



Best Kept Bundle Secrets

ORTHOARKANSAS

POPULATION HEALTH DEPARTMENT

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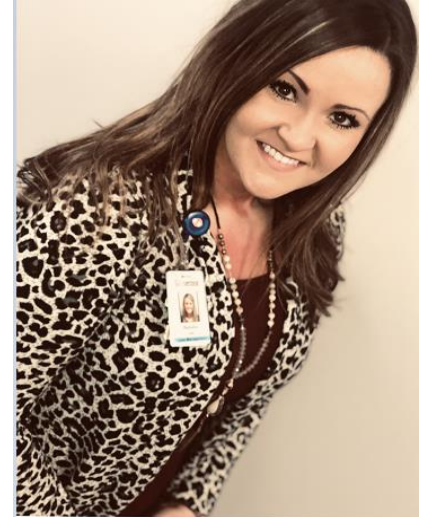
Best Kept Bundle Secrets

Natalie Martin BSN, RN Case Manager

OrthoArkansas #2 out of over 115 Physician Group Practices who use Fusion 5

- Resulted in savings of over 1 million dollars in the first reconciliation
- Anticipated savings of over 1 million dollars in the second reconciliation
- Where we started:
 - Department of 2 responsible for: 30+ surgeons, 5 bundle groupings, at 3+ hospitals
 1. Major Joint Replacement of the lower extremity
 2. Major Joint Replacement of the Upper Extremity
 3. Hip and Femur procedures except major joint
 4. Back and Neck except Spinal Fusion
(LAMINECTOMIES/DISCECTOMIES)

Dropped: Spinal Fusions and Lower Extremity and Humerus Bundles



Best Kept Bundle Secrets

Natalie Martin BSN, RN Case Manager

- How we grew:
 - You can't do 100 things well
- Where we are now:
 - Team of 4
 - TRUE Preferred Providers
 - Bi-annual Preferred Provider meetings
 - SNF/HH

Best Kept Bundle Secrets

- Agenda:
 - Natalie- Intro/Background
 - Camilla- “The Most Productive Habits”- Methodized Care
 - Labray- “How to pull the weeds”- Episode Specific Information
 - Dena- Focus on the “CI” in BPCI- Care Transitions
 - Guest- Brad Dawson- Post-Acute Perceptions v/s Reality
 - Closing



Camilla Massey, BS Care Coordinator

- Bachelor of Science in Health: Community and Public Health, 2016
- Joined OrthoArkansas on July 10, 2019



“The Most Productive Habits” - Methodized Care

Camilla Massey, BS Care Coordinator

- Follow-up calls on a program customized timeline in eFusion
- Identify and filter elective BPCI patients from EMR report
- Screen and resolve incoming calls from BPCI patients
- Triage to clinical staff and physicians
- Weekly surgery report of potential BPCI cases to physicians and team



“The Most Productive Habits” - Methodized Care

Camilla Massey, BS Care Coordinator

An evaluation a day keeps the bad outcomes away...

- Examine Operations
- Result Focused
- Confirm consistency in protocols and expectations of program
- Identify barriers and Adequately utilize resources
- Channels of communication-

Labray Merkel, BS Social Services Facilitator

Bachelors of Psychology 2009

BPCI since 2013 with 3 of OrthoArkansas surgeons

- BPCI-Classic from 10/2013-10/2018
- CJR from 4/2016-10/2018
- Lung Cancer Prevention Program
- CHF Program

BPCI-A since program began 10/1/2018



“How to pull the weeds!”- Episode Specific Information

Labray Merkel, BS Social Services Facilitator

- Inpatient/Outpatient Status
 - IP/OP status can change at any given point (an outpatient procedure could be converted to inpatient) and will determine if they are/are not bundle depending on which episodes you are at risk for.
 - ALWAYS check IP/OP status at DISCHARGE!
- Daily chart reviews for all patients
 - Is a patient requiring a prolonged hospital stay, why? (BP/mobility/maintaining WB status/urinary retention)
 - Inpatient physical therapy notes
 - Is this an OP procedure that has been converted to IP?
 - Review inpatient case manager's discharge plan
 - Are they high risk? Do they need more frequent phone calls post op?
- Know your protocols at Discharge
 - Discharge disposition
 - DVT prevention medication
 - Meds to stop- Patients often do not read their discharge summary and may have conflicting medications
 - Weight bearing status (WBAT/PWB/TDWB/NWB)
 - Ortho f/u apt and/or any medical apts necessary post op

Dena Sherman BSN, RN, ACM Case Manager

- Certified ACM Case Manger
- Case Managing in 2013- with BPCI-Classic
- Orthopedic Case Manager for over 7 years
- Case Manager at the largest hospital in Little Rock 3 years before coming to OrthoArkansas



Focus on the “CI” in BPCI

Dena Sherman BSN, RN Case Manager

Initial In-Patient Hospital Interaction- Transition to Appropriate Level of Care:

- Hospital Case Management Staff
 - Education on BPCI
 - Correct Misconceptions
 - Build Relationships and Trust
 - Set Discharge Expectation
- Patient/Family
 - Education on BPCI and delivery of Beneficiary Notification Letter
 - Education on common PO complications and how to prevent them
 - Involve pt/family in setting discharge goals and expectations
 - Emphasize Advantages to patient

Focus on the “CI” in BPCI

Dena Sherman BSN, RN Case Manager

Skilled Nursing Facility Interaction- Safe Stay and Appropriate Discharge Date:

- Skilled Nursing Facility Staff
 - Education on BPCI
 - Establish Point of Contact (Director of Nursing/Director of Therapy/Etc)
 - Build Relationship/Trust
 - Set Expectation on Appropriate Discharge
 - Therapy/Care Requests
- Patient/Family
 - Set Expectation on Appropriate Discharge

Owner/Contractor Brad Dawson, OT- Elite Home Health



Thank you!

<https://www.orthoarkansas.com/>

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