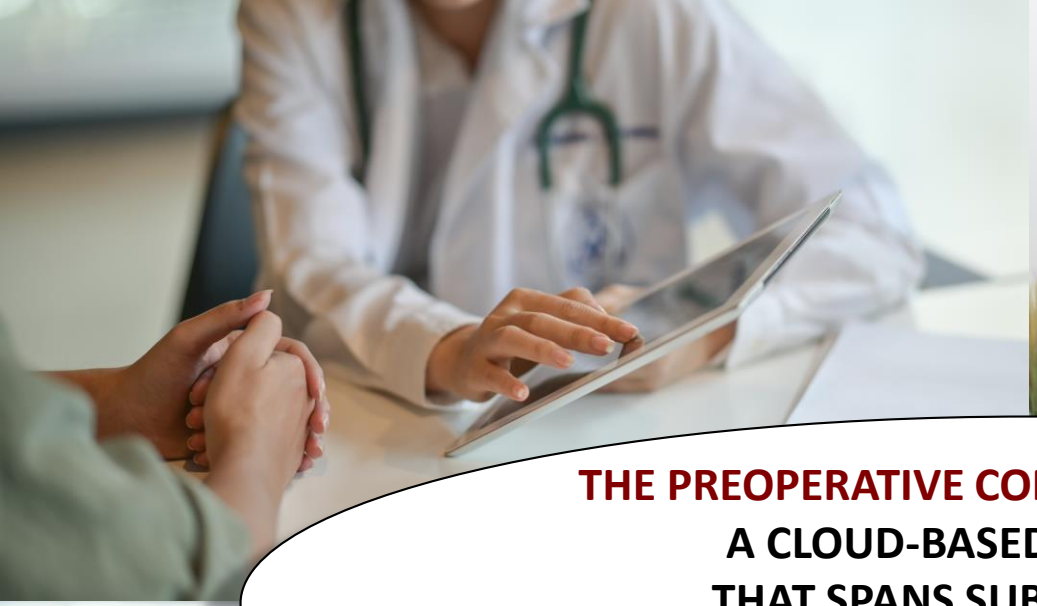
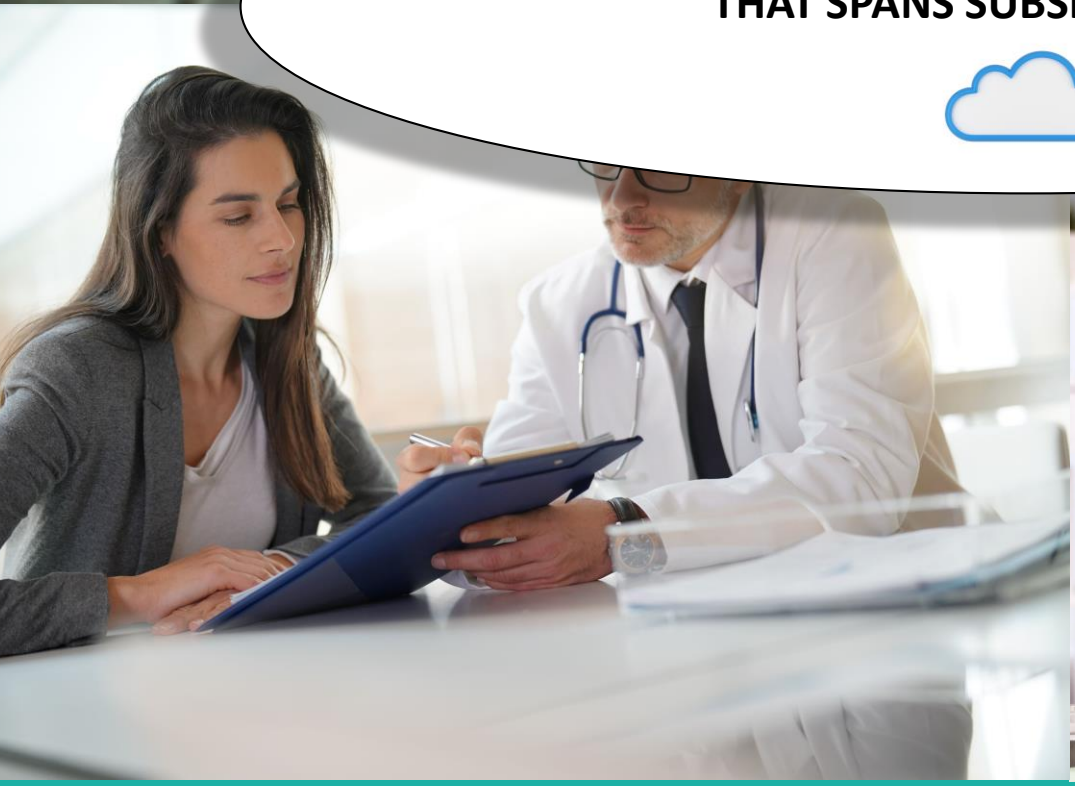
preop
hospital
healthcare
care
discussion
surgery
examining
nurse
team
group
person
scrubs
chair
facilities
friendly
pressure
modern
clinic
clean
occupation
unit
stretcher
ambulatory
resting
post
lying
mature
treatment
electronic
area
confidence
room
focus
prep
digital
intensive
professional
light
surgical
technology
preoperative
happy
patient
preparation
report
checkup
recovery
blood
health
recover
anesthesia
monitor
facility
colleague
checking
operative
interior
recovering
ward
looking
medical
bed
people



THE PREOPERATIVE CONTINUUM OF CARE

A CLOUD-BASED SOLUTION
THAT SPANS SUBSPECIALTIES



BronxCare HEALTH SYSTEM

Ira H. Kirschenbaum, MD
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Gabriela Allen, MD
Eva Kitlen
Gabriela de Campos Quieros
Natasha Richmond
Noshin Nushat
Gabirla Batista

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SURGEONS TO THE COMMUNITY

Preoperative Evaluation

Go to:

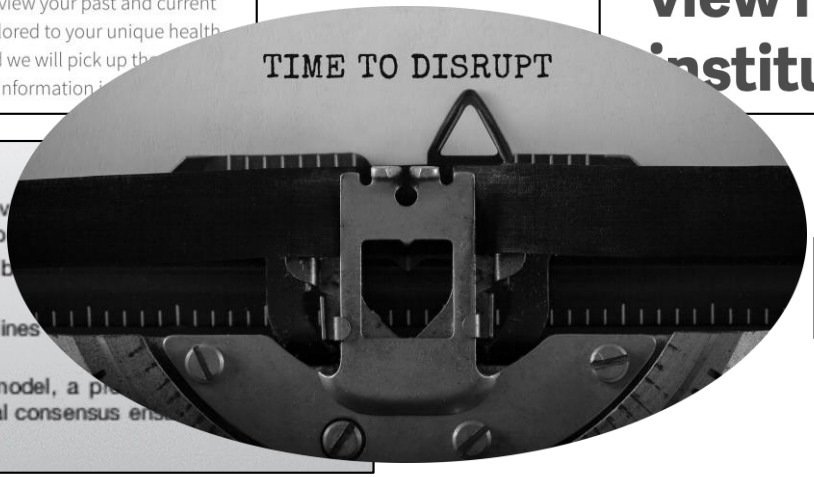
Preoperative evaluation is a process of clinical assessment that precedes the delivery of anesthesia care for surgery and non-surgical procedures. At the very least, it includes a review of medical records and recent test results, a comprehensive medical history, and a physical examination of the cardiovascular system, the pulmonary system, and the airway. As the preoperative evaluation is considered a basic element of anesthetic care, it is often performed in the immediate preoperative period (ie, on the day of surgery), by the anesthesiologist. However, the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation recommends that patients with high disease severity and those undergoing procedures with hi surgical invasiveness be evaluated prior to the day of surgery.5

ACS NSQIP®/AGS BEST PRACTICE GUIDELINES:

Optimal Preoperative Assessment of the Geriatric Surgical Patient

Nuts and bolts of preoperative clinics: The view from three institutions

When you visit us, we will obtain a detailed medical history and review your past and current test results and medications to create an anesthesia care plain tailored to your unique health needs. We thoroughly review your records from other doctors, and we will pick up th and call your other providers to get clarification on any confusing information



KEY POINTS

- The primary goal of a preoperative program is to prov ical optimization in a comprehensive manner to prep
- Preoperative care is best delivered in a centralized b environment.
- Communication and collaboration across service lines success.
- Although there is no single universally accepted model, a pr evidence-based protocols supported by institutional consensus en objectives will be met.

PREOPERATIVE PROGRAMS IN ANESTHESIOLOGY

Based on the information obtained, the attending anesthesiologist decides whether the patient is ready

The pre-operative assessment clinic is a nurse-led clinic that specialises in preparing patients for their planned surgery. A pre-operative assessment is performed on all patients who are going to have an operation or a surgica

The type of the pre-assessment clinic appointment depends on the nature of the planne problems that may influence your preparation for and recovery from surgery.

Preoperative Assessment Center

Preoperative Assessment Center (PAC) - A comprehensive clinic, directed by the anesthesia department,

Management of Coexisting Disease

Go to:

Coronary Artery Disease

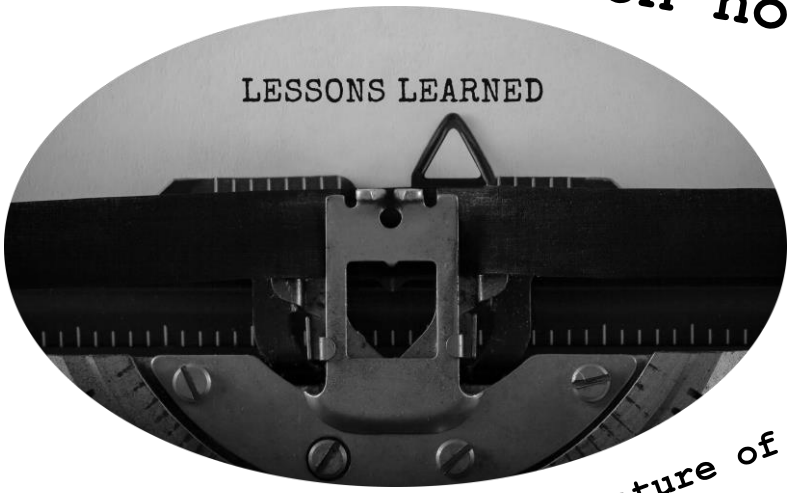
Coronary artery disease (CAD) increases the risk of perioperative morbidity and mortality, especially in context of a recent myocardial infarction (MI) or coronary revascularization (CABG or PCI). For patien who have had a recent MI (within six months), the risk of both MACE and mortality is highest in the fi 30 days following the MI (32.8% and 14.2%, respectively).15 These patients are also at an eight-fold increased risk of stroke.16 It is therefore recommended that elective, non-cardiac surgery be delayed fo least 60 days following an MI without coronary intervention.

Value of Preoperative Clinic Visits Impact on Operating Room Efficie

Everyone involved?

No plan is there to share information

PCP Evaluation not standardized



Centralized data?

Where is nature of the surgery included?

Anesthesia, and it's concerns run preoperative assessments

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SURGEONS TO THE COMMUNITY

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SURGEONS TO THE COMMUNITY

- Isolated key data points of specific interest to all parties in the preop process
- Programmed tables on low code, open API, cloud system
- Interviewed key stakeholders to assess views they would need to see
- Integrated Anesthesia, Surgeon, and Pre-op Internist in the patient's interests
- Developed data entry plan
- Extended database to mobile environment

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2017

Low-code, open API databases allow point-of-care development of IT solutions by caretakers with the ability to make rapid, real-time changes and customize to each party involved.

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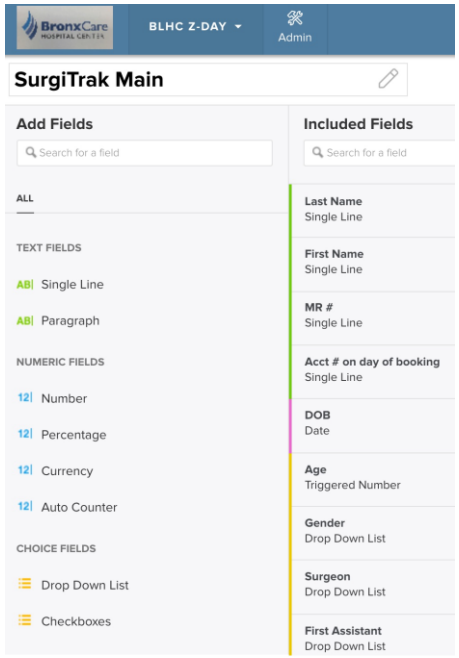
SURGEONS TO THE COMMUNITY

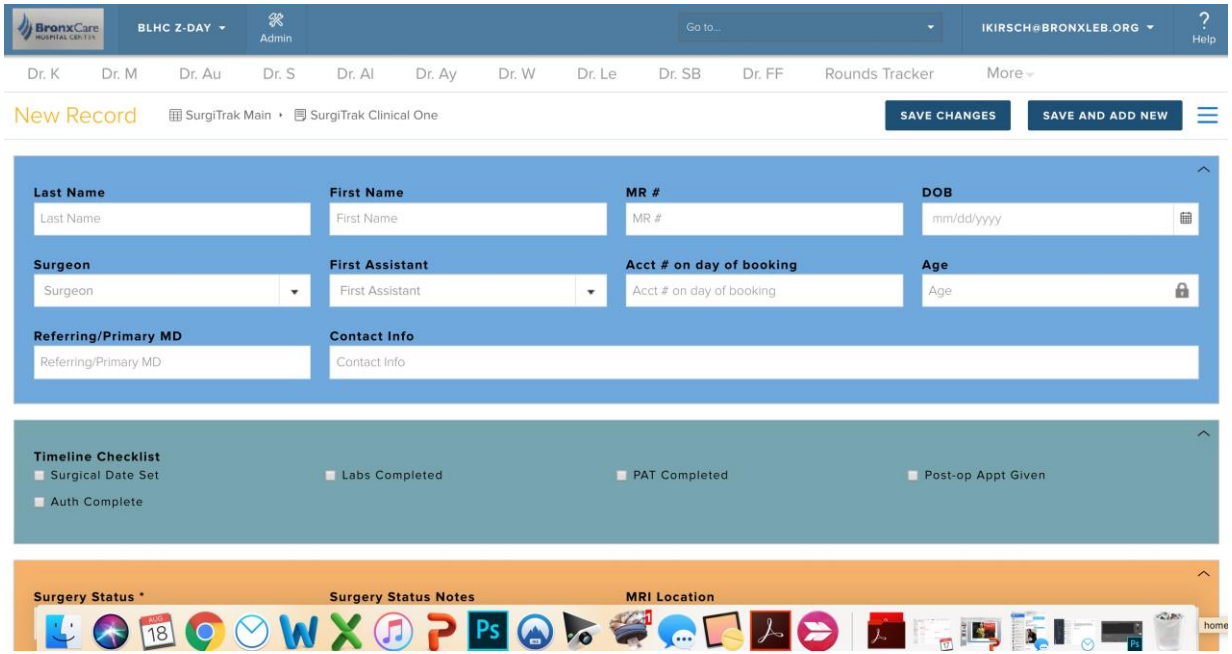
TRACKVIA

USE CASES INDUSTRIES LOW-CODE PLATFORM RESOURCES LOGIN

HEALTHCARE

TrackVia helps healthcare organizations gain real-time operational visibility & control through better data collection, custom reporting, & automated workflows.





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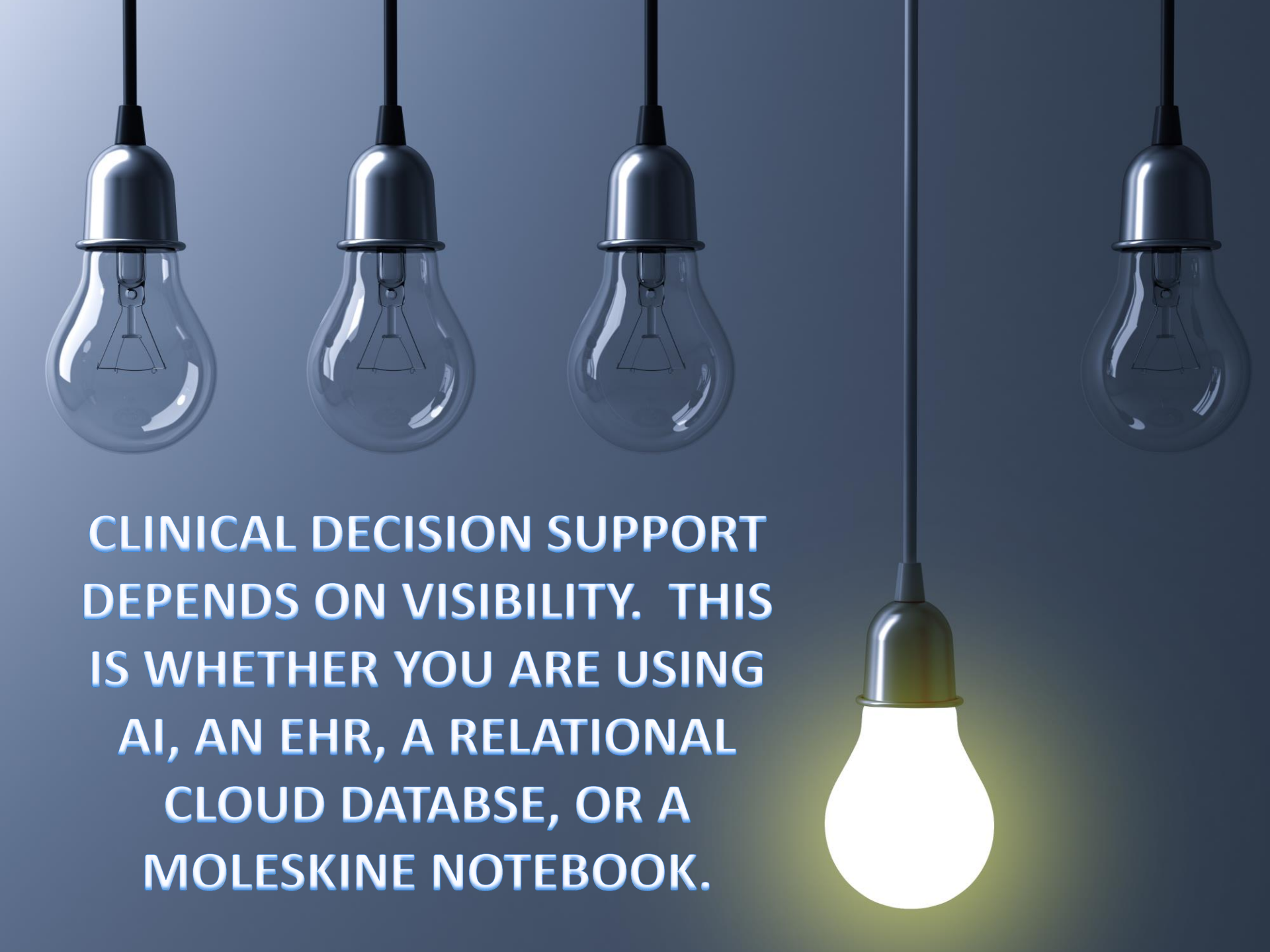
SURGEONS TO THE COMMUNITY

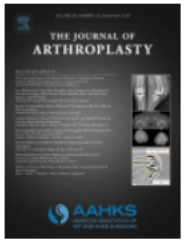
TRACKVIA®

BronxCare ORTHOPAEDICS

SURGEONS TO THE COMMUNITY


CLINICAL DECISION SUPPORT DEPENDS ON VISIBILITY. THIS IS WHETHER YOU ARE USING AI, AN EHR, A RELATIONAL CLOUD DATABSE, OR A MOLESKINE NOTEBOOK.

The Journal of Arthroplasty
Volume 33, Issue 12, December 2018, Pages 3642-3648



Primary Arthroplasty

Evaluation of a Preoperative Optimization Protocol for Primary Hip and Knee Arthroplasty Patients

David N. Bernstein MBA, MA [a], Tiffany C. Liu MD [b], Angela L. Winegar PhD [c], Lauren W. Jackson MPAff [d], Jessica L. Darnutzer MSN, NP-C [e], Kelsey M. Wulf MSN, FNP-BC [f], John T. Schlitt MD [e], Mauricio A. Sardan MD [e], Kevin J. Bozic MD, MBA [g]

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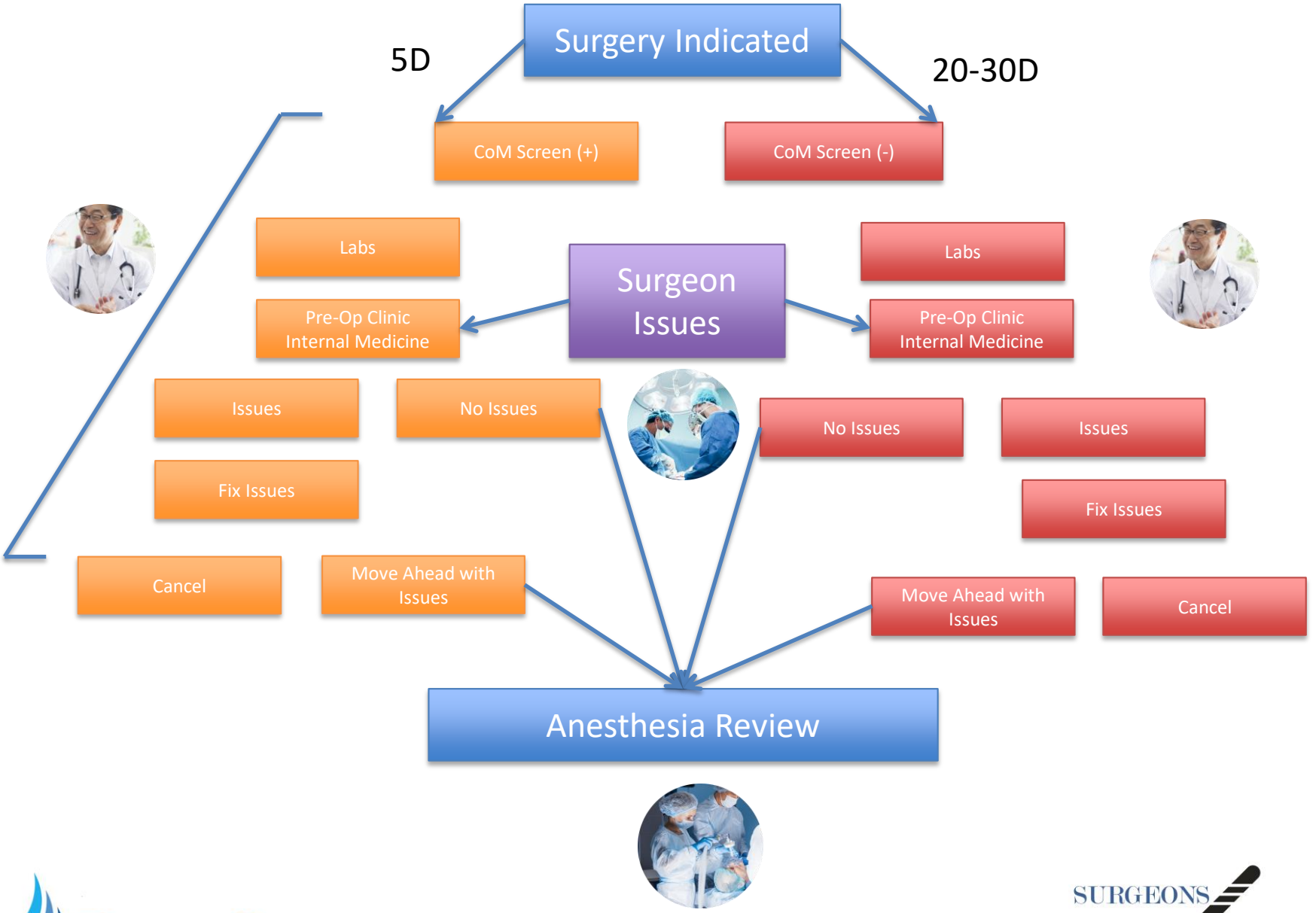
SURGEONS TO THE COMMUNITY

PROCESS



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SURGEONS TO THE COMMUNITY

YOUR PREOPERATIVE JOURNEY PLACES THE PATIENT ON A SHIP WITH THE PRE-OP INTERNIST, SURGEON, AND ANESTHESIOLOGIST. THERE ARE NO PCP'S AROUND TO HELP- DECISIONS NEED TO BE MADE RAPIDLY, ALMOST REAL-TIME.

VISIBILITY TO KEY INFORMATION FOR ALL PARTIES IS THE KEY!

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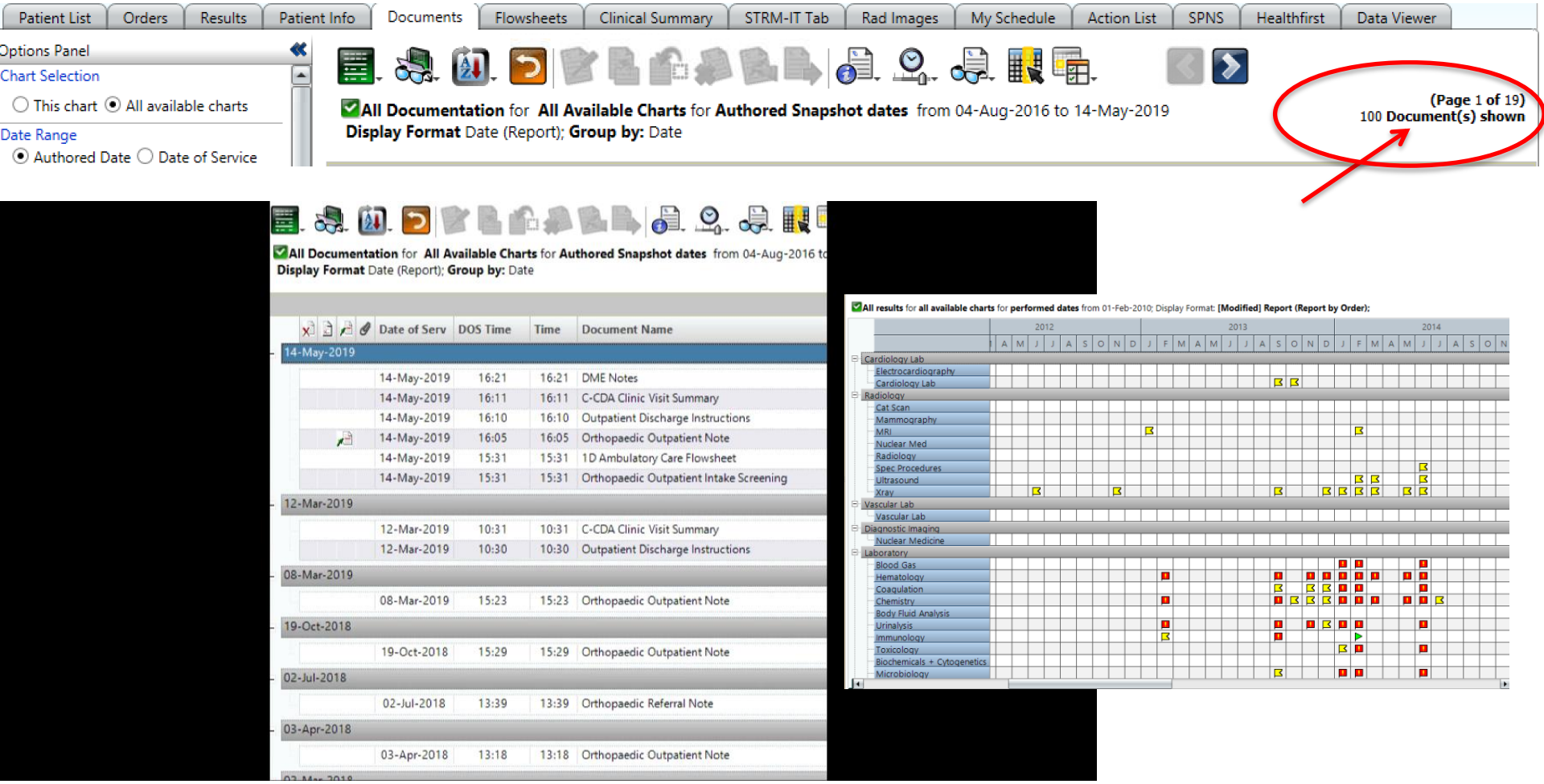
SURGEONS TO THE COMMUNITY



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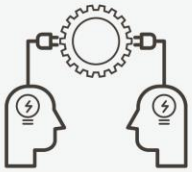
SURGEONS TO THE COMMUNITY

STEP TO SUCCESS

SUCCESS

- CASE COMPLETED
- NO COMPLICATIONS
- HIGH PATIENT SATISFACTION



PROCESS

- CASE INDICATED, PAT 20-30 D
- PAT OWNS PATIENT- OPTIMIZE
- ANESTHESIA REVIEWS

TEAM

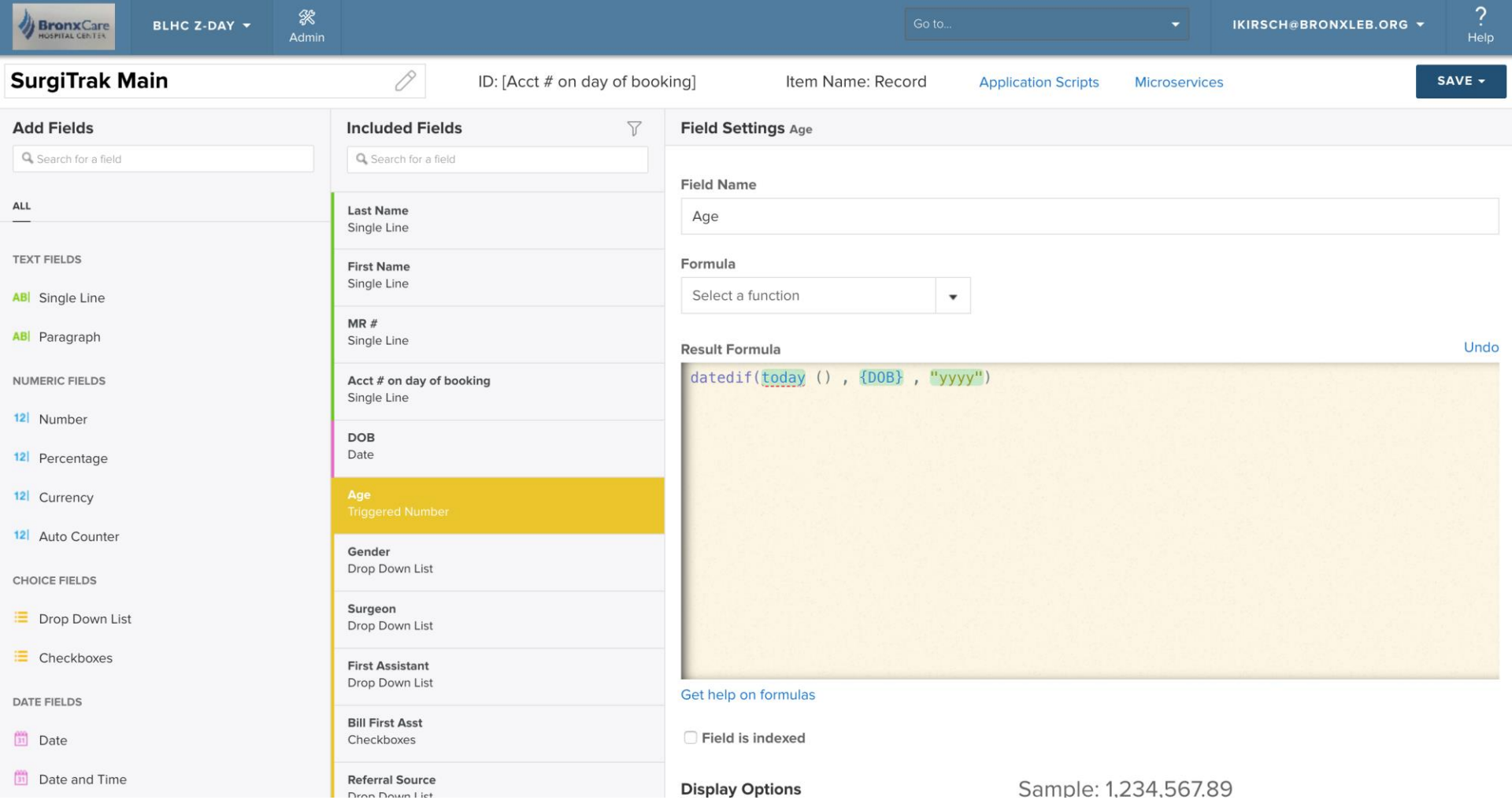
- PRE-OPERTATIVE INTERNIST
- ORTHOPAEDIC SURGEON
- ANESTHESIOLOGIST

PLANS

- DEFINE DATASET- LITERATURE
- PROGRAM DATABASE
- RECRUIT TEAM

IDEAS

- 3 DISCIPLINES
- CLOUD VISIBILITY
- DATASET



POPUATE THE FIELDS BASED ON EVIDENCE DATASETS. PRODUCE MULITPLE VIEWS. PRODUCE MULTIPLE FORMS. ALLOW FOR WEBMERGE OUTPUT. LAPTOP OR MOBILE.

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SURGEONS TO THE COMMUNITY

BronxCare HOSPITAL CENTER | BLHC Z-DAY | Admin | Go to... | IKIRSCH@BRONXLEB.ORG

Dr. K | Dr. M | Dr. Au | Dr. S | Dr. Al | Dr. Ay | Dr. W | Dr. Le | Dr. SB | Dr. FF | Rounds Tracker | Pre-Op Optimization

All Procedures

- Open Pre-Op Optimization Pending All
- Open Pre-Op Optimization This Week
- Open Pre-Op Optimization Next Week
- Open Pre-op Optimization Next 30 Days

Joint Service

- Open Joint Service Check- This week RH
- Open Joint Service Check- Next Week- RH
- Open Joint Service Check- Next 30 days- RH

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SURGEONS TO THE COMMUNITY

Pre-op Optimization Next 30 Days

Filter | Sort | Search within vie

ID	Surgery Date & ...	Referral Source	Surgery Status	Pre-op Diagnos...	Pre-op Diagnos...	Planned Proc 1 ...	Planned Proc 1 ...	Planned Proc 1 ...
	09/03/2019 11:00am		pending	Syndesmotic disruption of right ankle: Closed displaced trimalleolar fracture of right ankle:	ICD-1 0: S93.431A • ICD-10: S82.851A	Right	Open Reduction Internal Fixation Ankle:	27822 27829 29515
	09/12/2019 07:30am		pending	Carpal tunnel syndrome, bilateral upper limbs:	ICD-10: G56.03	Left	Carpal Tunnel Release:	64721
	09/17/2019 07:30am		pending	Injury of triangular fibrocartilage complex (TFCC) of right wrist, initial encounter:	ICD-10: S69.81XA	Right	Arthroscopy Wrist:	29846
	09/13/2019 07:30am		pending	Gout:	ICD-10: M10.9	Right	Excision Lesion Upper Extremity: Hand Third Digit	26113
	09/10/2019 07:30am		pending	Sciatica:	ICD-10: M54.30		Spine L3-5	63047
	09/12/2019 07:30am		pending	Cubital tunnel syndrome on right	ICD-10: 056.21	Right	Ulnar Nerve Transfer:	64718
	09/27/2019 07:30am		pending	Acquired trigger finger of left little finger: Acquired trigger finger of left index finger:	ICD-1 0: M65. 352 ICD-10: M65.322	Left	Trigger Finger Release: Hand Second Digit, Hand Fifth Digit	26055
	09/27/2019 07:30am		pending	Glomus tumor:	ICD-10: 018.00	Left	Excision Lesion Upper Extremity: Hand Thumb	26116
	09/27/2019 07:30am		pending	Carpal tunnel	ICD-10: G56.00	Left	Carpal Tunnel Release:	64721

Show per page 100

Total Records: **98**

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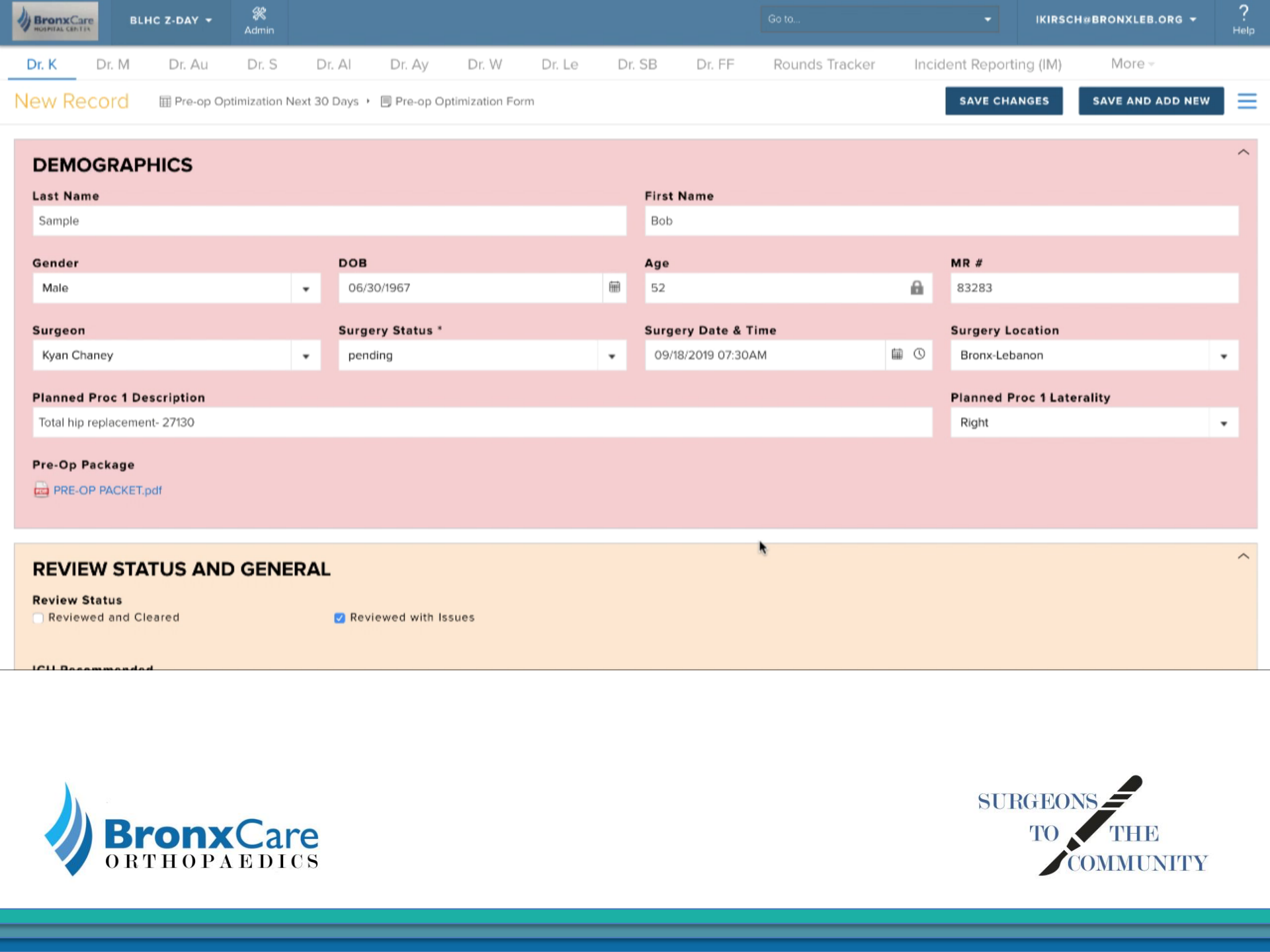
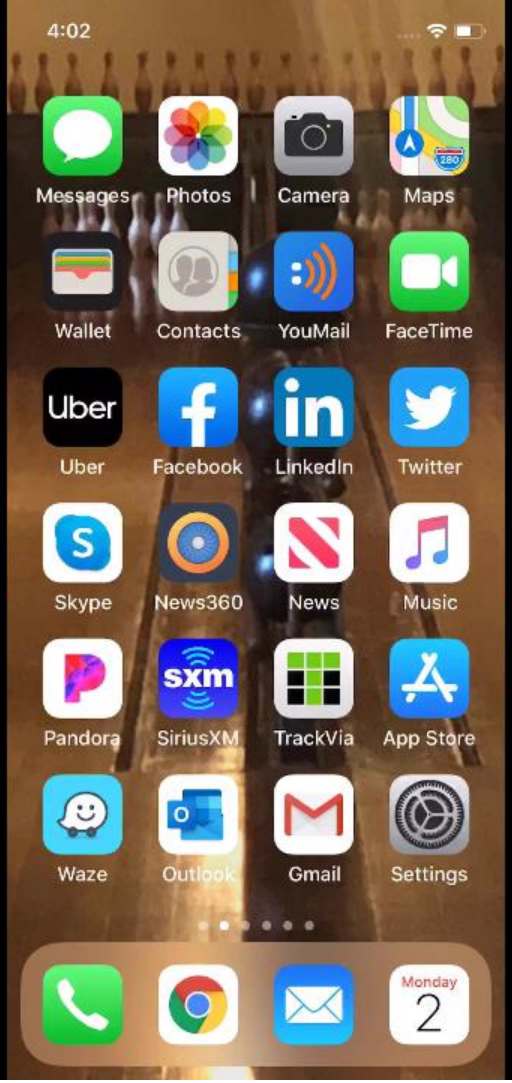
SURGEONS TO THE COMMUNITY



BronxCare ORTHOPAEDICS

SURGEONS TO THE COMMUNITY



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SURGEONS TO THE COMMUNITY

New Record

DEMOGRAPHICS

Last Name	First Name
Sample	Bob

Gender	DOB	Age	MR #
Male	06/30/1967	52	83283

Surgeon	Surgery Status *	Surgery Date & Time	Surgery Location
Kyan Chaney	pending	09/18/2019 07:30A	Bronx-Lebanon

Planned Proc 1 Description	Planned Proc 1 Laterality
Total hip replacement- 27130	Right

Pre-Op Package

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SURGEONS TO THE COMMUNITY

Key Barriers
-BMI
-A1C
-CD4
-Dental
-Utox
Metal
Steroids
General health

Safety for the entire perioperative process

ICU Recs
Cardiac Recs

Tasked with F/U and completion

Bringing it all home!

Safety for Anesthesia

ASA Level

Fluids perioperatively

Intraoperative safety

Summary

- PATIENT- FOCUSED
- 3-PRONG COLLBORATION
  - INTERNIST (PCP PROXY)
  - SURGEON
  - ANESTHESIOLOGIST
- VISIBILITY
- CLOUD-BASED
  - COMPUTER
  - MOBILE
  - PRINT
- EVIDENCE-BASED DATASET
- OPEN ACCESS, LOW CODE DATABASE
  - TRACKVIA
  - ALWAYS MODIFIABLE
  - CONNECTIVITY

BronxCare ORTHOPAEDICS

thank you

SURGEONS TO THE COMMUNITY