





Shifting Joint Surgery To An Outpatient Basis Best Practices

Tracey Harbour, BSN, RN
John R. Moore, IV, MD

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Shifting Joint Surgery Introduction



Historically total joint replacements are done on an inpatient basis

- Negative is patients stay an extended period of time, costly, increased risk of hospital acquired infection

New technology allows joint procedure to be done at ASC's

ASC's are always looking for new line of business that is a Medicare approved procedure on an outpatient basis

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Shifting Joint Surgery Steps Taken



Steps Taken to Transition Total Joints to an Outpatient Basis

- Evaluated existing line of business
- Investigated new procedures that could be performed safely in ASC
- Evaluated possibility of doing total joint procedures
- Investigated 23hr. stay
 - Determined procedure can be done in an ASC

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Shifting Joint Surgery Financial Evaluation



Financial Evaluation

- Investigate reimbursement steps for joint procedures
- Our region paid on either a percent of billed charges or a flat fee plus implants
- Discovered Medicare, Medicaid & Tricare do not pay for procedures to be performed at an ASC, therefore those cases are not at the ASC
- Determined joint procedures were profitable on an outpatient basis

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Shifting Joint Surgery Benefits



Benefits of Total Joints in an ASC Facility

- Less cost to patient
- Flat fee per procedure and implant, no line items
- Average co-pay & co-insurance based on % of billed charges
- Lower cost to insurance companies
- Decreased infection rate
- Improved pain management
- Faster recovery at home vs. hospital
- Concierge type care

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Shifting Joint Surgery Planning



Planning Involved

- Multi-disciplinary planning meetings to determine
 - Special equipment needs
 - Requirements for pre-op, post-op and home care needs
 - Required lab work (pre and post-op)
 - Anesthesia requirements/plans
 - Medications
 - Meals
- Coordination of care to home
- Staffing

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Requirements

Shifting Joint Surgery
Requirements



Requirements for pre-operative phase

•Pre-operative

- History & Physical exam/medical screening is extremely important: Patient must be healthy, motivated, interested and psychologically stable
- EKG, lab testing, radiographs specific to surgical planning
- Insurance considerations

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PHASES

Shifting Joint Surgery Phases



Intra-operative phase

- Specifically trained staff
- Support staff (Central sterile staff, Orthopedic Vendor staff, Home health care staff)
- Special equipment in OR Suite
- X-ray view box
- Low traffic in operating suite

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Shifting Joint Surgery Phases



Post-operative phase

- PLANNING is key
 - Home health care (orders/follow up directions/insurance info to HHC agency pre-operatively)
 - PT in ASC facility/Home physical therapy
 - Coordination of care
 - Patients, home care providers have DIRECT access to providers via telephone
 - Lab results called daily directly to MD/PA
 - MD/PA call patients daily POD#1-5
 - Clinic follow up as typical P/O patient

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Equipment



Special Equipment Needed in OR

- Surgical helmet system
- Custom packs for drapes
- Large bone power w/ batteries (drills and saws)
- Micro mill attachment for saw-Surgeon specific (Zimmer provides)
- Lateral OSI Hip Positioners (total hip replacement)
- Alvarado knee positioner/10# sandbag (total knee replacement)
- Charnley hip retractor w/ blades (total hip replacement)
- Instruments (Surgeon specific trays)
- Large sterile tourniquet (total knee replacement)
- Headlight power source
- Hospital bed

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Equipment Needed Post-op

Ideally, the patients room should be similar to that in a typical home or Hotel-comfortable, clean, non-cluttered, calm.

- Initiate CPM in PACU for knee replacement
- Auto- infusion system for Knee replacement
- IV infusion system
- Hospital bed
- Walker for ambulation
- Chair for family to sit/sleep in

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TESTING

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Shifting Joint Surgery Testing



Required Pre-operative testing

- EKG
- Labs: CBC, CMP, PTT, PT/INR, Urinalysis
- Radiographs with sizers for surgical templating/planning
- Occasional Cardiac testing

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Shifting Joint Surgery Care



CARE

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Medication and Meals

- Patients take own supply of home medications
- Pain medication administered by RN
- Specific medications used sparingly to avoid sedation and over medication
- Meals are catered and brought into facility

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Shifting Joint Surgery Care



Care at HOME

Home health care needs arranged by Surgeon's staff
/Physician's Assistant

- Home health care daily for 5 days including daily blood draws
- Home physical therapy daily for 5 days then either outpatient or in home three times per week for 3 additional weeks
- DME

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Shifting Joint Surgery Facility



Implementation Phase & Ensuring Accuracy For Facility

During the implementation phase there was careful detailed planning in collaboration with:

- Surgeon
- Surgeon's physicians assistant and staff
- Director of Nursing
- Materials Manager
- Zimmer (Vendor)
- OR staff
- Pre-op, PACU and overnight stay staff
- Home health agencies/DME providers

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Shifting Joint Surgery Facility



Importance of Vendor Relationship

- Zimmer is an extremely knowledgeable and dependable vendor
- Zimmer provides key equipment for procedure
- Zimmer works closely with surgeons at the main hospital
- ASC & surgeon have a long term relationship with Zimmer allowing for good price negotiation
- Facilities Materials Manager able to obtain pricing for the implant cost to match that of the main hospital
- Facility is contracted through Premier and guarantees best price

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Shifting Joint Surgery Facility



Ensuring Accuracy For The Facility

- OR staff observed surgeon in typical inpatient OR to learn procedure, preferences, ensure circulating nurse and scrub tech training/efficiency/skills
- Multiple meetings prior to scheduling first outpatient total joint procedure including Administrator, Nurse Leader, Materials Manager, OR Staff, Surgeon, Anesthesiologist, Physician assistant and Zimmer Representative
- Performed a dry run of the procedure with the Zimmer vendor, Surgeon, Physicians assistant and OR staff to ensure flow of procedure in the OR and ensure all equipment available
- Zimmer rep. played a huge role in the success of our program (very knowledgeable & dependable)
- OR Staff worked closely with surgeon, Scrub tech & PA to ensure accuracy for performing procedure

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Shifting Joint Surgery Patient selection



Patient selection is key

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Patient Selection is key

Surgeon determines patient selection based on:

- Age
- Medical History
- Size (BMI less than 40)
- Family Support
- Psychological functioning
- Insurance considerations

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Staffing Implications

- One nurse, one CNA for 23hr. stay
- Use most experienced RN for 23hr. stay (preferably with PACU/ICU experience)
- Utilize per diem nursing to cover day shift
- Consistent RN, Surgical Techs & Sterile Processing to assist with daily flow of patient care
- Contacted local hospital to determine fair market shift differential for evenings & nights

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Outcomes & Processes

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Shifting Joint Surgery Workflow



Workflow Process

- First case scheduled at 1:00pm
- Length of case 30-45min
- Stage one for 2hrs
- Discharged from recovery, then admitted to 23hr observation
- Moved to private room
- Meal catered and brought into facility

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Shifting Joint Surgery Workflow



Workflow Process

- Physical Therapy rounds between 5-7:00pm to transition patient OOB to recliner
- Surgeon & Physician Assistant round in the evening
- Evening nurse & CNA begin shift at 7:00pm
- Surgeon & PA on call
- Surgeon/PA rounds between 6:30-7:00am to change dressing, pull drains & discharge patient
- Discharge patient w/in 23hr. 59min.

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Shifting Joint Surgery Outcomes



Outcomes and Follow up

- The program started in May 2009
- To date there have been 22 knee arthroplasty's & 24 hip arthroplasty's
- High level patient satisfaction
- High level of surgeon satisfaction

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Shifting Joint Surgery Statistical Information



Statistical Information

Infections: One Surgical Site infection out of 46 patients (0.02%)

One transfer due to hypotension for observation only (Patient was discharged as planned within 23 hours of surgery)

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Shifting Joint Surgery Key points



Key points to consider

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Shifting Joint Surgery Key points



Key points to consider

- PATIENT SELECTION and patient education is key**
- Coordination & Careful planning of Care from the time the case is scheduled in the surgeons office, peri-operatively, to the time the patient is discharged to home with home health care
- Excellent pain control w/ femoral block pre-operatively & consistent pain control post-op
- Skilled surgeon, PA, OR, and PACU team
- The focus and continuity of care with the 46th patient is the same as with the very first patient

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Shifting Joint Surgery
Thank You



Thank You

Tracey Harbour, BSN, RN
Administrator

John R. Moore, IV, MD

Surgery Center of Pinehurst
www.surgerycenterofpinehurst.com

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