

HPH ISCR Journey

September 27, 2019

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Pali Momi Medical Center



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How is Data Shared at PMMC?

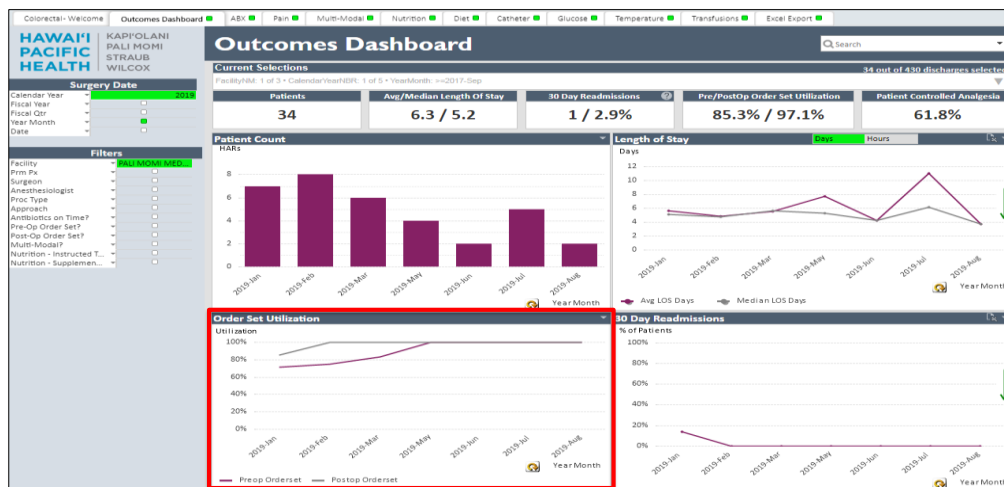
- Monthly Anesthesia champion review of antibiotic missed opportunities
- Collaboration with Hospitalist and ED physician
- Monthly meetings (Surgical Quality & Peri-Op Committee):
 - Case Reviews
 - Order Set Utilization
 - Pre-Op IV antibiotics
 - Multi-modal Pain Management
 - MME Trend
- Nursing Department Meeting

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Elective Colorectal

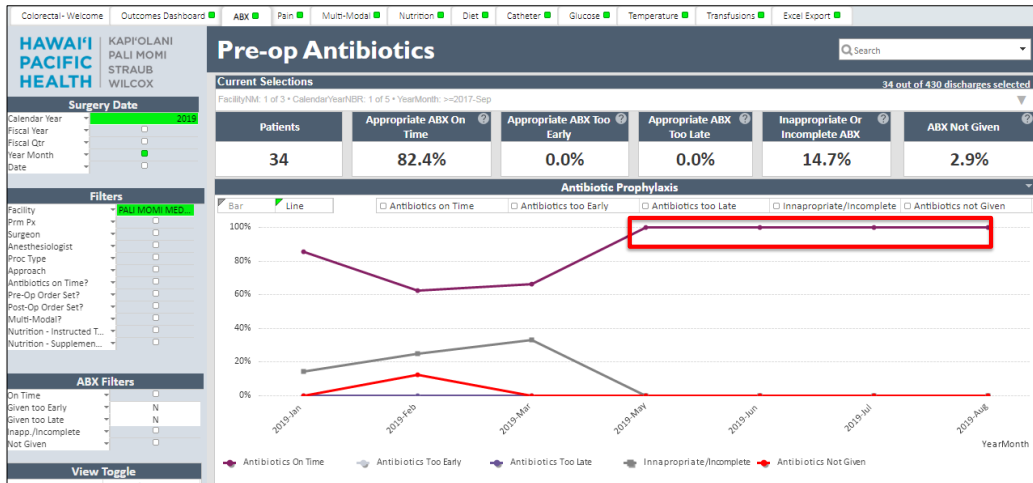


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Elective Colorectal: Pre-Op Antibiotics

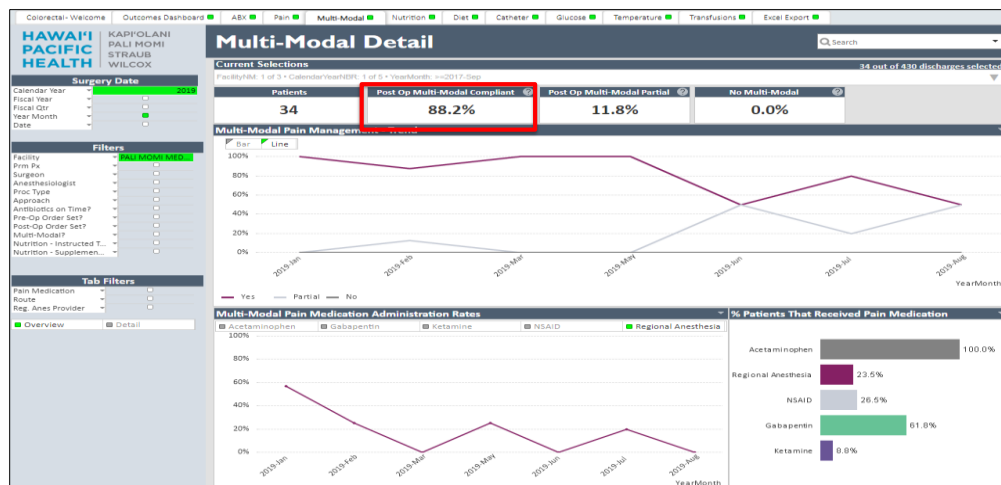


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Elective Colorectal Multi-Modal Pain Management



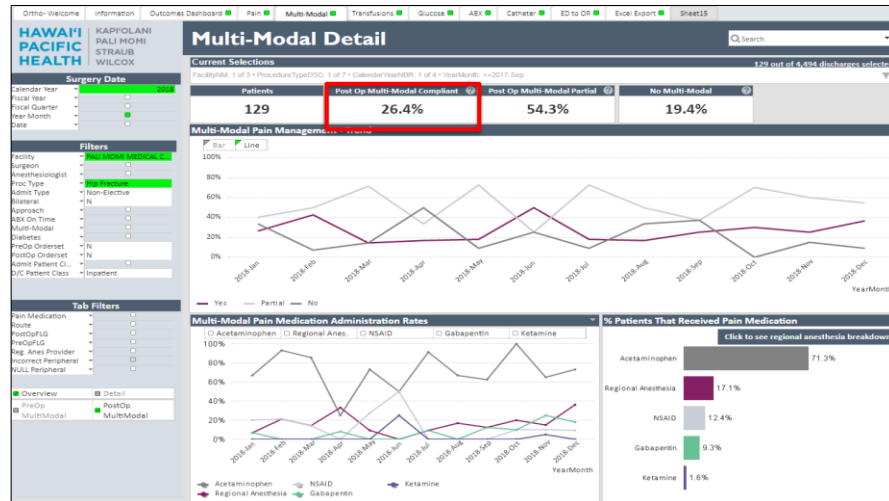
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Hip Fractures Compare 2018 to 2019

• 2018



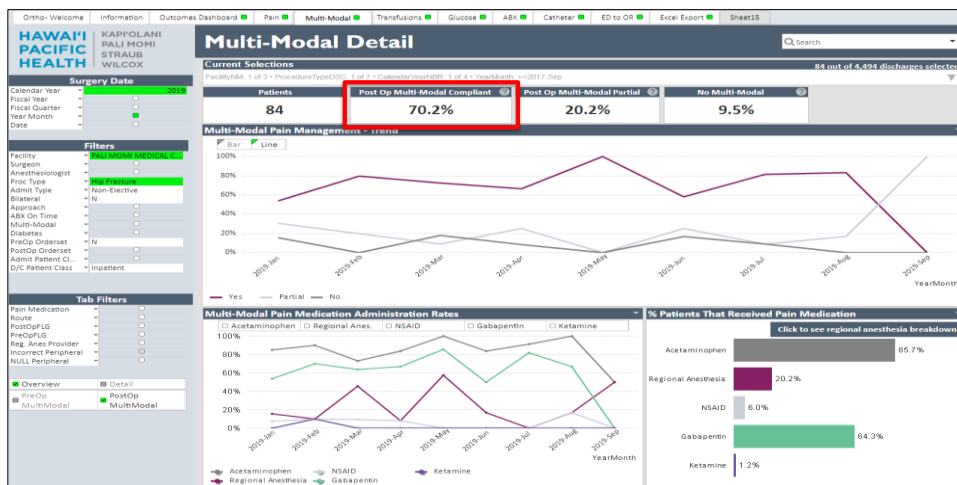
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Hip Fracture: Multi-Modal Pain Management

• 2019



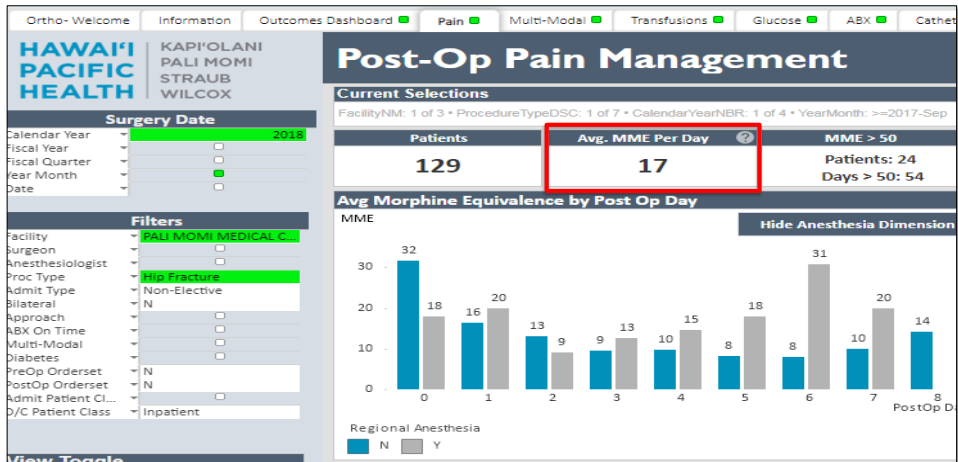
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Hip Fracture: Post-Op Pain Management

• 2018



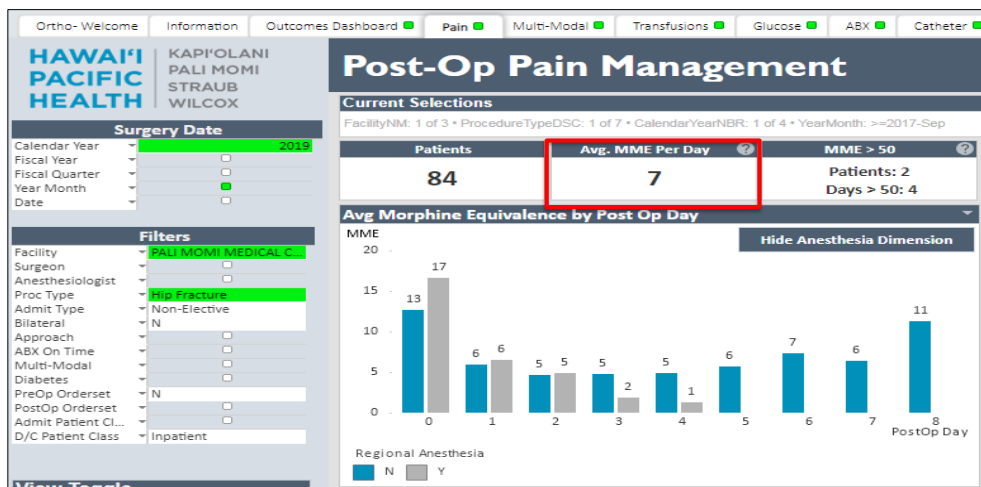
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Hip Fracture: Post-Op Pain Management

• 2019

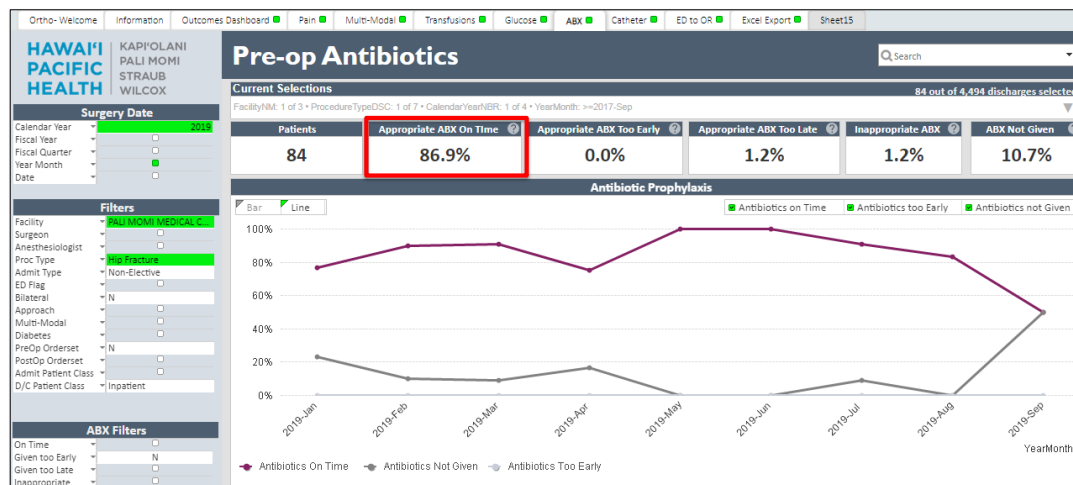


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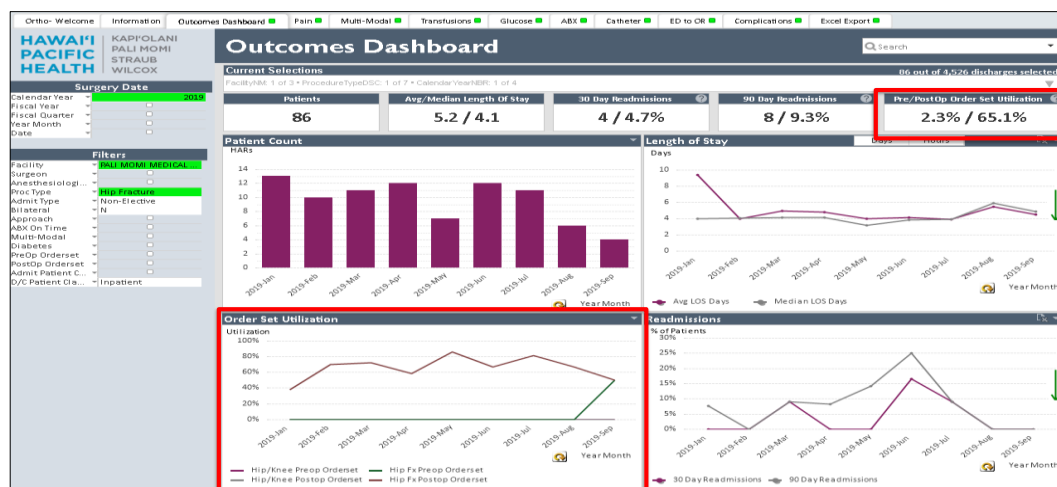
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Hip Fracture: Pre-Op Antibiotics



Hip Fracture



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Review of Historical Procedure Data

2018 ERAS GYN Cases Performed			
GYN CPT Category	CPT	Total	
Laparoscopic			
Hysterectomy			
58570		6	
58571		137	
58572		3	
58573		39	
Laparoscopic Hysterectomy Total		184	
Laparoscopic			
Myomectomy			
58545		13	
58546		1	
Laparoscopic Myomectomy Total		14	
LAVH			
58550		3	
58552		27	
58554		10	
LAVH Total		40	
Myomectomy – Open			
Abdominal and Vaginal			
58140		6	
58145		1	
58146		1	
Myomectomy – Open Abdominal and Vaginal Total		8	
Open Hysterectomy and Oophorectomy			
58940		2	
Open Hysterectomy and Oophorectomy Total		2	
Reconstruction			
57260		8	
57265		21	
57267		11	
57282		16	
Reconstruction Total		56	
Vaginal Hysterectomy			
58260		46	
58262		17	
58263		3	
58270		4	
58290		3	
58291		6	
Vaginal Hysterectomy Total		81	
Grand Total		385	

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- 48 CPT Codes in ISCR GYN ERAS initiative

- Hysterectomies
- Oophorectomies
- Myomectomies
- Reconstructions

- Review of Facility CPT Data

- 2017: 401 Cases
- 2018: 385 Cases
 - Potential increase in Pre-Anesthesia Clinic Visits
 - Triaged by Pre-Surgical Risk Screening Tool
 - Epic Phrase “readyforsurgery” in H&P

- Identify Physicians who Perform Procedures

- Individualized Education

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FOR WOMEN & CHILDREN

How to Implement the ENHANCED RECOVERY AFTER SURGERY (ERAS) PATHWAY

STEP 1

STEP 2

STEP 3

EDUCATION

- Review contents of ERAS Introductory Folder
 - Information also on KMCWC Intranet under Medical Staff
- Watch Online ERAS Education Module
 - Go to www.hawaiipacifichealth.org/ce
- Contact Katie Pe'a for information about assigning Emmi videos
- Have copies of Patient Education Tools ready for distribution
 - Pre-Procedure and Post-Procedure Pamphlets
 - Information about Emmi Education Programs

PRE-OPERATIVE

- Ensure patient is physically ready for surgery
 - Schedule surgery at least 2 weeks in advance to optimize
 - Utilize the Adult Pre-Surgical Risk Screening Tool
 - Epic phrase "readyforsurgery" inserts tool into H&P
 - Schedule a Pre-Anesthesia Visit
- Ensure patient is educated about their surgery & ERAS
 - Assign Emmi Videos: ERAS, Adult Anesthesia, & Prevent SSIs
- Use the Pre-Operative GYN ERAS Order Set

POST-OPERATIVE

- If Outpatient Surgery, use Same Day Surgery GYN ERAS Order Set
- If Inpatient, use Post-Op GYN ERAS Order Set
 - Then use Discharge GYN ERAS Order Set upon discharge

HELP | **TIPS**
ASSISTANCE | GUIDANCE
SUPPORT | ADVICE

When scheduling any surgical case, also arrange a **PRE-ANESTHESIA VISIT (PAV)** to help implement the ERAS pathway

How To Implement The ERAS Pathway

Step-by-Step Instructions

For Employed & Contracted MDs

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ERAS Education Packets For Physicians

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FOR WOMEN & CHILDREN

September 15, 2019

Dear Dr. Richard McCartin,

Thank you for the essential services that you provide to our patients. We are proud to inform you that Kapi'olani Medical Center for Women and Children is participating in the Gynecological Cohort of the Agency for Healthcare Research and Quality (AHRQ) safety program for Improving Surgical Care and Recovery (ISCR). ISCR is a collaborative effort between the American College of Surgeons (ACS) and Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality. Over 750 hospitals across the United States, including all 4 Hawaii Pacific Health medical centers, are participating in the nationwide initiative. The goal of this program is to implement evidence-based pathways to improve clinical outcomes. This bundled approach is known as Enhanced Recovery After Surgery (ERAS).

Your time is valuable. Thus, we did our best to make your participation as easy as possible. A three-tiered approach has been developed and is ready for your use.

- Clinician Education
 - An online ERAS education module is available to supplement this information packet
- Epic Order Sets
 - Search "ERAS" for Pre-Op, Post-Op, Discharge & Same Day Surgery Order Sets
- Patient Education
 - Pamphlets are available to supplement your Pre-Op and Post-Op education
 - Videos, through the "EMMI" system, on ERAS, Anesthesia, Preventing SSIs, and more

This folder contains information and instructions on how to access the above resources.

To assist you further, when scheduling an OR case, the patient can be simultaneously scheduled for a Pre-Anesthesia Visit (PAV). A registered nurse and/or anesthesiologist will provide one-on-one education regarding the ERAS components, a tour of the perioperative area, and assistance in preparing your patient for surgery. If you are a Hawaii Health Partners (HHP) physician, the Pre-Anesthesia Visit may be required per the Adult Presurgical Risk Screening Tool. As a reminder, this tool is loaded into your History and Physical through the Epic phrase "readyforsurgery".

If you have any questions, please do not hesitate to contact our team through the KMCWC Patient Safety and Quality Department. The director, Sarah Kennedy-Smith, is available by email at Sarah.Kennedy-Smith@kapiolani.org. Thank you for your commitment to providing quality care.

Sarah Kennedy-Smith
Sarah Kennedy-Smith, MD
Director, Patient Safety & Quality

Gregory J. Hines
Gregory J. Hines, MD
Chair, Dept of OB-GYN

Michael J. Hines
Michael J. Hines, MD
Chair, Dept of OB-GYN

David J. Hines
David J. Hines, MD
Chair, Dept of OB-GYN

David J. Hines
David J. Hines, MD
Chair, Dept of OB-GYN

Kapi'olani Medical Center for Women & Children | 1319 Punahoa Street | Honolulu, Hawaii 96826

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ERAS Education for Frontline Staff

- In-Services for Physician Offices & Hospital Departments
- Online Module with Completion Tracked Electronically

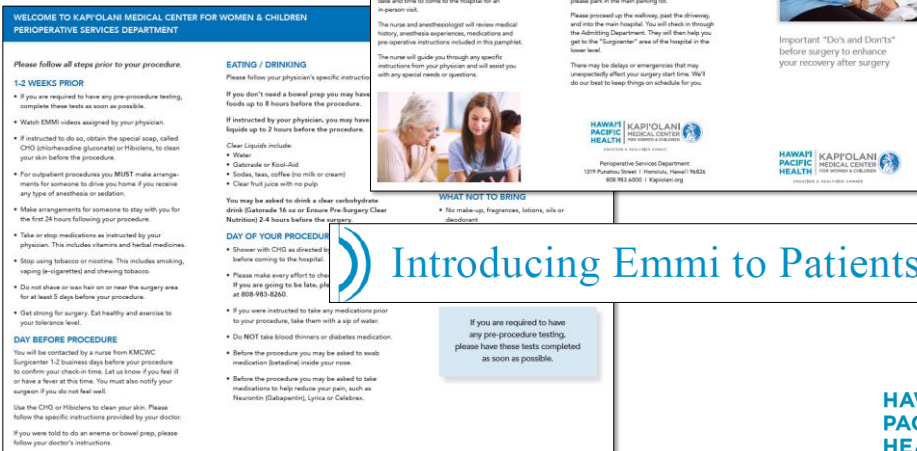


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ERAS Patient Education Pamphlets & Emmi Online Module



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ERAS Order Sets – Active as of July 2019

Just type “GYN ERAS” into Epic Search



		GYN SAME DAY SURGERY ADMIT/DISCHARGE ERAS
		GYN SURGERY POSTOP ERAS
		GYN SURGERY PREOP ERAS
		GYN ERAS DISCHARGE INSTRUCTIONS/MEDS

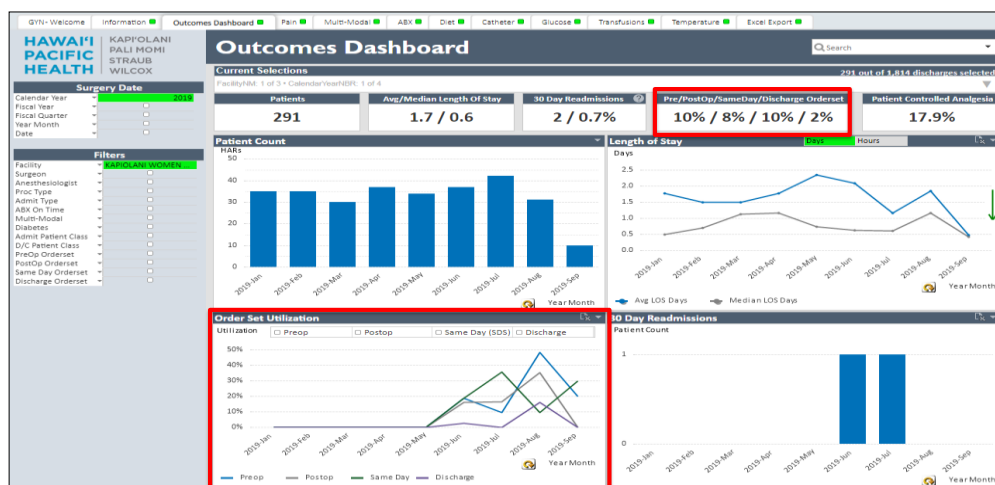
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GYN ERAS Order Set Utilization



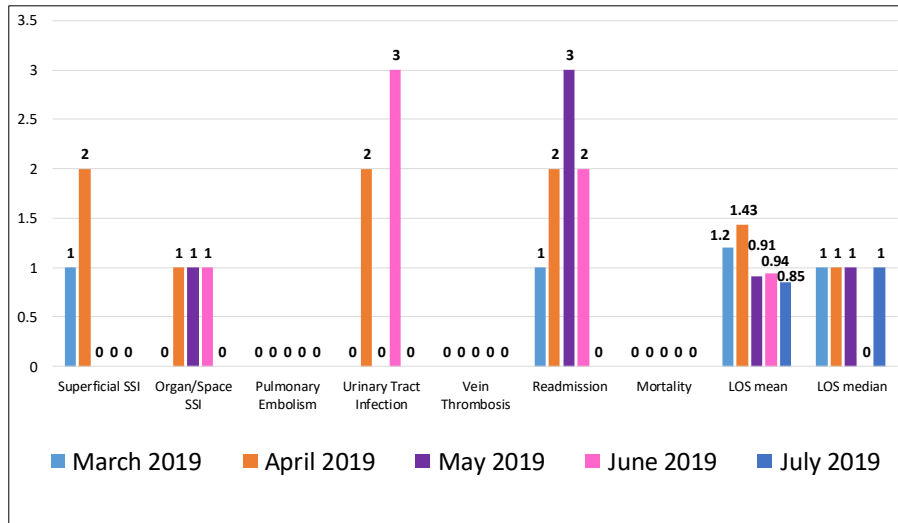
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GYN ERAS Baseline Outcomes Data



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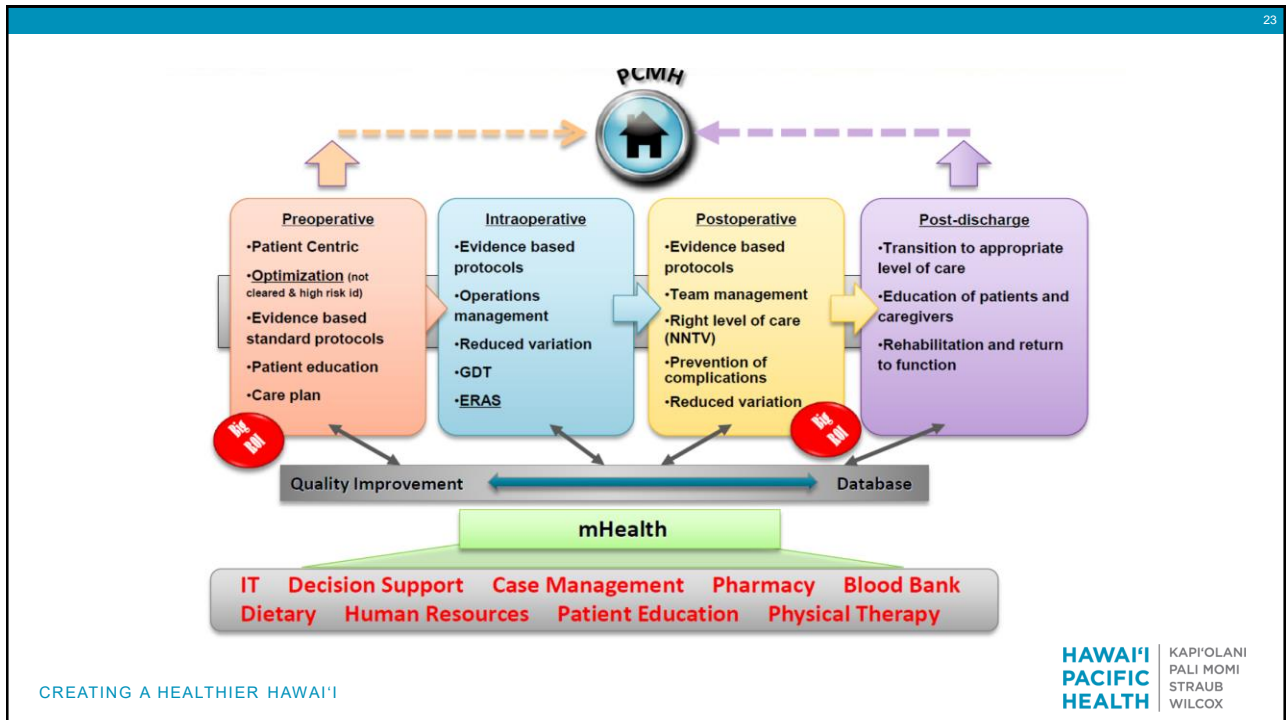
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Perioperative Surgical Home (PSH)

The Perioperative Surgical Home (PSH) is a patient-centered model of care designed to improve health, the delivery of health care and to reduce preventable complications and their negative outcomes.

- Goal is to identify those patient's whom are at highest risk for developing a new perioperative comorbidity and mitigate those risk
 - Pre-op clinic
 - Risk Stratification for MACE
 - Gupta Risk Assessment
 - VQI Risk assessment
 - Pre-op Screening Tool (8"+Q)
 - Preoperative Testing Guidelines
 - Major Surgical Procedure/Medical Conditions
 - Nutrition Assessment
 - Provide Nutritional Support
 - Frailty
 - Prehab?
 - Medication reconciliation with focus on standardized pre-op medication management
 - Pharmacist/MD
 - Patient and Family engagement
 - EMMI Videos
 - Postoperative care
 - Wound care/assessment

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Enhanced Recovery After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) are perioperative care pathways designed to achieve early recovery and improved outcomes for patients undergoing major elective surgery

- Supported by Evidence-Based Protocols
- Is the engine that drives the PSH model throughout the patient's surgical encounter
 - Updated NPO Guidelines
 - 2 hrs. carbohydrate load
 - Multimodal analgesia/Regional Anesthesia
 - Tylenol/Gabapentin/COX-2
 - Regional blocks for post-op pain control
 - Goal directed Fluid Therapy
 - Euvolemia
 - Optimal Glycemic Control
 - Glucose >140, <180 mg/dL
 - Early postoperative mobility
 - Infection prevention
 - Appropriate ABX administration-Frequency and Class
 - Nasal Providone Iodine swabs
 - Separate closing tray/Gown and glove change for colorectal cases
 - Early removal of all lines/catheters
 - Early feeding to support return of GI function

Key TJR ERAS Elements

- **Preoperative**
 - Regional anesthesia for post-op pain control
 - NPO 4 hrs prior w/ carb load (AJ or Gatorade)
 - Gabapentin/Cox-2 inhibitors/Tylenol
- **Intraoperative**
 - TXA- prior to incision and again during wound closure
 - reduces need for transfusion
 - IV Tylenol and Ketamine-reduces overall narcotic requirements
 - Intra-articular injection of local anesthetic w/ Toradol by surgeon
 - Anti-nausea medications-Zofran and Decadron(in addition prolongs regional anesthesia quality and duration)
 - Minimize Fluids/Foley Catheter if indicated
- **Postoperative**
 - Scheduled Tylenol q6 hrs for 1st 24 hrs
 - Tramadol for break through pain
 - PT/OT engagement initiated when pt. arrives to floor
 - Advance diet as tolerated

Same Day Surgery

% of patients discharging on POD 0

Type of Surgery	8/2016-2/2017	2/2017-8/2017	P-value
All UKA	13.5%	54.9%	<0.001
Unilateral UKA	15.6%	75.7%	<0.001
Bilateral UKA	0%	0%	
All THA	0%	9.2%	<0.001
Unilateral THA	0%	11.8%	<0.001
Bilateral THA	0%	0%	

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TJR Data: Sept 2016-Sept 2019

- Avg LOS 2.1 down to 1.5 Days
- Transfusion Rate (%) 6.2 down to 3.8
- MME>50 from 42% to 33% during Hospital Stay
- Pt w/ Foley Catheter 14% down to 9%
- Avg time to Catheter removal 21 hrs. down to 15 hrs.

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Medication Reconciliation

	8/2016-2/2017	2/2017-8/2017
Medication Reconciliation Completed	60.2%	97.2%
Accurate Medication Reconciliation Upon Admission	32.4%	99.1%

Key Supportive Processes

- **Apply NSQIP data to Support/Improve patient care**
 - Surgical Quality: Refine ERAS protocols
- **IT Support-EPIC**
 - Procedure Pass (Dashboard)
 - Communicates pre-op progress
 - Clearly outlines what “key” elements are required for any particular patient
 - Allows for early detection in the event a critical task has yet to be completed
 - Streamlines Efficiency
 - Phases of Care
 - Initiated from time decision to operate is made until discharge from hospital
 - Helps to standardize care for pts w/ same Dx/Rx plan
 - Follows the patient through the different “phases” of surgical care
 - Monitors pts progression

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ERAS Resource Team

- Senior Executive
- Surgical Champion
- Anesthesia Champion
- OR Lead
- MD Office Lead Quality
- Preop/Recovery Lead
- Inpatient Unit Lead
- Data Resource
- Facility Project Lead
- HPH Resource



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Multidisciplinary Department Team

- ED Manager
- In patient manager
- Case Manager
- Clinic Manager
- ERAS Service Line Lead
- Dietary
- Physical Therapy
- Quality
- Infection Prevention
- Pharmacy
- Pre Admission Clinic Lead
- Anesthesia
- Surgeon
- Clinical Educators

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Nursing

- Pre admission education
- Departmental Education and culture change
- Story Boards
- Nursing competency for all nursing departments
- Huddles with current practice and/or changes as they occur
- Share data with front line nurses (they want to know how they are doing)

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Anesthesia and Surgeons

- Develop ERAS order sets that are consistent with ERAS pathway across all ERAS service lines
- Multimodal Analgesia on all preop patients
- Nerve Blocks / Tap Blocks
- Educate ED physicians on nerve blocks for hip fractures
- Collaborate with surgeons on post op pain control

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Pain Medication Use: Colorectal (MME trend)



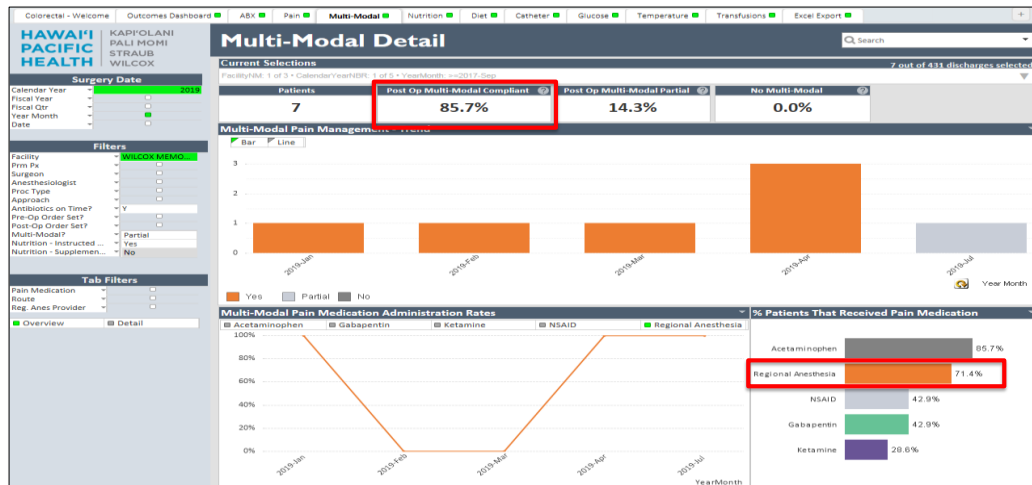
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Elective Colorectal Multimodal & Regional Anesthesia

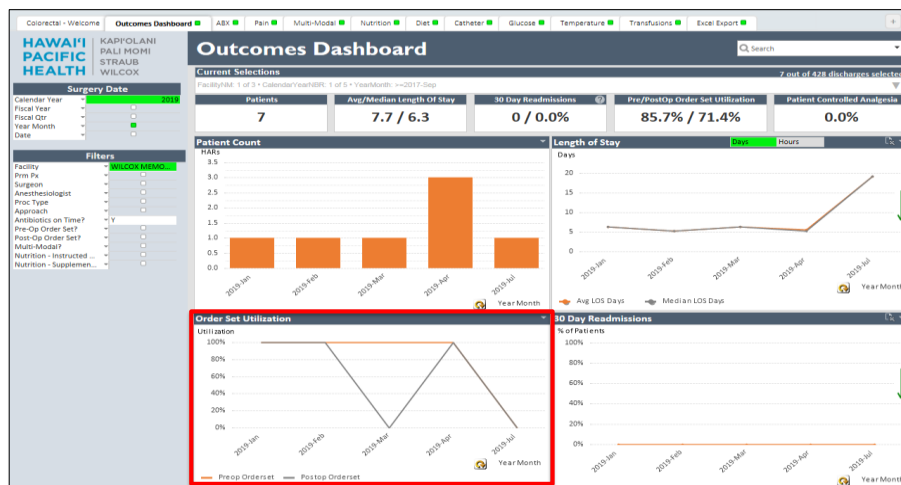


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Elective Colorectal Order Set Utilization

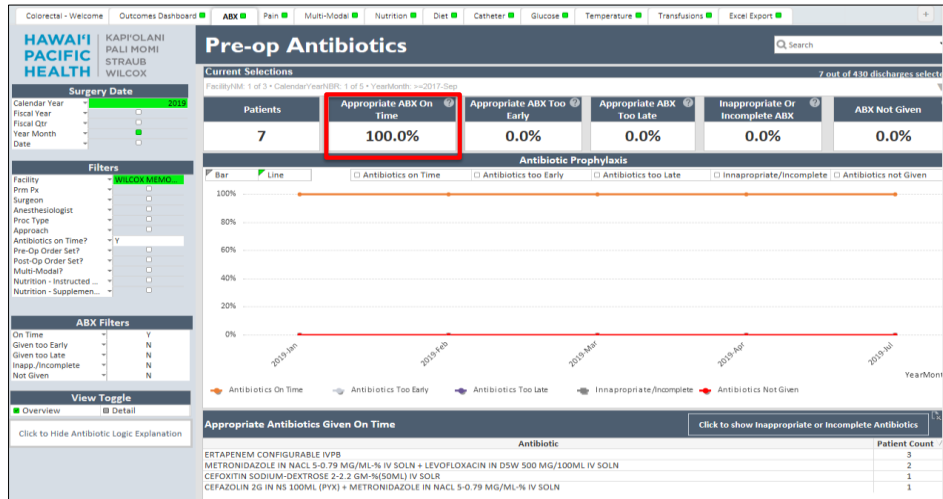


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Elective Colorectal Pre-Op IV Antibiotics

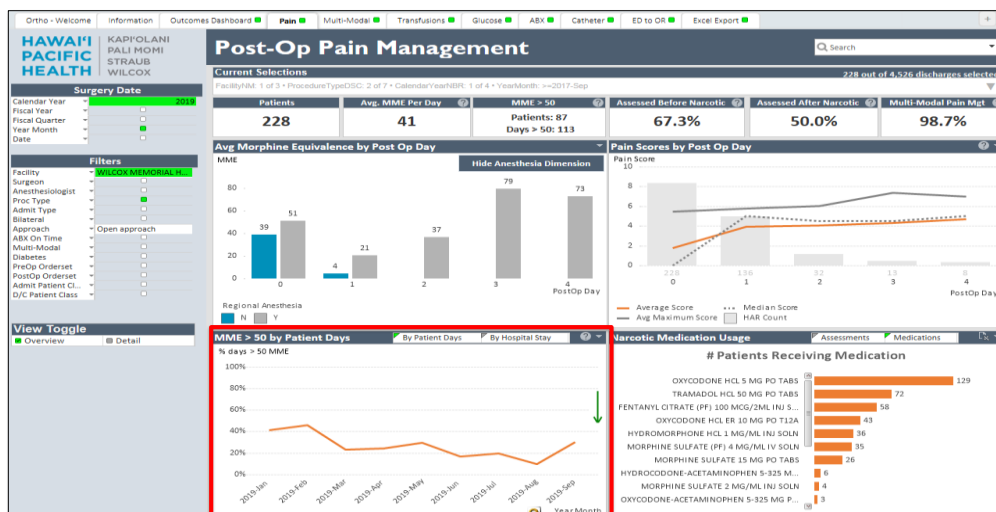


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Pain Medication Use: THA/TKA (MME trend)

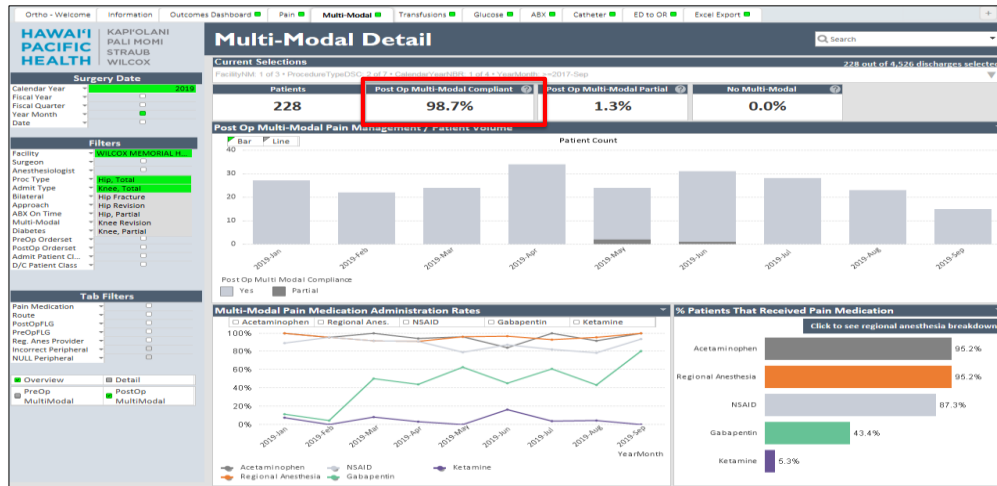


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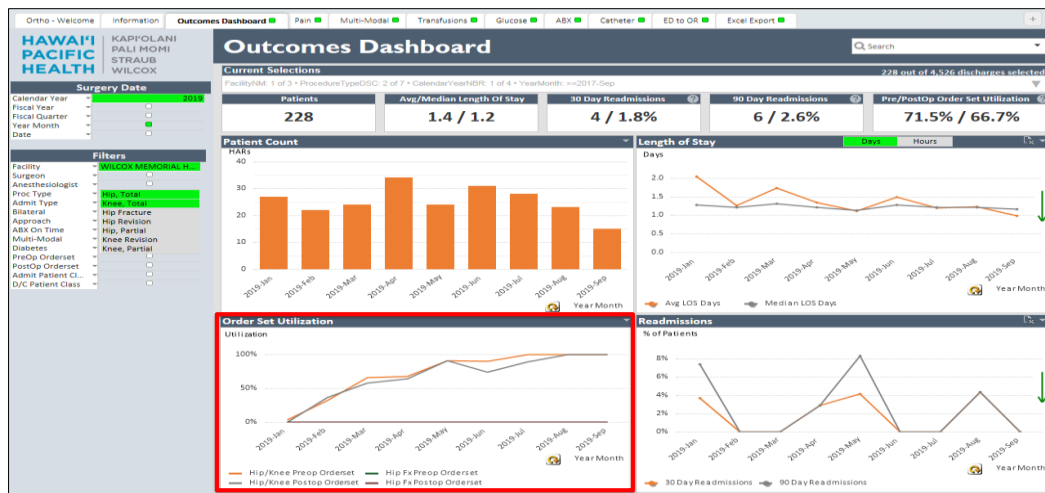
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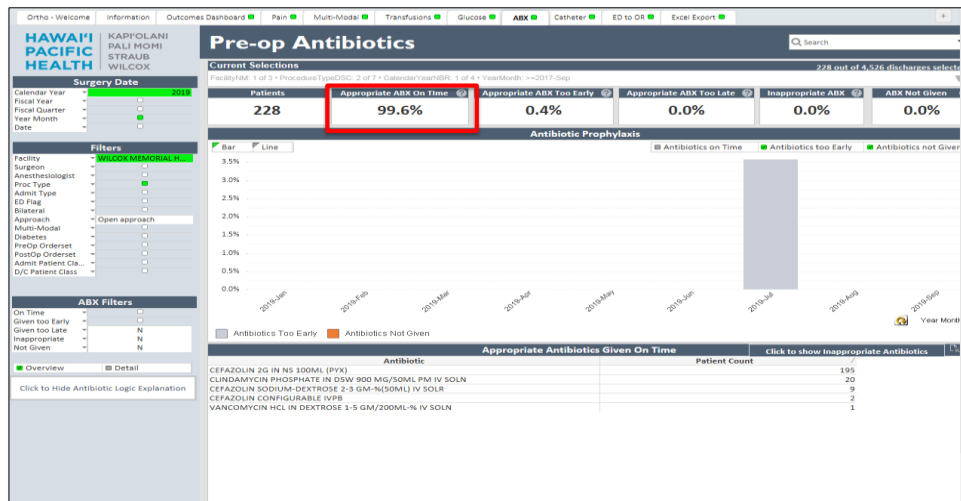
THA/TKA Post-Op Multimodal Compliance



THA/TKA Order Set Utilization



THA/TKA Pre-Op IV Antibiotics



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Pain Medication: Hip Fracture (MME trend)

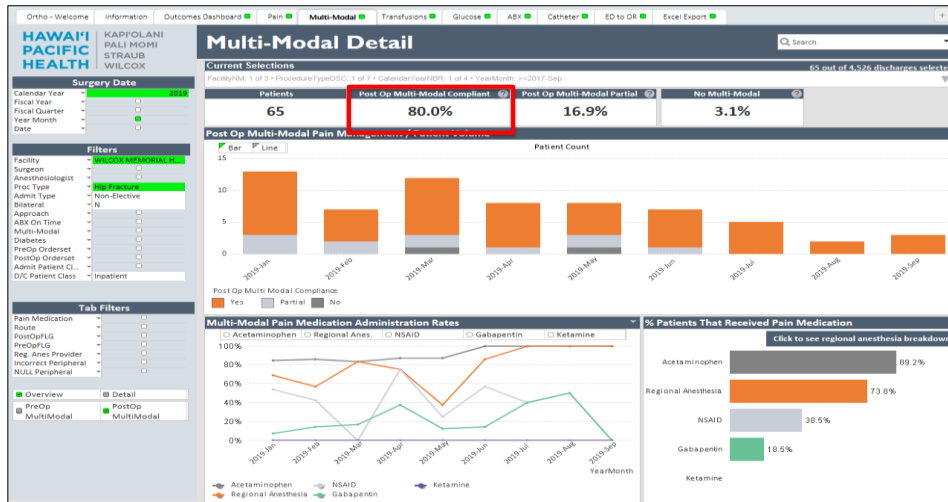


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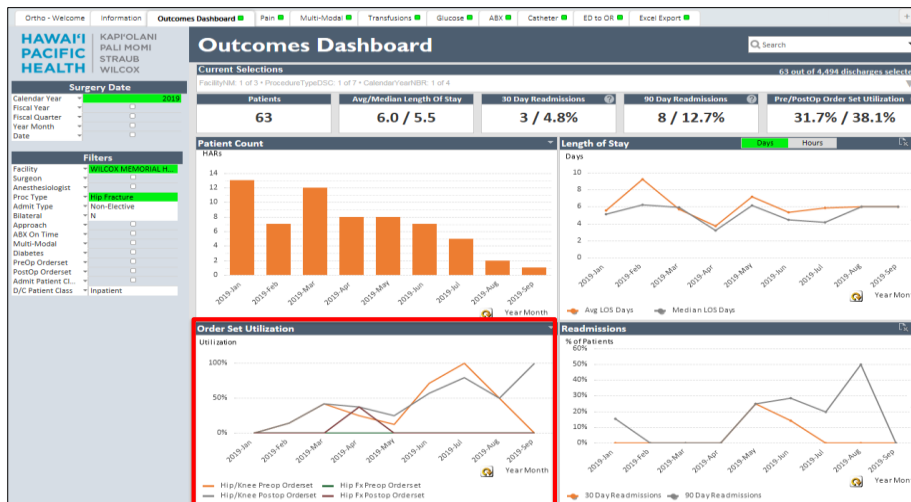
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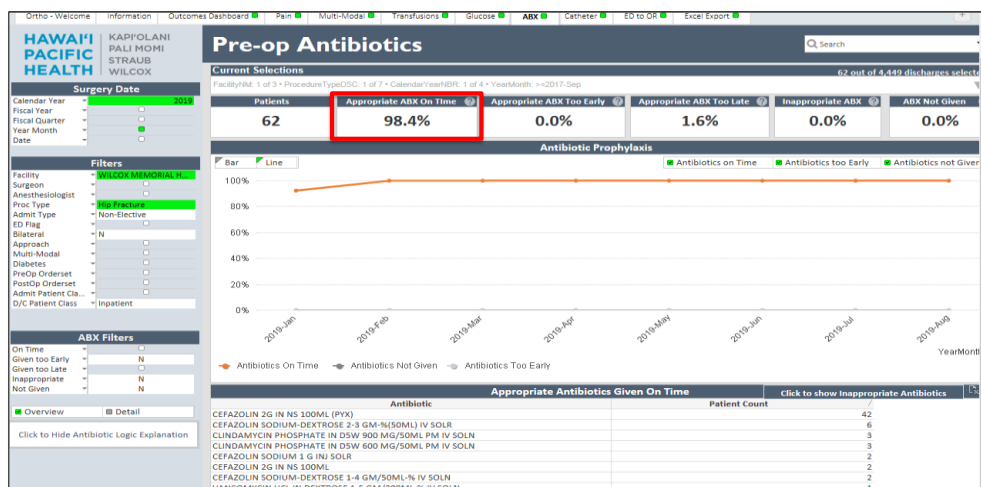
Hip Fracture Post-Op Multimodal Compliance



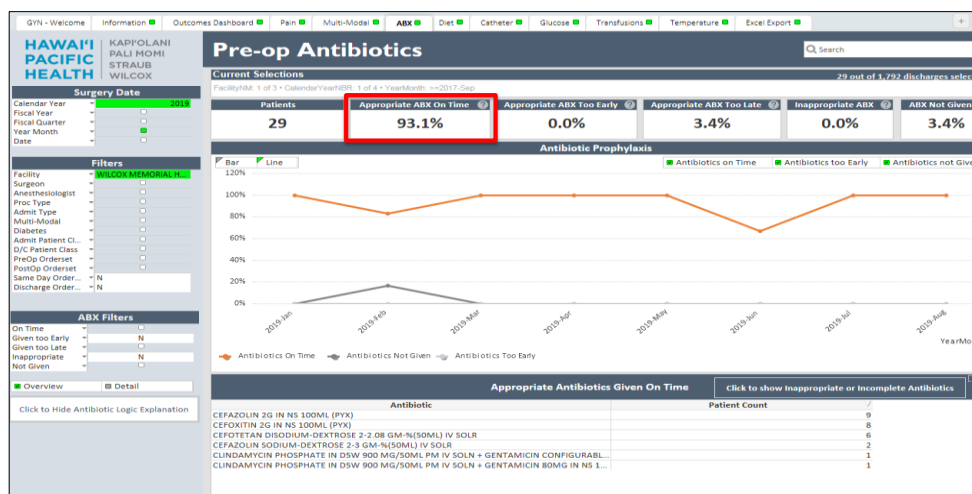
Hip Fracture Order Set Utilization



Hip Fracture Pre-Op IV Antibiotics



GYN Pre-Op IV Antibiotics





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