

# IHI Community Demonstrates Power of Collaboration, Data and Process Analysis

As members of an ACO, we understand the power of the network. The more we connect, share, and collaborate, the more we can learn from one another and improve outcomes. A good opportunity for this is with our Straub Clinic & Hospital colleagues participating in the recent Institute for Healthcare Improvement (IHI) joint replacement learning community. HHP orthopedists at Straub made big strides in improving the quality and safety of hip and knee replacement surgery by reducing use of blood products, spinal anesthesia and Foley catheters.

## HERE'S HOW THEY ACCOMPLISHED IT:

In 2014, 32 provider organizations from across the globe joined together to form the IHI learning community and focus on measuring and improving outcomes and costs for knee and hip replacements. To be eligible for participation, organizations were required to perform at least 200 joint replacement procedures per year based on Medicare volume, indicate senior-level commitment to improving the value of care, and staff the project team. While the largest organizations in the collaborative performed over 4,000 joint replacements per year, approximately 30 percent had 500-700 cases per year.

Straub's multi-disciplinary team included Dr. Cass K. Nakasone and staff from Clinical Operations, Quality and Patient Safety, and Finance. IHI faculty coached them on continuous improvement, rapid-cycle testing and outcomes measurement (clinical and patient-reported outcomes), while faculty from the Harvard Business School worked with the organizations and taught them how to measure their costs of care using Time-Driven Activity-Based Costing (TDABC). Through collaboration with the IHI learning community, Straub was able to compare costs, outcomes, processes and best practices to identify opportunities to improve through streamlining workflows, implementing best clinical practices, and implementation of evidence-based tools.



The desired outcome of the project was to leverage the collaborative learning opportunity to identify high-value practices (as defined through costs and outcomes) to create a path for performance improvement in a way that could reduce cost and improve quality and value for joint replacement patients at Straub.

## Planning and Preparation

The team first provided IHI with baseline metrics for joint replacements, including total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).

Based on their initial assessment, they identified inpatient stay and post-op discharge as the areas with the highest potential for improving performance.

During the first learning session held in January 2014 in Boston, members of the team learned how to apply the TDABC methodology - a bottom-up approach to costing patient care combined with process mapping a patient's joint replacement experience - to identify opportunities for cost improvement and efficiency and revealing operation complexity.

## Planning and Preparation (continued)

Over the next few months, the Straub team met with various teams to create the process flow maps to reflect the existing state of operations. Below are some examples of outcome measures tracked during the implementation process:

- **Patient demographics**
- **Length of stay**
- **Hospital readmissions**
- **Hospital-acquired infection post-op rate**
- **Venous thromboembolism post-op rate**
- **Blood use**
- **SCIP core measures**
- **Patient satisfaction**
- **Operating room time**



Straub was provided data that depicted how each organization within the learning community compared to each other. From this data, Straub was able to learn from high-performing organizations.

## Implementation of High-Value Opportunities and Outcomes

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- **Streamline the pre-op process using video.**
- **Migrate to general anesthesia (utilizing spinal anesthesia for patients for whom it is clinically indicated).**
- **Adopt evidence-based best practices for blood conservation and pain control (tranexamic acid and Exparel).**
- **Use IV-acetaminophen for non-opioid pain control.**
- **Establish upfront expectations of discharge date.**
- **Create an evidence-based early inpatient rehab referral process.**
- **Implement bedside discharge medication delivery.**
- **Decrease Foley catheter usage.**
- **Improve physical therapy initiation on post-op Day 0.**

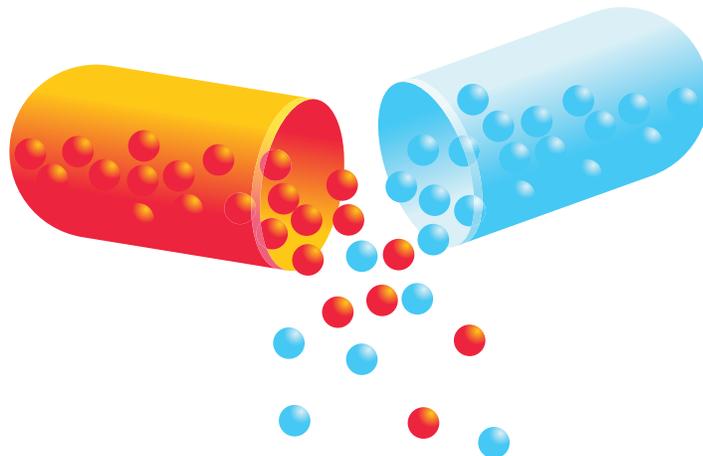
## Implementation of High-Value Opportunities and Outcomes (continued)

Upon returning from Boston, the team immediately began working on improvements. They have significantly reduced the use of spinal anesthesia and Foley catheters, and virtually eliminated the use of blood during joint replacements, while also cutting costs (outcomes for the end of October 2014 had already revealed a savings of approximately 2.5 percent). The team continues to work on implementing improvements and extended the IHI project through 2015 (with fewer participants).

This is just one example of how our patients across the HHP network can benefit when we learn how to do something better and then share it. We are our own learning community.

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### MEASURE OF THE MONTH: Make Sure Stroke Patients Get Their Statins!



#### **MEASURE: Percentage of Included Patients who were prescribed statin medication at hospital discharge.**

**WHY THIS MEASURE MATTERS:** Approximately 25 percent of the 795,000 strokes that occur each year are recurrent events. Evidence-based medicine shows that prescribing a statin at discharge prevents both recurrent ischemic stroke and other major, primary cardiovascular events. Unfortunately, some patients go home without a statin, and many discontinue the medication within 3-6 months of their stroke. While this HHP measure applies to hospitalists and neurologists who treat stroke patients in the hospital, primary care physicians and medical subspecialists should also be aware of the data and the importance of keeping stroke patients on a statin, in addition to other preventive measures for CVD including exercise, appropriate diet, blood pressure control, and smoking cessation.

From the **AMERICAN HEART ASSOCIATION:**

“Although prevention of second stroke was not the primary aim of any completed study, some studies included subjects whose primary reason for entry was stroke. Multiple studies have shown that statins reduce risk of stroke in those with coronary artery disease and elevated total or low-density lipoprotein (LDL) cholesterol. Recently, the Heart Protection Study showed that simvastatin 40 mg/day reduced the risk of stroke by 25% among patients with coronary artery disease, other occlusive arterial disease, or diabetes. In the subgroup enrolled with prior ischemic stroke or transient ischemic attack but no coronary artery disease, the risk of major vascular events (coronary events, stroke, or revascularization) was reduced by 21% (absolute risk reduction, 1% per year; number needed to treat 102 to prevent 1 event each year). Benefits persisted in those with LDL <116 mg/dL or total cholesterol <193 mg/dL. A meta-analysis also shows that the benefits of statins in reducing the rates of stroke and cardio-vascular events is independent of cholesterol levels and occur with other statins. Given early benefits in trials of acute coronary syndromes, statin initiation during hospitalization for first ischemic stroke of atherosclerotic origin is probably justified and may increase rates of long-term use. Results of the ongoing SPARCL trial will provide additional information about the role of statins in the minority of patients with prior stroke but no history of coronary heart disease, other occlusive arterial disease, or diabetes.”

For more information on how to achieve points for this measure, see page 9 in the HHP 2015 Program Guide for Physicians.

*Questions or comments about this measure? Best practices to share? Email HHP Marketing Manager Brian Driscoll at [brian.driscoll@hawaiiipacifichealth.org](mailto:brian.driscoll@hawaiiipacifichealth.org) to share with the HHP team.*

# Kaua'i Annual Meeting - We Hope You'll Join Us

## Aloha, Kaua'i Members!

Our Second Annual Membership Meeting on Kaua'i is Nov. 5, and we wanted to take a moment to encourage you to attend. The meeting is an opportunity to learn, provide feedback, and play an active role in shaping the future of our organization. This is your organization. It's why we call ourselves "physician-led," and that means each and every one of you. Want to define your future? Be a part of the solution. Come to the meeting.

We urge you to come prepared with any questions you have for us. Click here for a helpful question form and bring it to the meeting or submit it beforehand by sending it to [info@hawaiihealthpartners.org](mailto:info@hawaiihealthpartners.org). Any questions not addressed at the membership meeting will be answered during upcoming town meetings, in our monthly member newsletter, and/or through our various other member communications.

We hope you'll join us Nov. 5 and play an active role in setting the course for our next year and beyond.

Mahalolo!

**Gerard Livaudais**

**Dale Glenn**

**Liana Peiler**

*The Hawai'i Health Partners Board of Managers and Administration Invite you to attend the*

## HAWAI'I HEALTH PARTNERS SECOND ANNUAL MEMBERSHIP MEETING

### RSVP NOW!

**THURSDAY, NOVEMBER 5, 2015**

5:30 - 8:00 P.M.

**WILCOX MEMORIAL HOSPITAL, CONFERENCE ROOM**

3-3420 Kuhio Highway, Lihue, Kaua'i

#### JOIN US FOR THIS OPPORTUNITY TO:

- Learn about the changing health care landscape in Hawai'i and how it will impact your practice
- Ask questions about the organization and what's planned for the future
- Network with members and exchange practice innovation ideas
- Share in planning the future of your physician organization

## SPEAKERS



**RAYMOND P. VARA, JR.**  
President & CEO  
Hawai'i Pacific Health



**GERARD LIVAUDAIS, MD, MPH**  
Executive Director



**DALE GLENN, MD**  
Medical Director

### BUFFET DINNER INCLUDED

For more information, or to RSVP now, please call **808-522-3469** or email [conference@hawaiipacifichealth.org](mailto:conference@hawaiipacifichealth.org)

## HHP WELCOMES NEW MEMBERS

Hawai'i Health Partners would like to welcome the following individuals who were recently appointed by the HHP Board of Managers as new members to the organization:

- **Kimberly K.A. Jinbo, OD**, Optometrist, Straub Clinic & Hospital
- **Kenneth, C.M. Lee, MD**, Ophthalmologist, Straub Clinic & Hospital
- **Paulina K. Buraczynski, MD**, Pediatrician, Kapi'olani Medical Specialists