

Improving Surgical Care and Recovery Program

Wilcox Orthopedics Cohort

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HEALTH

WILCOX
MEDICAL CENTER 

ISCR Ortho Cohort Team

- Surgeon Champion- Dr. Judd
- Anesthesia Champion- Dr. Clark
- Pharmacy- Danita Narciso
- Dietary- Nicole Sievers
- PT/OT- Traci Ibara
- Project Lead- Lori Ingram RN (OR director)
- OR- Vicki Johnson RN
- Preop- Carole Ragasa-Beadle RN
- PACU- Apryle Rosa RN
- Med/Surg- Jennifer Makanaole RN
- Kevin Myrick- ER/ICU
- Senior Executive- Ann Foss-Durant CNE
- SCR/abstractor- Judy Boes RN
- Chris Meister- Ortho Service Line Director

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Baseline Data for Wilcox Hip Fractures

- Calendar year 2017 NSQIP Raw Data for Hip Fractures (CPTs 27236, 27244, 27245)
- 46 cases
- LOS mean- 7.1
- LOS median- 6
- 30 day readmission rate 6.5%
- Superficial SSI rate 0%
- Deep Incisional SSI rate 0%
- Organ Space SSI rate 2.2% (1 occurrence in 46 cases)

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Baseline Data for Wilcox Hip and Knee Replacements

- Calendar year 2017 NSQIP raw data for joint replacements
- 282 joint replacements
- LOS mean: 1.7
- LOS median: 1
- 30 day readmission rate: 3.9%
- Hips (CPTs 27125, 27130, 27132, 27134, 27137, 27138)
 - Superficial SSI rate 0.9% (1 occurrence in 112 cases)
 - Deep Incisional SSI rate 0%
 - Organ Space SSI rate 0%
- Knees (CPTs 27447, 27486, 27487)
 - Superficial SSI rate 0.6% (1 occurrence in 170 cases)
 - Deep Incisional SSI rate 0%
 - Organ Space SSI rate 1.3% (2 occurrences in 152 cases)

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Hip Fracture Metrics We Would Like to Improve

- Patient able to participate in PT/OT by POD 1
- First mobilization of greater than 10 feet or greater than 2 minutes POD 1
- Patient and family prepared for discharge at time of discharge

Hip Fracture Pathway Checklist Perioperative

Wilcox Medical Center

Patient

Hip Fracture ERAS Pathway Checklist

Addressograph

Date: _____

Perioperative			Comment / If No Reason Why	Signature
Pre anesthesia screening (EKG, appropriate lab)	Yes	No		
*Evidence of advanced care planning (health care proxy, living will, advanced directive, DNR)	Yes	No		
Preoperative education to set patient and family's expectations about surgery and recovery	Yes	No		
Patient evaluated for <u>preop</u> anemia with <u>Hct</u> and optimized for surgery	Yes	No		
Bathing in hospital with antibacterial soap or antiseptic agent	Yes	No		
Nose to toes protocol	Yes	No		
Consumed 10 oz Ensure Pre-op clear nutrition drink 2-4 hours prior to surgery	Yes	No		
Consumed creamy Ensure surgery <u>immunonutrition</u> shake as indicated by surgical nutrition screen score (if applicable)	Yes	No		
Multi-modal pre-anesthesia meds given. List: (Tylenol, gabapentin, scopolamine patch...)	Yes	No		
Glycemic control (glucose levels < 200 mg/dl)	Yes	No		
Surgery within 24 hours of fracture/ER arrival as patient condition allows	Yes	No		

Hip Fracture Pathway Checklist Intraoperative

Intraoperative	Yes	No	Comment/ if No Reason Why	Signature
Appropriate prophylactic antibiotic administered				
Standardized skin prep with alcohol based product				
*Regional anesthesia (epidural, spinal, lumbar plexus block, sacral plexus block, peripheral nerve block)				
Non opioid adjuncts				
Postop nausea and vomiting prophylaxis				
*Tranexemic acid administered perioperatively				
Avoid routine use of drains				
Normothermia maintained				

*Mandatory Variables

Also See Reverse

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Hip Fracture Pathway Checklist Postoperative

Postoperative	Yes	No	Comment/ if No Reason Why	Signature
Early alimentionation (solid diet POD 0)				
*First mobilization (> 10 feet or for more than 2 minutes)			Document date/time	
*Foley removal within 0-24 hours				
*Weight bearing as tolerated POD 0 (patient stood or walked on operative leg)			N/A if patient bed-ridden	
*Use of 2 or more multi-modal pain management (NSAIDS, Tylenol, Gabapentinoids, Ketamine, Lidocaine infusion, regional anesthesia) within 48 hours of surgery finish time				
Nursing strategies for prevention/management of delirium used <ul style="list-style-type: none"> • Assess pain/provide analgesia as needed • Mobilization POD 0 • Sensory aids as appropriate • Orient as needed • Continuity of nursing care • Plan of care that allows appropriate sleep-wake cycle • Explain procedures/ routine in simple terms • Encourage family visits 				
*Order for medical DVT prophylaxis to be continued at least 28 days postoperatively				
Nutritional Supplement if needed				
Discharge planning				

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Hip Fracture Pathway Checklist Postoperative

PT/OT (To be filled out by PT/OT)			Comment/ If No Reason Why	Signature
Patient is able to participate in PT/OT by POD 1	Yes	No		


Discharge (To be filled out by discharge RN)			Comment/ If No Reason Why	Signature
Patient and family prepared for discharge <ul style="list-style-type: none"> • Received hip fracture booklet • Watched emmi • Received discharge instructions • Questions answered • Follow up appointment 	Yes	No		
	Yes	No		
	Yes	No		
	Yes	No		
	Yes	No		

*Mandatory variables

Comments:

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Hip Fractures 2018

January 2018

- 3 cases TFN
- All 3 cases went to OR within 24 hours arrival in ER
- Average LOS 6.66 days (6, 9, 5)
- Discharged to SNF


February 2018

- 2 cases partial hip replacement for hip fracture
- 1 case to OR within 24 hours ER arrival, 1 case > 24 hours d/t coagulopathy
- Average LOS 5.5 days (6, 5)
- Discharged to SNF

March 2018

- 1 total hip replacement and 3 TFNs
- 1 case to OR within 24 hours ER arrival and 3 cases >24 hours (2 cases within 25 hours, 1 case within 30 hours)
- Average LOS 5.5 days (6, 3, 8, 5)
- 3 discharged home, 1 expired (comfort care)

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VTE Prophylaxis for Joint Replacements

- Wilcox orthopedic surgeons order ASA 81 mg BID x 6 weeks
- Danita Narciso (pharmacist) looked at ISCR website studies regarding ASA as VTE prophylaxis and did not feel that there was enough to support using 325 mg instead of 81 mg
- January 2018 SAR (data July 1, 2016-June 30, 2017) Wilcox was decile 1 in VTE (0 occurrences in 1006 ortho cases)
- Smoothed report for 2017 (January 1-December 31) showed Wilcox with 3 events in 971 ortho cases and an odds ratio 0.68 (1 vein thrombosis and 2 pulmonary embolus)
- Discussions were held at our ERAS operations meetings every 2 weeks and it was decided to stay with ASA 81 mg BID

