

# How to Launch a Perioperative Surgical Home

## “Readers Digest Version”

**Scott Engwall MD, MBA**

UC Irvine Health Department of Anesthesiology & Perioperative Care has launched Perioperative Surgical Homes in the following and have more currently in development:

- Total Knees
- Total Hips
- Fractured Hips
- Out Patient Ortho Upper Extremity
- Out Patient Ortho Lower Extremity
- Cystectomy
- Nephrectomy
- Ortho Spine

Three things have become quite clear as we built these Pathways.

1. Every PSH Pathway has significant differences inherent in the procedures that are being performed.
2. There are common tenants that should be followed in the development of each PSH Pathway:
  - a. Patient Selection Criteria
  - b. Patient Optimization Criteria and Practices
  - c. Standardization in all areas using Evidence Based Medicine and Clinical Practices in the Operating Room and Post Operatively
  - d. Tight Discharge Planning Processes
  - e. Post Discharge Follow up Processes
  - f. Tracking Pre-Selected Metrics to Monitor Success
3. There is a common process that can be followed in the development of a new PSH Pathway. This is the topic I would like to elaborate on in this article.

After building the first Pathways it seemed we were still reinventing the wheel a bit with regard to the common process so we set out to examine the process step by step and came up with 5 stages or phases to the development that should be followed in order to build it correctly. The time in each stage or phase may vary depending on the surgery and barriers to development but the fact remains that deviation from the process could end up derailing some step up stream is left out.

### **Phases in the Development of a Perioperative Surgical Home:**

1. **Service Line Feasibility**
2. **Clinical Pathway Development**

3. **Implementation**
4. **Post-Implementation**
5. **Maintenance**

### **Service Line Feasibility Phase**

This is a very important phase because it is here that you need to decide which service line you want to apply a Clinical Pathway to so that you will be successful. You will need to:

- **Collect baseline data or pre-metrics** - Pre-Metrics are important because this is what you are planning on changing with the pathway. Pre-Metrics would be analysis of cost, degree of variability of the process, efficiency data, length of stay data, and patient satisfaction data just to name a few. If you spend time building a pathway you want to in the end reap some benefits in showing that you made an impact.
- **Gain Buy-In from the Surgical Chair** – It is very important to remember that this is a partnership and without the support of both the Surgical and Anesthesiology Chair it will not be successful.
- **Buy in from the C-Suite** – Most resources will flow from the C-Suite so they will need to buy-in and understand the benefit for the organization.
- **Assign Champions** – You will need to find champions/leaders for the project from Surgery, Anesthesia, Nursing and possibly Administration. Champions are very high level and will follow the project and assign resources and break down barriers as needed so the project stays on track.
- **Assign Service Line Leaders** – These are the people from Surgery, Anesthesia, and Nursing that will drive the project through development and work closely with both the Champions and the team members to develop the pathway.
- **Plan and Execute a “Kick Off” Retreat** – This will be where you assemble everyone that you feel will be important on any level to the success of the project. This should be a half day or day event where the project is scoped and a process map is started. The product will be a Charter for the project that can be used that outlines the scope, goals and metrics.

**Clinical Pathway Development Phase** – This phase will take a good amount of time because this is where you build the structure of how the patient will be treated from the moment surgery is decided until 30 days post-discharge. Here you will:

- Refine the process map developed at the Retreat
- Standardize practices Preop, Intraop, Postop, and Post-Discharge with Evidence-Based approaches to the care of the surgical patient.
- Determine IT needs and hardwire the processes
- Build your clinical pathway into the EMR order set for that surgery
- Decide on Metrics you will be tracking
- Build Patient Education Materials to manage their needs and expectations
- Educate the Staff involved with the pathway

- Test the Pathway

**Implementation Phase** – This is the first 3 months of “GO LIVE” with the new Clinical Pathway. You will be validating everything in the pathway and tweaking the pathway to smooth it out and have it fit the needs of all involved. Metrics are very important to track in this phase because you will want to see improvements in your targeted metrics.

**Post-Implementation Phase** – This phase lasts about 6 months and during this phase it is important to evaluate the process, pathway and metrics monthly to see if you are maintaining targets.

**Maintenance Phase** – This is the post 6 months phase when the pathway is maturing. During this phase it is important to:

- Transition the front line ownership to the front line providers and managers
- Track metrics Quarterly
- Provide Bi-Annual Executive Reports
- Make adjustments as needed