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Chaos & Silos to Targeted Alignment – Organizing an Entire Total Joint Episode Across 6 Hospitals

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| Disclosures / Conflicts of Interest

The presenter has no real or perceived conflicts of interest related to this presentation

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| Learning Objectives

At the end of this session, participants should be able to:

1. Identify best practices for driving process improvement throughout an episode of care utilizing patient feedback, direct observation (Gemba activities), and process mapping
2. Determine an episode and a starting place to drive process improvement
3. Define the tactics to map a patient experience through an episode of care

Where are these 6 hospitals you speak of?

St. Luke's Health System - Idaho

Mission:

“To improve the health of people in the communities we serve”

- Not-for-profit
- No investors or stockholders
- Community ownership and governance
- Excess revenues are reinvested in people, facilities and technology
- Philanthropic support stays at St. Luke's and communities we serve in Idaho and Eastern Oregon



Key Facts & Figures

St. Luke's Health System

- Employees: **14,830** (Idaho's largest private employer)
- Physicians with privileges on St. Luke's Medical staff: **1,839**
- 8 Inpatient facilities: **1,005** licensed beds

Orthopedics at St. Luke's



6 hospitals &
2 surgery centers



12 clinics &
2 surgery centers



>142,000 clinic visits
>15,000 orthopedic
surgeries



64 Providers
(Physicians & APPs)



8,000 children served in
Orthopedics



5,000 Orthopedic
Urgent Care visits



Objective: Reduce Clinical Variation

*transform how we work to deliver on population health
by improving outcomes and lowering cost*

Perspective of Leadership: Focus on Value & Cost

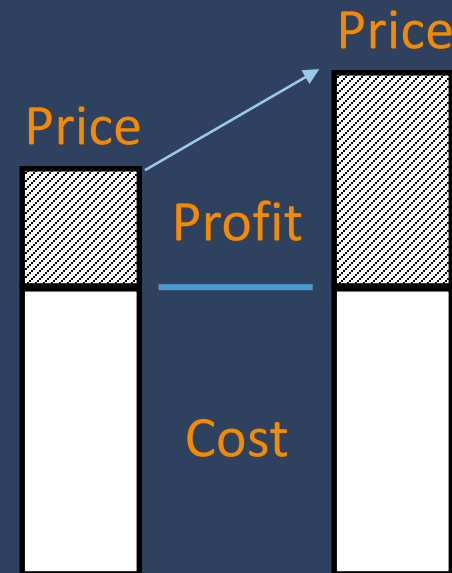
In order to maintain financial viability and success, we must examine our ability to deliver on 'value' including best clinical outcomes and optimal patient experience at the lowest reasonable cost.

Scope:

- Primary elective total knee and hip replacements

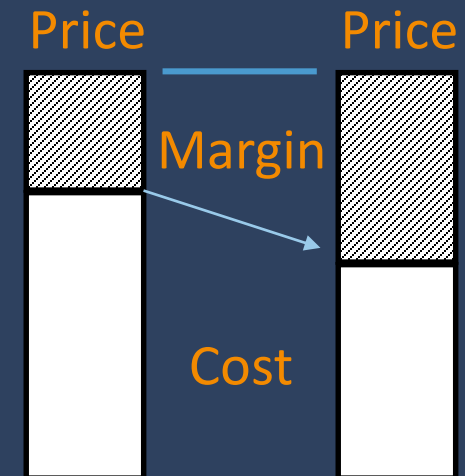
Vision:

- Within the Total Joint Episode of Care
 - Decrease variation
 - Increase coordination
 - Understand what this episode will cost the organization



Fee For Service

$$\text{Cost} + \text{Profit} = \text{Price}$$



Value Based

$$\text{Price} - \text{Cost} = \text{Margin}$$

Perspective of Physicians: The Patient Comes First

“I’ll standardize, as long as everyone does it the way I do it...”

“The patients that I see are sicker than those that my peers see”

“I’m not changing the way I practice just to save money...”

“I am frustrated every day in the Operating Room”

“My patient says they can get the same surgery cheaper somewhere else”

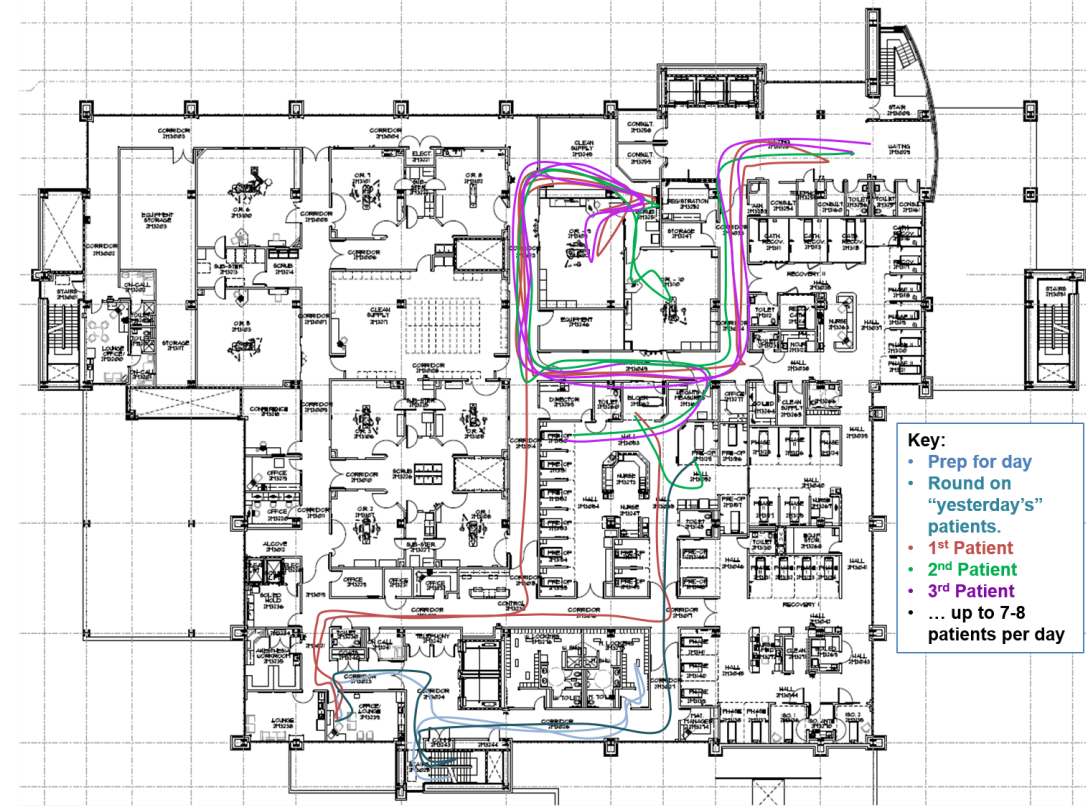
“Why do I have to keep explaining the same thing over and over again to my OR team?”

Go Look See

Spaghetti Diagrams (surgeon path)

We mapped, a lot...

- Builds trust and develops relationships
- Helps everyone communicate from the same place
- Allows experienced teams to quickly identify waste

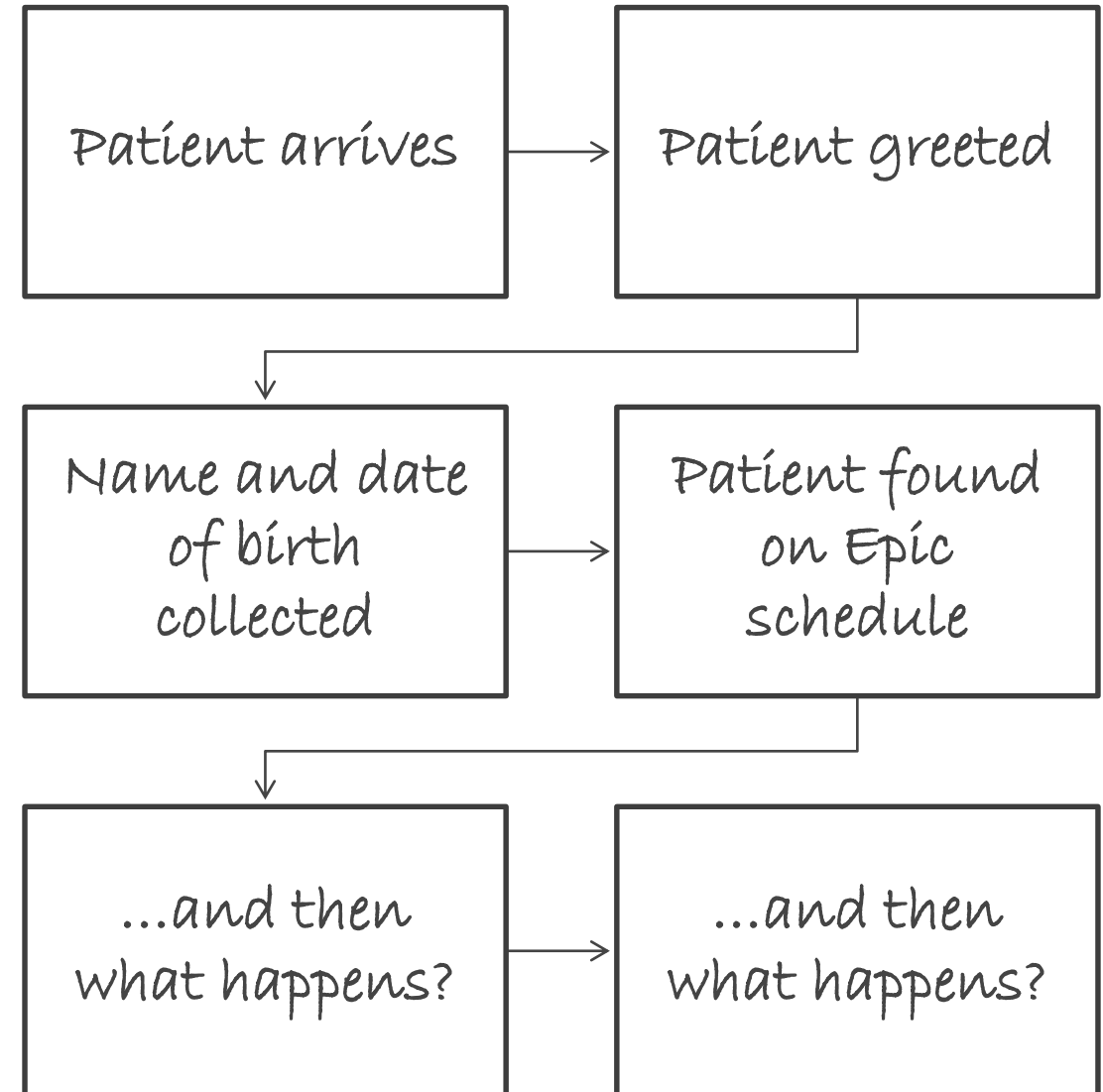


	1 st Patient	2 nd Patient	3 rd Patient	4 th Patient	5 th Patient	6 th Patient	7 th Patient	8 th Patient
POHA (sign H&P, Mark site, etc.)	1	2	6	13	14	21	22	26
OR	4	8	11	16	19	24	28	31
Notes & Orders	7	10	15	18	23	27	30	33
Family Update	5	9	12	17	20	25	29	32
Patients on Floor	3						Team Huddle	34

And we mapped some more...

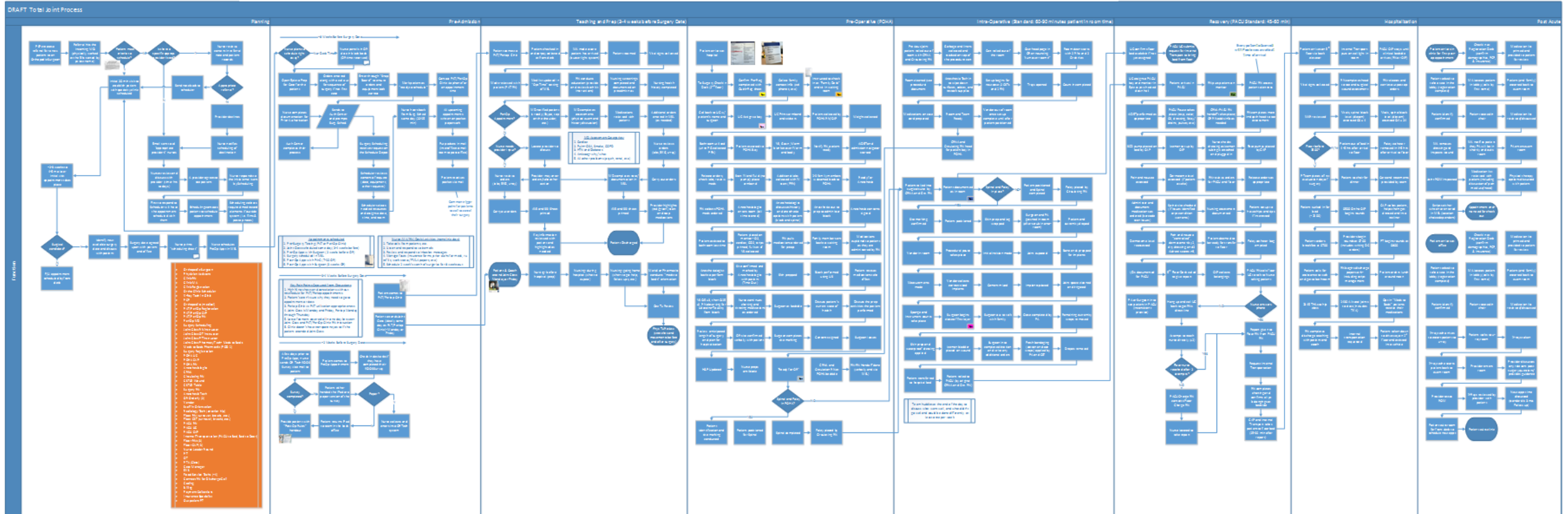
Patient Shadowing

- Keys to Shadowing
 - You can start at any phase of the process
 - Use PENCIL & PAPER!!! -> move to Post-It Notes
 - Capture time stamps, people (names and roles), etc.
 - Use your phone to take pictures of key elements
 - Create a relationship with the patient/family you are shadowing
 - Start where they are and then follow them the rest of the way through their encounter
 - It is important to VALIDATE what you captured
 - Patient
 - Providers (Physician/APP)
 - Staff



The Map We Created....

Ended up being massive...



| Guess what else was massive?

The number of individuals a patient will encounter during a **SINGLE** episode!

Orthopedic Surgeon	PAT/PeriOp RN	POHA RN	Radiology Tech	OT
Physician Assistant	PeriOp MD	Anesthesiologist	Float RN	PTA (Class)
Clinic RN	Surgery Scheduling	CRNA	Float CST	Case Manager
Clinic MA	Class RN	Circulating RN	PACU RN	EVS
Clinic Registration	Class OT	CST @ Wound	PACU UC	Food Service Techs (x4)
Ortho Clinic Scheduler	Class PT	CST @ Table	PACU CAP	Connect RN for DC Call
X-Ray Tech in Clinic	Class Pharmacy Tech	Surgery RN	Internal Transportation	Coding
PCP	Meds to Beds Pharmacist	Anesthesia Tech	Floor RNs (x3)	Billing
Orthopedist	Surgery Registration	OR Orderly (x2)	Floor CAP (x3)	Payment Collections
PAT/PeriOp Registration	POHA UC	Vendor	Nurse Leader Round	Insurance Specialist
PAT/PeriOp CAP	POHA CAP	Staff in Orientation	PT	Outpatient PT

Driving Improvement

Session 1: Focus on the "Hospital" side of the map

DRAFT Total Joint Process

Planning

Implementation

Teaching and Practice (4 weeks with Surgery)

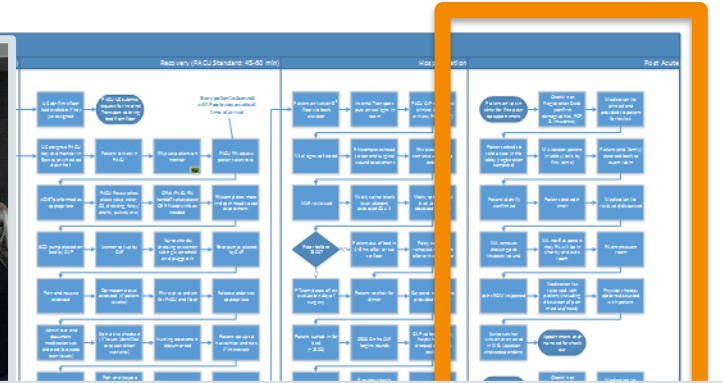


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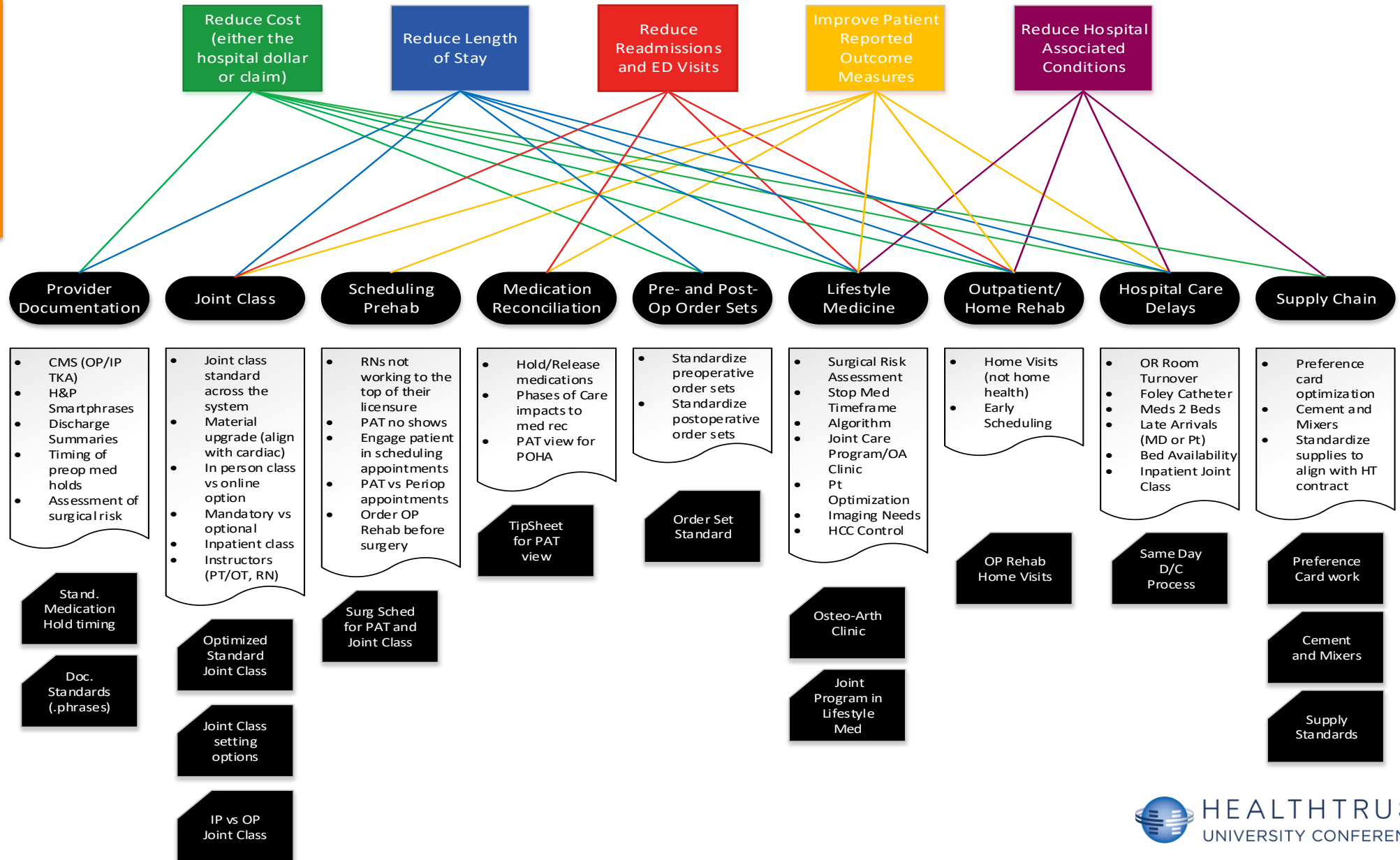
Driving Improvement

Session 2: Focus on the “Ambulatory” side of the map

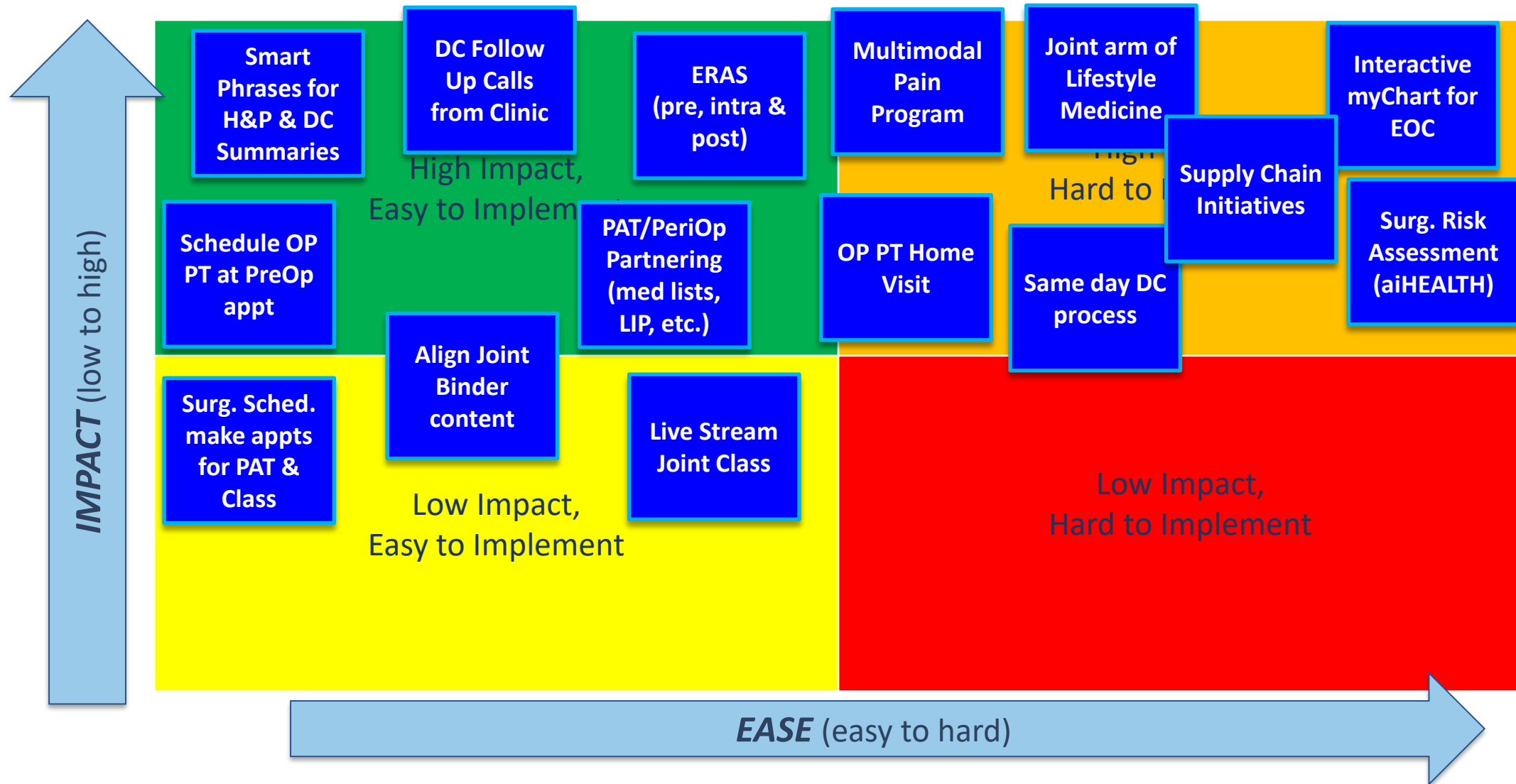


Defining our Episode of Care & Stakeholders

Based upon 356 Process Boxes and 493 Pain Points & Parking Lot Items



Ease/Impact of Implementation Matrix



2 Years Later.... The COVID virus came

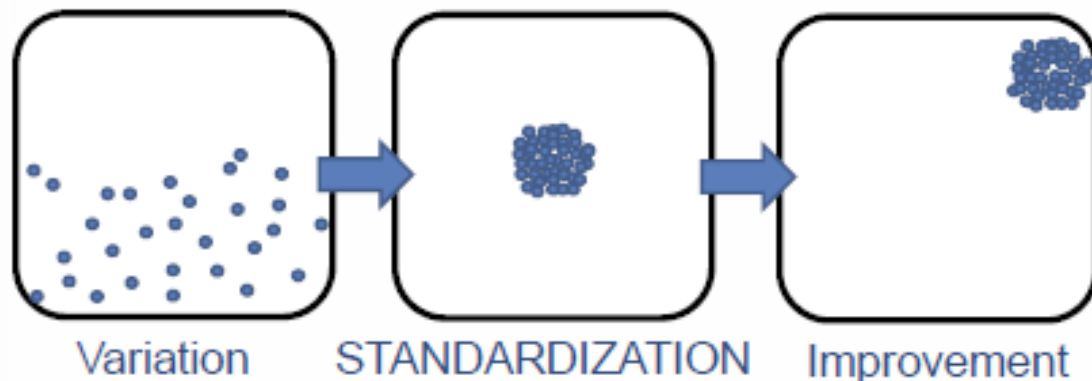
Chaos Is Everywhere as the Main ORs and Clinics Started to Close...

Directives started coming from Sr. Leadership:

- Deploy a Same Day Discharge Process in 3 hospitals in 6 weeks and....
 - We said, NO PROBLEM!!

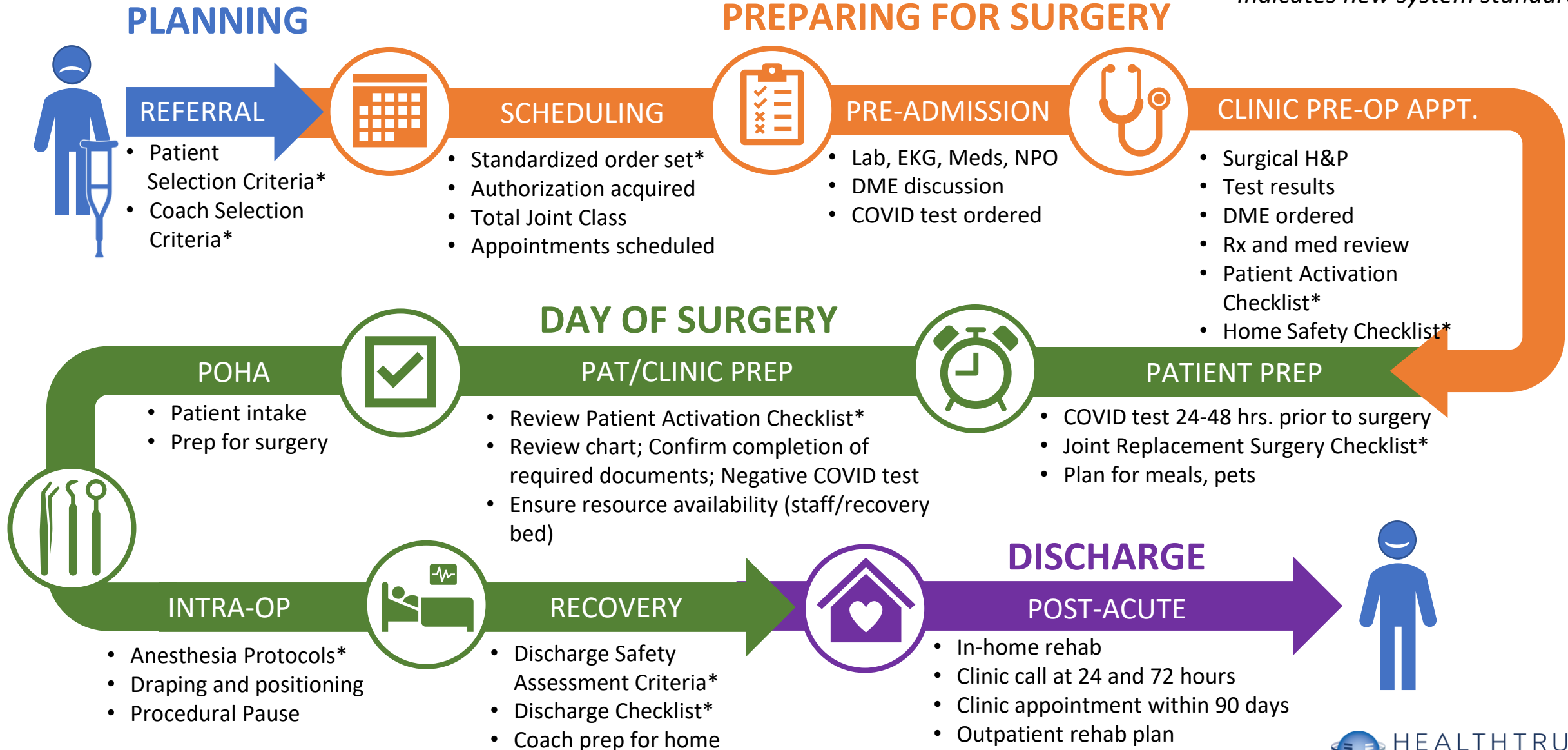
Because of our prior design work, our processes were standardized and our physicians and frontline teams were on board with process improvement.

... in short, we were living in a place where we could drive rapid process improvement because standardization already existed.



Hip & Knee Arthroplasty Same Day Discharge – The Patient’s Journey

* Indicates new system standard



| Conclusion

- Engage the entire team
- Validate your map
- Build relationships and support collaboration
- Maintain maps as improvements are made
- Engage patients in the process
- Dream big!



Thank you...

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