

The Perioperative Surgical Home

The Perioperative Surgical Home (PSH) strives to achieve the triple aim of better health, better healthcare, and reduced expenditures for all patients undergoing surgery and invasive procedures. As a patient-centered, physician-led, interdisciplinary and team-based system, the PSH coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. The goal is for each perioperative patient to receive the right care at the right place and at the right time, with better patient satisfaction, fewer complications, and decreased costs.

Guiding Principles of the PSH

- Physician leaders drawn from the organization’s anesthesiologists, surgeons and hospitalists
- Cost-effective teams of nurse practitioners, physician assistants, and other personnel
- Consistent application across specialty lines of evidence-informed goals and leading practices
- Early identification of patients at high risk for perioperative complications, readmission
- Seamless tracking of patient progress before, during and after the episode of care
- Standardization of physician preference items to reduce supply costs
- Coordination of safe transition back to primary care
- Data collection: cost, quality metrics, patient satisfaction, outcomes
- Continuous improvement of performance, safety, efficiency.

Innovative Care Model

- Provide a portal of entry to the perioperative care pathway
 - Coordination process begins as soon as need for surgery or procedure is identified
 - Cost-effective pre-procedure testing and consultation
 - Begin discharge and transition planning *before* acute episode of care
- Stratify and manage patient populations according to risk factors
 - “Prehabilitation”: interventions to optimize preoperative condition
 - Identify patients who need specialized in-hospital and post-acute care: pain medicine consultation, ICU or step-down care, rehabilitation
 - Identify patients who need home care services to avoid discharge to a skilled nursing facility
- Evidence-informed, integrated clinical care before, during and after the procedure
 - Communication, documentation to ensure safe transitions between all phases of care
 - Efficient, consistent, safe operating room and procedural practices
 - Initiatives to optimize surgical recovery: multimodal analgesia, goal-directed fluids
 - Medication management and reconciliation throughout the episode of care
 - Multidisciplinary postoperative care with special focus on high-risk inpatients
- Continuous measurement and improvement
 - Patient-centered outcomes: satisfaction, return to prior or improved functional status
 - Internal efficiency outcomes: delays, cancellations, length of stay
 - Clinical and safety outcomes: complications, readmissions, post-acute functional status
 - Economic outcomes: total cost of episode of care, resource utilization
 - Continuous quality improvement: trends over time, satisfaction of stakeholders

References: www.asahq.org/psh

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