The Perioperative Surgical Home: A New Paradigm in a Surgical Episode of Care

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The Perioperative Surgical Home (PSH): A New Paradigm in a Surgical Episode of Care

INTRODUCTION

• A Perioperative Surgical Home (PSH) is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care for surgical patients.
• The PSH coordinates care and transitions from the decision to operate through the intra-operative course and return to primary care, using the anesthesiologist to coordinate care.
• The PSH model has been developed using the guiding principles of the PCMH, which focuses on coordinated care in the primary care setting.

OBJECTIVES

1. Enhance value and help achieve the triple aim of better patient experience, better health care, and lower costs
2. Provide consistent seamless care across the continuum
3. Process improvements to standardize care, make care more person-centered, improve communication across surgical episode stages and with primary care
4. Process and Outcome measures, including complications, patient experience, costs, etc.
5. Data collection from patient records including complications, patient experience, costs, etc.
6. Provide cost data pending

METHODS

• Target population: Patients undergoing urologic cancer surgery
• Collaboration between Departments of Urology and Anesthesiology January 2015–June 2016
• Quality improvement effort, focusing on each stage of the perioperative process: Pre-operative, intra-operative, post-operative and post-discharge

PSH: How is it Different? American Society of Anesthesiologists

SELECTED RESULTS (June 2015–May 2016)

CONCLUSIONS

• We have demonstrated that our PSH pilot is moving toward improved efficiencies, decreased waste, improved patient and physician satisfaction, and decreased cost of care.
• Collaboration and team work is paramount to starting and undertaking a QI project such as the implementation of a PSH.
• It is important to identify personnel who are engaged, motivated, enthusiastic, and reliable.
• It is a dynamic process and at every turn there is always more than can be done to improve the care of our patients, eliminate waste, and decrease costs.

FUTURE STUDIES

• Continuation of pilot will result in more robust process and outcome data
• Possible expansion to more urologic surgical procedures and other disciplines
• PCP Survey
• Integrating with ECO development
• Solidifying new processes to be the standard of care

DISCLOSURES

The authors have no financial disclosures.

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