The Patient Journey

A Guided CarePath helps automate patient preparation and follow-up activities through the entire journey of a total joint replacement.
Surgery Readiness Survey

Take this quick poll to tell us how prepared you feel for surgery.

1. Based on your experience so far, how prepared do you feel for surgery?
   - I feel very prepared
   - I feel somewhat prepared
   - I feel somewhat unprepared
   - I feel completely unprepared
   - I am not sure

2. Please provide us with any comments:

   [Comments field]

   [Chart showing survey results from 2Q2013 to 4Q2013]
Total Joint Replacement

Improving Day of Surgery Efficiency and Throughput

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Let’s get acquainted
Did you know?

- On average, hospital surgical suites waste over 30% of their capacity due to inefficient processes.

- The average costs in the peri-operative services are 20% higher than they should be due to poor utilization of staff, equipment and supplies.

- CMS has reduced total joint surgeon’s professional fees by 36% since 1991.

- Total knee replacement surgery is projected to triple over the next 15 years, while the number of total joint surgeons is in decline.
Why is the surgeon grumpy?

- The average surgeon only spends 60% of their time performing surgery while in the OR.
- On average, only 70% of first surgical cases start on time.
- #1 surgeon complaint: Lack of a collaborative surgical environment.
Universal Issues

- Inherent Conflicts
- Patient Preparedness
- Surgical Start Time
- Case Efficiency
- Turn Over Time
- One Room or Two Rooms?
Inherent Conflicts - The Hospital Salute

- Pre-op Staff
- OR Team
- Anesthesia Team
- Surgeon
- Central Sterile
- Housekeeping
- Post-op Staff
- Product Rep
- Administration

Each person has the power to de-rail the day
Resolving Conflicts - Create an Operations Team

- All team members sit at the same table
- Each team member’s opinion is valuable
- Goals must be defined and understood
- Champions are empowered to institute changes
- Accountability is clear
Patient Preparedness

- Patients with many questions slow the process.
- Assure that the patient is well informed and knows what to expect.
- Everybody sings the same song.
- Don’t do anything on the day of surgery that you can do ahead of time.
Surgical Start Time

- You will NEVER make up lost time
- How is surgical start time defined?
- Does everyone agree?
- Paralysis by analysis
- Capitalize on your data

On time start decreases end of day overtime costs, case length, and need to use staff with a different skill set.
Pre-Op and Anesthesia drive the day’s success
Anesthesia needs to contribute to case order
Case Order can make or break the day
Case Efficiency
Teams should know their numbers

Track case efficiency:
- On time start accuracy
- In room to incision
- Turn over times
- Average case times
- Case volumes
- Block utilization

Hard data tells the story:
- Finger pointing doesn’t work
- Each OR team member must own their contribution
- Where are the roadblocks?
- Who needs help?
**Turn Over Time**

- Don’t make a mess
- Start clean up during closure
- Key team members take breaks during closure
- Enlist help
- Allow tandem work
Streamline your trays

Before SPD collaboration

After SPD collaboration
SPD cost savings = $105,000 annually

- Average cost to process a tray: $35.00
- 60% of the costs are related to labor

Sample model
- 500 total joint replacement cases per year
- Reduction from 10 trays to 4 trays

↓ Time and ↑ Efficiency = More cases
Post-op and Floor Staff play a part in OR efficiency

- Use only one order set
- Consistent block duration to decrease stay in PACU
- Beds sent from the floor
- Ice packs sent to the floor
- Consistent floor discharge time (11:00am) to prevent backups in PACU
To Swing or Not to Swing?

Established criteria for swing rooms:

- Surgeon has to increase 10% within first year
- 75% utilization of their current block
- Partner or first assist available to close case
- Patient safety not compromised
- Top 50% of their service line (volume)
## Typical OR Day - One Surgeon, One Room

<table>
<thead>
<tr>
<th>Start time</th>
<th>Case</th>
<th>Turn Over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>0724</td>
<td>Knee Arthroscopy</td>
<td>14 min</td>
</tr>
<tr>
<td>0805</td>
<td>Knee Arthroscopy</td>
<td>11 min</td>
</tr>
<tr>
<td>0906</td>
<td>Total Hip</td>
<td>24 min</td>
</tr>
<tr>
<td>1100</td>
<td>Total Knee</td>
<td>21 min</td>
</tr>
<tr>
<td>1305</td>
<td>Total Knee</td>
<td>Day end: 14:45</td>
</tr>
</tbody>
</table>
Typical O.R. Day- One Surgeon, Two Rooms

Room 1
- 7:30: Knee scope
- 8:50: TKA
- 11:00: TKA
- 1:15: TKA

Room 2
- 7:45: TKA
- 9:55: TKA
- 12:10: TKA
- 2:20: Hip fracture

Done at 2:50
Total Count for Day: 1 Knee scope, 6 Primaries, 1 Hip fracture
### Swing Room Model

Every team member knows their role and proceeds without prompting.
Team Building

• Each person can be the problem or part of the solution
• Every person has a contribution
• Each contribution has value
• Use a carrot instead of a stick-Incentivize your staff
Team Building - What works?
Are you kidding?!?

- Milkshake races
- Song games
- Pizza for Central Sterile, O.R.
- Mop stealing
- Floor Staff (every shift)
  - Muzzy Monday- Cookies
  - Tropical Tuesday- Fresh fruit
  - Wacky Wednesday- Candy
  - Thirsty Thursday- Soft drinks
  - Souper Friday- Soup/rolls
In Conclusion

• O.R. efficiency is a collaboration
• Empower team members to find solutions - recognize their efforts
• Break down barriers by leveling the playing field
• Find a way to work smarter not harder
• Everyone wants to do a good job and be appreciated
THANK YOU

Chautauqua Lake, New York