# Building a Successful Outpatient Strategy

## For Total Joint Reconstruction

### HOW TO GET STARTED

DePuy Synthes

PART OF THE Johnson & Johnson FAMILY OF COMPANIES

# How to Get Started

## BEFORE YOU ASSEMBLE YOUR TEAMS, DETERMINE WHAT YOU WANT YOUR PROGRAM TO LOOK LIKE. SOME QUESTIONS TO CONSIDER WILL BE:

1. Are you building a pure outpatient program done in a freestanding surgery center with no connection to a hospital other than via ambulance and transfer agreement?
2. Does this freestanding facility have the ability to provide 23-hour care?
3. Are you building a program in a same day surgery center with access to inpatient facilities and overnight patient accommodations as needed?
4. Are you building an outpatient program within an inpatient setting?
5. Is the goal for patients to go directly home with home care nursing and physical therapy or to a skilled nursing facility for a pre-determined amount of time?
6. What are, if any, your state's licensing rules and regulations as it pertains to ambulatory surgery? I.e. is 23-hour care permissible in your setting?

## TEAM IDENTIFICATION

### 1. Identify appropriate personnel for Steering Committee and Operations Group.

The role of the **Steering Committee** is to identify the feasibility of the program; set the goals; establish timelines and monitor program performance at specified intervals. This group will continue to meet until the program is well established and accreditation/certification is achieved. This group is typically comprised of:

- Surgeon
- Anesthesiologist
- Director of Nursing
- Administrator
- Joint Coordinator

The **Operations Group** is responsible for assessing operating needs (supplies, staffing, education for patient and staff) and creating the workflow to support the program. This group is typically comprised of:

- Internist or Hospitalist
- Staff Nurse
- Data/Quality Leadership
- Physical Therapy
- Representative from Home Care Agency or SNF
- IT/Informatics

Who will lead the team? At a minimum, one of the two co-leads should be the surgeon or anesthesiologist. This person should lead/co-lead both groups.

## 2. Develop a list of names and contact information (email/phone) for each team member

### TEAM COMMUNICATION

1. Establish timeline for completion of current tasks, responsible person and targeted start date. For example:
   - Processes established, revised job descriptions and paperwork completed by: _____
   - Scripting for staff and physicians completed by: _____
   - Staff education and training completed by: _____
   - Staff recruitment, if needed, by: _____
   - First outpatient joint surgery by: _____

### REVIEW DATA

1. Review data collection tools.
   - Identify case volume of specific joint replacement procedures (total hip replacement, total knee replacement, unicompartmental knee replacements) performed in non-Medicare TJA patients over a specified time frame (1 year).
2. Which payers are your highest volumes?
   - If you are moving from the hospital to a separate outpatient surgery center, is your center in their network?
   - What are your current contracts?
   - What are true costs as well as facility costs for contracting?

### DEVELOP PATHWAY AND EDUCATIONAL / MARKETING MATERIALS

1. Collect any existing and/or relevant order sets, preference cards and care plans.
   - Review existing orders to provide a streamlined approach to care; standardizing eliminates variations in care and empowers staff to provide consistent care.
2. Collect any existing and/or relevant marketing and patient education materials.
   - Review existing materials and plan to communicate expectations with the team to achieve consistent care and communication to patients and families.
   - Review materials distributed to patients from the surgeon once their case is booked.

### PLANNING LOGISTICS

1. Schedule team meetings; frequency, location, dates, and time.
2. Develop presentation with facility-specific details for meeting.

## PATIENT EDUCATION PLAN

1. Determine how pre-operative education will be conducted.
2. Plan for multiple educational opportunities; identify a "Patient Coach" that will help facilitate the patient's recovery in the post-operative setting.
3. Consider that social factors play a large role in patient candidacy for outpatient surgery.
   - Who is at home to assist?
   - How many stairs to get into the home and in their living space?

## PATIENT HISTORY AND PHYSICAL VISIT (HELD WITHIN 2 WEEKS OF SURGERY)

1. Patients and coach present for visit.
2. Patients make post-op appointment.
3. All outpatient patients follow-up in one week and then again at 4 weeks.
4. Confirm plan for discharge from facility: home or SNF.

## PATIENTS GOING DIRECTLY HOME WITH HOME CARE:

1. Partner with a specific home care agency that you will refer the majority of your cases to.
2. Determine when and how frequently you want them to see your patient (Day after surgery in the morning?  PT to come 5 days/week?).
3. Create standard order sets.
4. Provide education to Home Care staff (RN and PT) and set expectations for services.
5. Orders should include:
   - Anti-coagulation
   - Pain medication protocols
   - Wound care and dressings
   - Physical Therapy /Occupational Therapy goals

Outline when to communicate with the primary care office and point of contact.

Require that the home care agency provide the patient with initial nursing assessment within 24 hours of discharge from facility (standard is 24–48hours).

Require that home Physical Therapy (PT) has the ability to see the patient 5 days/week inclusive of weekends, if needed.

## PATIENTS GOING DIRECTLY HOME WITH NO HOME CARE:

1. Instruct patient to identify Physical Therapy (PT) location and schedule post-surgery PT evaluation prior to surgery

## GENERAL OUTREACH CONSIDERATIONS:

1. How are you going to get the word out about your program?
   - Health fairs, lectures at senior centers and 55 and older communities.
2. How are you going to reach your younger patients?
3. Who are your main referrers? Educate your referrals on your new program. They may be reluctant to send a patient for same day total joint if they don't understand the program.
4. PCP outreach: this is critical as PCP can have privileges at skilled nursing facilities and often encourage their patients to go to specific facilities where they can be closely monitored. Additionally, many PCPs aren't aware that patients can be discharged to home safely with home care and PT.