Dr. Martinez, a physician anesthesiologist practicing in a 400-bed safety net hospital, has a problem. Her hospital is struggling to address high readmission rates for hip replacements, which lead to unfavorable patient outcomes and CMS imposed financial penalties. Like many safety net hospitals, Dr. Martinez’s hospital depends heavily on CMS reimbursements. Reducing readmission penalties is critical to the organization’s survival.

A hospital administrator has asked her to help solve the problem. Dr. Martinez wants to show her value, but she’s not sure what she, as an individual physician anesthesiologist, can do to improve the systemic problem of high readmission rates.

A PSH Story
Dr. Martinez has a problem:

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Dr. Martinez reads an article in the ASA Monitor about an anesthesiologist who collaborated with his institution’s perioperative team to implement ASA’s Perioperative Surgical Home (PSH) model. He and his team were able to improve standardization and practice improvement pathways which lead to a reduction in readmissions. Dr. Martinez realizes that the PSH model gives her the tools to champion the change she and the hospital administration want to see.

Dr. Martinez uses the tools of PSH to identify stakeholders who can help her implement changes and proposes PSH as a solution to the orthopaedic surgical team. As an anesthesiologist, Dr. Martinez is in an ideal position to lead the team and to coordinate care of the identified hip surgery patients within the PSH pilot.

Dr. Martinez and her team lay out their goals using guidance from the ASA-PSH resources and other organizations who have implemented a PSH pilot to locate standard order sets that could reduce potential variability in care. They use hospital data to better understand what happens from the moment it’s determined that a patient needs surgery, through recovery, to discharge and beyond. Throughout, they focus on how to address factors that contribute to high readmissions rates for patients undergoing hip surgery.

As they implement changes, an organizing committee—staffed by Dr. Martinez, an orthopedic surgeon, an administrator, and an OR nurse—helps coordinate care, identify and address inefficiencies, and share information with clinical and administrative team members via regular meetings and updates. For example, the team works together to create new pathways to implement more collaborative, timely, coordinated care that reduces complications and readmissions.

Change is never easy. Stakeholders are asked to move away from long-standing practices and to embrace current best practices in order to transform values, norms and the culture. But the perioperative team is persistent, and eventually their efforts pay off.

Dr. Martinez finds a solution:

The team’s efforts address the needs of the hospital administration and the patients the hospital serves, and their success is noted by leaders of other surgical lines. Dr. Martinez is recognized for her leadership in change management and creating organizational synergies. That recognition comes in handy when she renegotiates her contract with the hospital.

It’s a win for Dr. Martinez, the anesthesiologists, the orthopaedic surgeons, the hospital administrators, and, best of all, the patients.

Dr. Martinez’s hard work pays off:

Ultimately, the comprehensive and standardized approach to care that Dr. Martinez and her team implement decreases readmissions by 30 percent while increasing patient satisfaction. The changes also lead to a reduced use of opioids, supporting national efforts to combat the opioid epidemic.