

HOW PERIOPERATIVE LEADERSHIP FITS INTO THE ORGANIZATION'S EPISODE OF CARE MODEL PLAN

Primary Investigators: Carolyn Hoenicke MSN RN CPAN, Lisa Hess MSN RN CNML, Mary Pat Gilligan DNP RN CNOR NEABC, Judi Conley MSN RN, Lori Vernon RN, R. Matt Schantz MD, Hamza Guend MD, Kathleen Wright MSN Premier
TriHealth, Cincinnati, Ohio

Introduction: Under the new Episode of Care payment model, payments are structured to better align incentives to promote high quality and efficient care. Healthcare providers are still paid fee-for-service(FFS), but they are held to a greater level of accountability for the cost of care delivered to their patients.

Identification of the problem: Perioperative Leadership recognizes that 2-3% of our population has the highest cost of care due to complex case management of comorbidities. Financial success will be based on clinical conditions that optimize patient care. For example initiating optimization pathways and risk stratification related to diabetes, hypertension, anemia, sleep apnea, frailty and nutrition, just to name a few.

EP Question/Purpose: To help align with episodic payment models our Perioperative Leadership is moving towards a perioperative surgical home model of care that begins with the decision for surgery and ends 90 days post discharge with a transition of care to the patient's Primary Care Physician.

Methods/Evidence: The pilot patient population for this model of care is our elective colorectal patient population. Patients are contacted by the optimization nurses in the clinic within 48 hours of the referral. Pathways for optimization are based on patient condition/ comorbidities and risk assessments. Early identification of discharge needs is completed during the optimization visit and communicated to inpatient care managers. The inclusion of a Care Management role within the Perioperative Surgical Home(PSH) assists with the transition of care beyond discharge and is an essential component.

Significance of Findings/Outcomes: At Trihealth, the perioperative surgical home team has seen improvement in postoperative outcomes. Early implementation of the PSH included 145 patients, demonstrated 7% improvement in readmission, decrease length of stay from 7.19 days to current average 4.38 days, a 64% decrease in surgical site infections and cost savings \$156,000 for the colo-rectal patients.

Implications for perianesthesia nurses and future research: The surgical home model will need to be rolled out to all surgical specialties seen at Trihealth with implementation of clinical pathways and a continued multidisciplinary approach to remove all barriers for quality care and outcomes throughout surgical episode.