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

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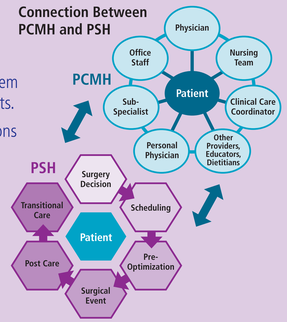
INTRODUCTION

- 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 the intra-operative course and return to primary care, using the anesthesiologist to coordinate care.
- The PSH model has been developed using the guiding principles of the PCMH, which focuses on coordinated care in the primary care setting.



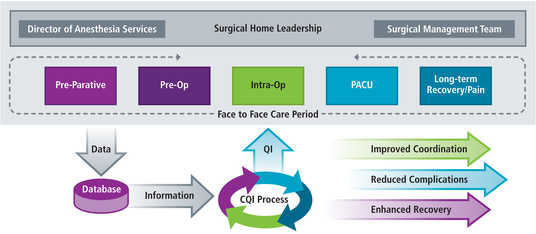
OBJECTIVES

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

METHODS

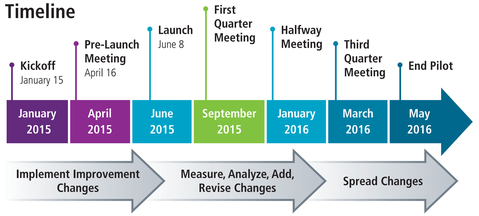
- Target population: Patients undergoing urologic cancer surgery
- Collaboration between Departments of Urology and Anesthesiology January 2015–June 2016
- Quality improvement effort, focusing on each stage of the perioperative process: Pre-operative, intra-operative, post-operative and post-discharge
- 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

PSH: How is it Different? American Society of Anesthesiologists

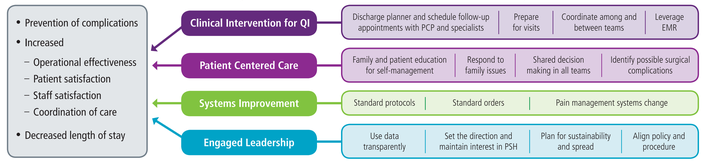


PILOT PROGRAM

Timeline

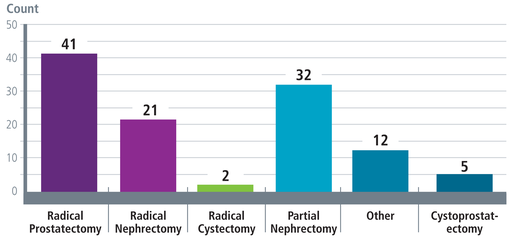


Driver Diagram



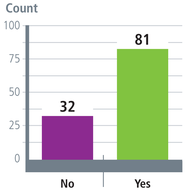
SELECTED RESULTS (June 2015–May 2016)

Procedures (n=113)



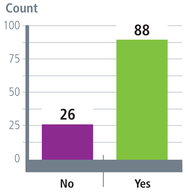
Pre-Op Team

Anesthesiologist calls patient ahead of surgery. (n=113)



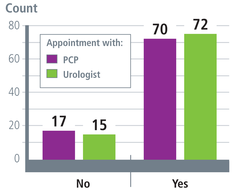
Intra-Op Team

Anesthesiologist informs family of surgery progress. (n=113)



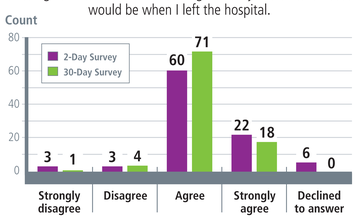
Post-Op Team

Do you have a scheduled follow-up visit in the next 6 months? (n=87)

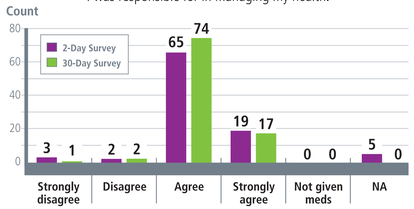


Post-Discharge Team

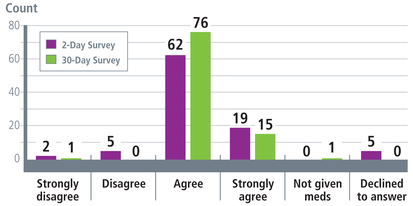
CAHPS #1 (n=94)
The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.



CAHPS #2 (n=94)
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

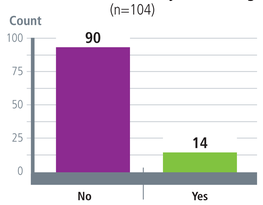


CAHPS #3 (n=93)
When I left the hospital, I clearly understood the purpose for taking each of my medications.

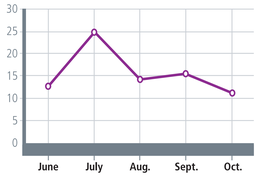


Outcomes Team

Readmissions within 30 days of discharge (n=104)



% of Readmissions



Length of stay: June 2015–March 2016

- **Nephroureterectomy**: Length of stay in pilot – 2.76 days; not in pilot – 6.4 days
- **Prostatectomy:** Length of stay in pilot –1.39 days; not in pilot – 4.63 days

LIMITATIONS

- Pilot period is not complete
- Lack of pre- to post-comparison
- Actual cost data pending
- Need appropriate benchmarks for comparison
- Small numbers – QI study

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 key 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 ACO development
- Solidifying new processes to be the standard of care

DISCLOSURES

The authors have no financial disclosures.

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