provide wellness programs, home visits, and nurse check-ins. Plus our online surveys and follow-up visits are all designed to keep you on track in the comfort of home.

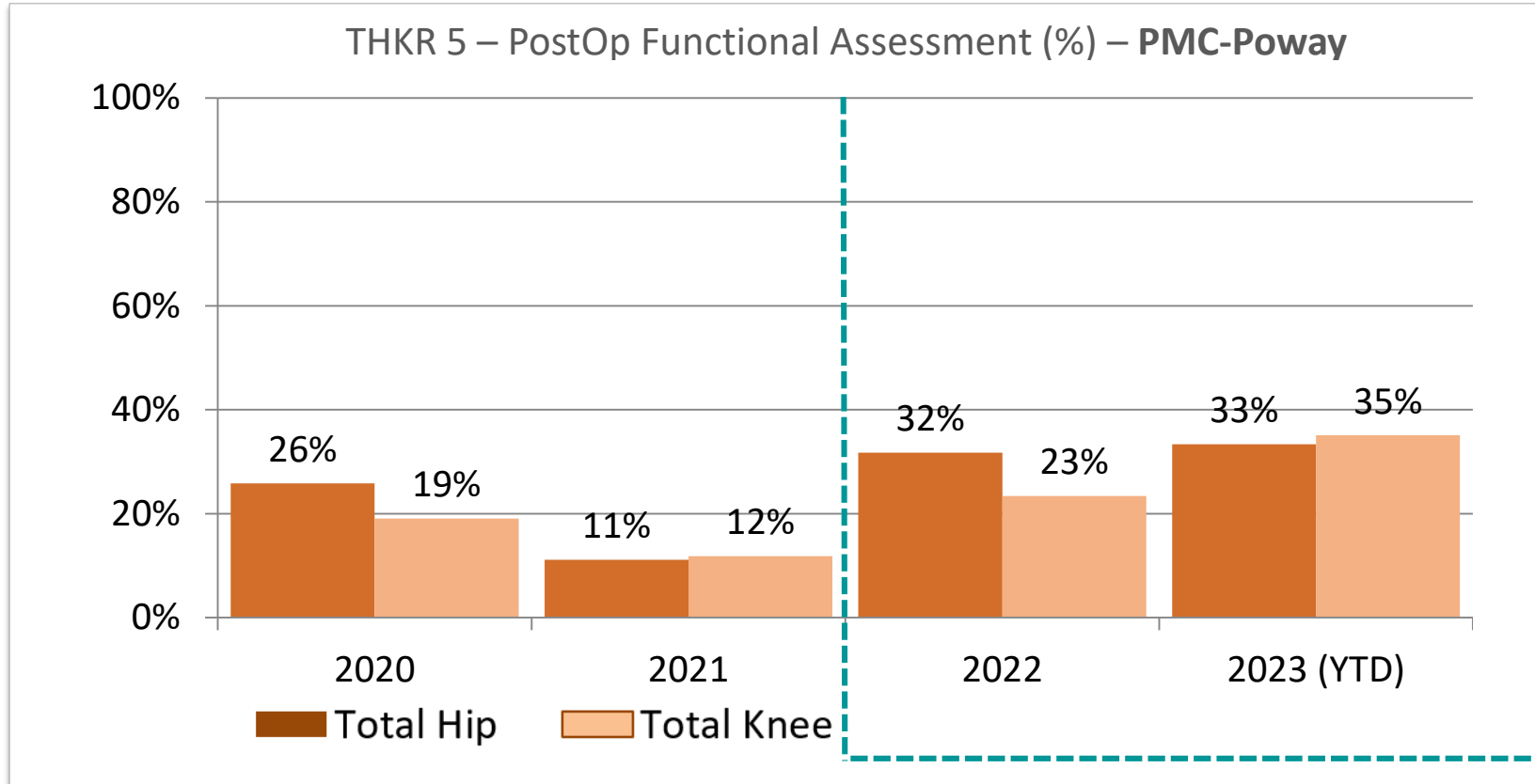
Metric #4: PreOp Functional Assessment (%)



Why is this Important?

The most important outcome to the patient is whether they feel better. Palomar Health uses a standardized survey called HOOS Jr to gauge how much surgery has improved our patients' lives. The higher the score, the better the outcome.

Metric #5: PostOp Functional Assessment (%)



Decision made to pursue THKR

Why is this Important?

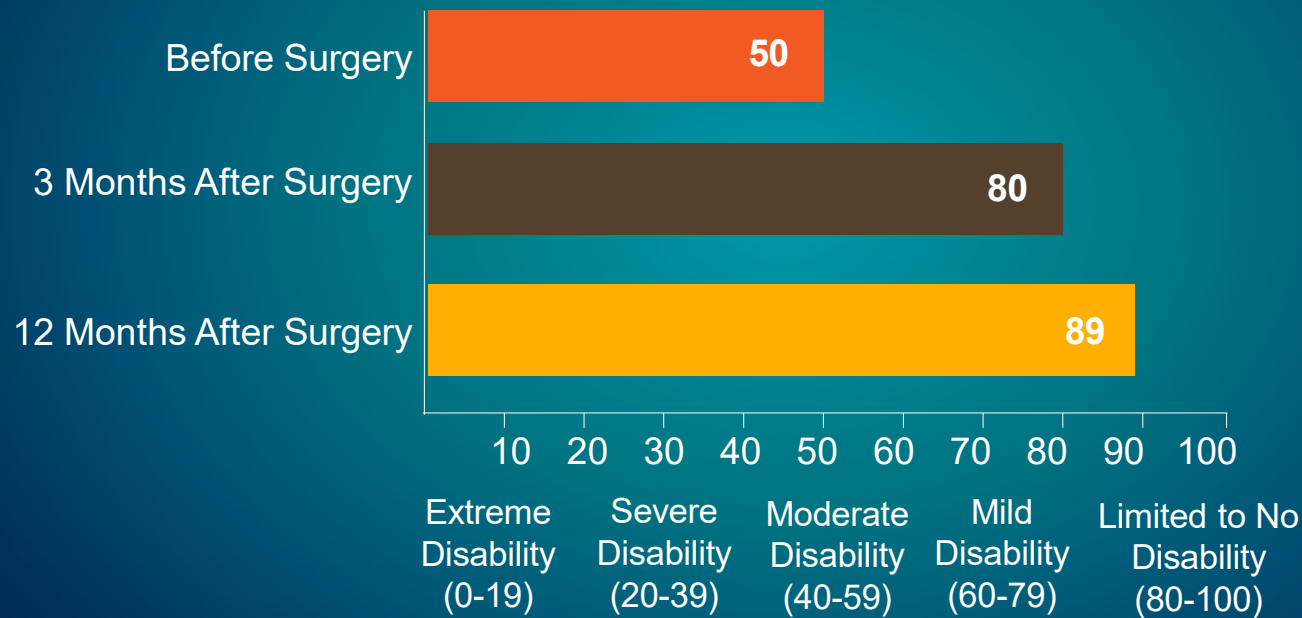
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Quality Metrics | Meaningful Outcomes

The Most Important Outcome to the Patient is Whether they Feel Better

Patient Reported Improvement in Function and Pain

Hip Replacement (HOOS Jr)



94%

OF PALOMAR HEALTH PATIENTS IN 2022 ACHIEVED A MEANINGFUL IMPROVEMENT* AFTER TOTAL HIP REPLACEMENT

Preparing for THKR Certification



Gap Analysis at PMC Poway

Things we had to do before survey:

1. Monitor new performance measures
2. Approve CPGs and monitor against PowerPlans/favorites
3. Update THA/TKA Pathways based on Same Day vs. Overnight
4. Focus on Handoffs (clinic to hospital to post-acute)
5. Staff education and competencies
6. Documentation (i.e., Shared Decision Making, surgical options, implants, translations)
7. Improve Patient Reported Outcome collections

THKR – Clinical Practice Guidelines

Approved Clinical Practice Guidelines

1. Management of Osteoarthritis of the Hip
2. Surgical Management of Osteoarthritis of the Knee

Supported* by:

American Society of
Anesthesiologists®

Endorsed by:



Onsite Survey and Findings



Survey Findings

3 Deficiencies:

- No access in hospital EMR to clinic records for pre- and post-operative care and follow-up, PT notes, etc.
- Physicians are not documenting that 'specific' implant options were discussed using "Shared Decision Making"
- Discharge Med Rec:
 - no documentation of last dose, next dose
 - no pain medications listed on patient discharge summary as home meds

Surveyor Recommendations

- No Spanish speaker for Patient Education class, either live or video option
- Add to updated H&P which H&P was reviewed
- Ensure vital signs are done per orders (eg; q15 on MST)
- Consider discontinuing use of Incentive Spirometry d/t patient getting up and walking same day –
 - In Pre-op or Holding area, consider having Respiratory Therapist show patient how to use IS and get baseline. Document baseline and instruction.
- Remove CPM from order sets since no longer recommended by CPG.
- Add a review date to the PowerPlans
- Use Risk Assessment tool (eg, Caprini Risk Assessment Tool) for DVT risk instead of giving ASA to every patient

Lessons Learned



Lessons Learned from Advanced THKR

- Get organizational buy-in (anesthesia, surgeons, administration, etc.)
- Having data lets you better evaluate program performance
- Use data to get better
- Working towards common goals mean better overall performance
- Now we know what "Shared Decision Making" is



Palomar Medical Center Poway

has earned the Joint
Commission's Advanced
Accreditation for Total Hip and
Knee Replacement

"A great hitter isn't born, he's **made**. He's made out of practice, fault correction, and confidence."

