

Small Town Adoption of New Technology and Outpatient TJR

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Disclaimer

No one is paying me.

But, if you are interested, please see me after talk.



Goals

Understand how a community hospital & clinical practice worked to achieve Same-Day TJR

Review pearls that can be used to improve inpatient and outpatient TJR

George E. Crickard III, M.D.

- Born Quincy, IL 1966
- Northwestern University 1988
- Northwestern Univ Medical 1992
- U.S. Swimming 1989-90
- SIU Orthopaedic Residency 1992-97
- Adult Reconstruction Fellowship: Richard F. Kyle - Minneapolis – 1997-98
- Quincy Medical Group (QMG) 1998
 - Quincy, IL





Market – Blessing Hospital

327 beds

33 bed ortho/spine unit

Level 2 Trauma Center

Serve a 50 mile radius – 250,000

Community healthcare system with regional draw

Health

Adams is most obese county in Illinois; experts say losing weight 'takes effort'



Personal trainer Sam Karoll spots Alexandra Spohr on a bench press during a workout recently at Shadow Crossfit. | H-W Photo/Michael Kipley

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By **Steve Eighinger** Herald-Whig

Posted: Apr. 5, 2018 8:25 am

QUINCY

HERALD-WHIG

Practice Patterns

1998-2015

- General orthopaedist with subspecialty (TJA) interest
- On call q3 day

2016-Current

- TJA Subspecialist with general ortho interest
- Call coverage one night a week

Case Load 2018 472 Cases

- THA
- Revision THA
- TKA
- Revision TKA
- Knee Scopes
- CTS

132%

Growth in TJR from FY 2015 to FY 2018

New Experiences

MIS Craze Early 2000s

- 2003 Webinars on MIS
- 2004 Industry Sponsored Meetings
 - 3rd – 4th generation equipment
- Mid 2004 Adopted MIS
- 2005-2006 MIS Facilitator

- Small Town – Small Incision Talk



*Take-Away: Team approach to pt. care is key

New Experiences

TJA Navigation

- 2006-2009
- 3 companies
- 3 Hips
- 15 Knees
- Cost/outcomes not supported

*Take-Aways: Need buy-in from hospital
Not all new ideas will stick
(Comeback currently ?)

New Experiences

Outpatient TJA

- 2017 Becker's
- 2018 1st Same Day TKA and THA
 - Becker's Panelist
- 2019 Becker's Expert

- Take away:
 - Same day TJA is going to happen – its just when will it happen to me?!?!

Definition

Outpatient Surgery

- Pts enter and leave the facility on same day
- Don't believe the insurance companies!!
 - Just because they pay me outpatient rates doesn't make it "outpatient"
 - BC/BS
- Just because the surgery takes place in ASC doesn't make it "outpatient"
 - NYC 9% stayed overnight



Outpatient Surgery

By the numbers

- Difficult To Read/Compare Data
 - Outpatient
 - Same Day
- Don't Focus on Headlines
 - Understand the study/data terminology
 - Dig into issues yourself

Same-Day Discharge Compared with Inpatient Hospitalization Following Hip and Knee Arthroplasty

Basques, Bryce A., MD; Tetreault, Matthew W., MD; Della Valle, Craig J., MD

[JBJS: December 06, 2017 - Volume 99 - Issue 23 - p 1969-1977](#)

Outpatient Total Knee Arthroplasty Is Associated with Higher Risk of Perioperative Complications

Arshi, Armin, MD; et al.

[JBJS: December 06, 2017 - Volume 99 - Issue 23 - p 1978-1986](#)

THE JOURNAL OF BONE & JOINT SURGERY

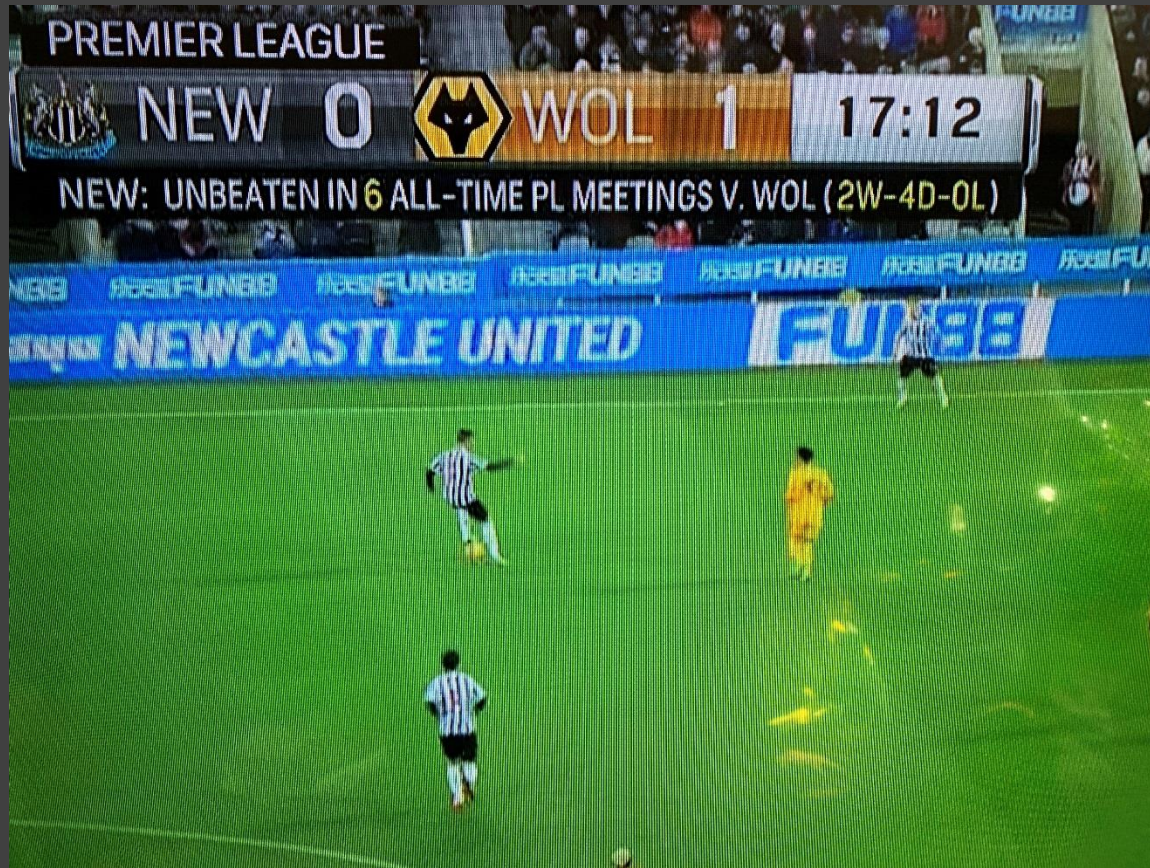
JB & JS

Excellence Through Peer Review

SCRIPTIVE ARTICLES	2006 BASIC SCIENCE
1964 KNEE • HIP Same-Day Discharge Compared with Inpatient Hospitalization Following Hip and Knee Arthroplasty Bryce A. Basques, MD	A Novel Registration-Based Approach for 3D Assessment of Posttraumatic Distal Humeral Deformities Lorenz P. Vekri, MD, PhD
1976 KNEE Outpatient Total Knee Arthroplasty Is Associated with Higher Risk of Perioperative Complications Armin Arshi, MD	CURRENT CONCEPTS REVIEW
1987 BASIC SCIENCE Matrix-Induced Autologous Chondrocyte Implantation (MACI) Using a Cell-Seeded Collagen Membrane Improves Cartilage Healing in the Equine Model John J. Moran, DVM, MS	2007 Diagnosis and Management of Femoral Joint Dysplasia David C. Orton, MD
1999 SHOULDER Functional Outcomes of the Rear and Rear-Shoulder Arthroplasty James J. Sanchez, MD	SPRINT UPDATE
2004 ONCOLOGY Agility for Prosthesis Against Vastus: Three-dimensional After-Orthopedic Oncologic Surgery Gregory M. Marley, MD	2008 What's New in Musculoskeletal Basic Science Matthew J. Allen, MD, PhD
2005 HIP • SPINE/ORTHOPEDIC Irrigation and Debridement with Cement Retention for Acute Infection After Hip Arthroplasty Andrew J. Ryan, MD	THE ORTHOPEDIC FORUM
2009 TRAUMA Stability of the Hip Joint After Proximal Acetabular Wall Fracture Jip H. Roz, MD	2043 What's Dependent: What Constitutes Success in an Orthopaedic Career? Sharon B. Werner, MD
2010 HIP Distal Anterior Hip Replacement Over Hip Flexor Ulnar Radial Tunnel: Exposure Risk to the Patient or Surgeon David Christy Hillman, MD	2045 Overlapping and Concurrent Surgery Paul F. Jaram, MD
	TOPICS IN TRAINING
	2009 Simulation-Based Educational Module Improves Trainee and Medical Student Performance of Closed Reduction and Permanent Fixation of Pediatric Supracondylar Humeral Fractures Rebecca A. Rubin, MD
	COMMENTARY & PERSPECTIVE
	2046 Outpatient Total Joint Arthroplasty: An Evolving Concept Joseph T. Wilton, MD
	2049 Walking Is True Dementia's Make It So? Stanley A. Denner, MD
	2052 Another Option in the Anamniotum: Understanding the Role of Irrigation and Debridement in Total Hip Replacement Joint Infection Dorian Hyslop, MD

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Mark Twain: “There are 3 types of lies:
lies, damned lies and statistics.”



What's the magic fairy dust to OUTPATIENT TJR?

Newspaper subscriptions???

Technology & Process

Dedicated ortho team (clinic, hospital, PT, OR)

- Consistency
- Collective purpose & ownership
- Ex. Ability to add additional cases in block time

Technology & Process

Multispecialty involvement in periop care

- Preop clearance vs medical optimization
 - Set expectations
- Anesthesia protocols (optimal pain control and nausea reduction)
- Post op care – DM mgmt, etc.
- Ex. co-CME presentation with medicine colleagues

Technology & Process

Standardization – Order sets, OR set up, etc.

- Reduce waste
- Eliminate inefficiencies
- Ex. dressings

Technology & Process

Patient & family engagement

- RN Navigator
- Coach – family or friend
- Formalized pre-op education
- Ex. reduced readmissions, surgery cancellations, Increased D/C to home



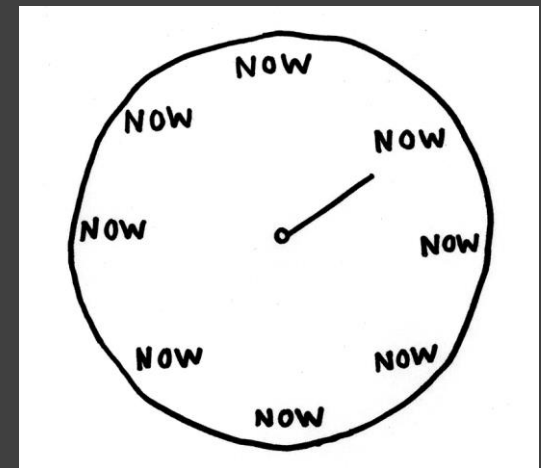
Mindset: It's the HOW

Communication & Collaboration

- Recruit & develop the multidisciplinary team
- Set collaborative outcome goals
- Understand how individually and collectively the team impacts the outcome
- Set the plan of care

Make incremental changes

- Don't feel like you have to do EVERYTHING
- Ex. Ortho Committee at Blessing Hospital



Should inpatients
be treated
differently than
outpatients?



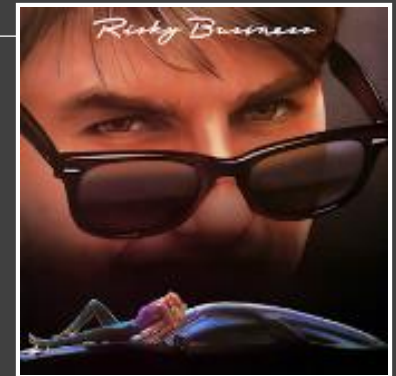
Inpatient VS. Outpatient

How are inpatients different than outpatients?

- Less physical reserve
- More comorbidities
- Less resources

How are they the same?

- Same set of surgical complications
 - PE/DVTs, SSIs, Post-op pneumonia, pain, etc.
- Same tx to reduce complications
 - Mechanical and chemical prophylaxis, IS, dressings, etc.





Why treat opts & inpts differently?

- Everyone deserves pre-op education
- Everyone deserves a surgical plan (pre to post-op)
- Difficult to manage differently – efficiency in consistency
- Consider “inpatients” as risky outpatients
 - Mitigate their additional risks in the inpatient environment
 - Overall outcomes improve for ALL patients

G3 Pearls



Be careful when looking at the data



Put the pieces together (technology & processes)



Develop collective mindset



Treat inpatient and outpatients the same

