Kaiser Permanente’s Patient-Centered National Total Joint Replacement Initiative (NTJRI)

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No Disclosures / Conflict of Interest
Session objectives

- Describe how Kaiser Permanente designed and spread its National Total Joint Replacement Initiative (NTJRI) practices, and improved performance in multiple regions
- Consider how this program relates to other spread and/or home recovery programs
- Focus on the patient experience with NTJRI and what patients value about this program
Overview of today’s presentation

- Kaiser Permanente Overview
- NTJRI Overview
- Kaiser Permanente Balanced Approach to Quality (Safe, Timely, Effective, Equitable, Efficient, Person-Centered)
- NTJRI Achievements and Opportunities
Fast Facts About Kaiser Permanente

- **22 K + physicians** deliver high-quality care to Kaiser Permanente members
- **12.3 M people** get care + coverage from Kaiser Permanente
- **$79.7 B** revenue
- **217 K + employees** improving the health of people + communities
- **41 Hospitals** + **690 Medical Offices**
- **58 K + nurses** are at the center of our care
NTJRI – ‘True North’ Goals

- Patient-driven
- Maintain/Improve Balanced Approach to Quality (safe, timely, effective, efficient, equitable, person-centered)
- No ethical, quality, safety, or regulatory conflict
- Scope is defined and reasonable
- Ease of implementation
- Confluence with mission and strategies/initiatives
- Applicable across Kaiser Permanente regions, balancing standardization with local needs
- Use performance improvement methods to support a learning organization
NTJRI is a result of collaborative efforts across Kaiser Permanente regions, and their work to spread, adapt and adopt the successful practices in improving the value and experience for our patients and care teams with elective joint replacement procedures.

- NTJRI inter-disciplinary teams have been innovating care for decades.
- Recent innovations have led to shifting of the total joint patient recovery from the hospital to home.
- NTJRI was elevated to a national initiative in 2016.
- Significant improvements have been made across the organization.
Leveraging the Science of Improvement

Q1 2016
National leaders defined total joint replacement as an opportunity to further improve

Q2 2016
Cross-regional team established; scans regions for effective practices

Q3 2016
National total joints clinical team reviews collected practices; prioritizes what to spread; defines 3 pathways

Q4 2016
Complete national implementation guide; develop dashboard; Complete regional gap analysis and action plans

2017 and beyond:
Monitor adoption monthly / quarterly at the regional / national level; further develop data and dashboard; re-evaluate Gap Analysis; barrier-busting to support implementation program-wide
# NTJRI Program Overview (aka ‘Playbook’)

<table>
<thead>
<tr>
<th>Patient &amp; care team share decision making about optimal pathway based on standard criteria</th>
<th>Pre-Op</th>
<th>In the Hospital</th>
<th>At Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-op visits</td>
<td>Patient &amp; Family Education</td>
<td>OR teams, ERAS: Protocols, pain, blood, infection prevention, DVT prophylaxis, PT/OT clear for discharge with criteria</td>
<td>Optimized Post-Op Pain Protocol</td>
</tr>
<tr>
<td>Home Safety Evaluation</td>
<td></td>
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</tr>
</tbody>
</table>

### Home Recovery
(0 nights for patients who opt in and qualify)

- ✓
- ✓
- ✓
- ✓
- ✓
- Consider Ambulate and Discharge from Recovery
- ✓ If patient has drains

### Hospital Recovery
(1 night in hospital is standard)

- ✓
- ✓
- ✓
- ✓
- ✓
- Ambulate post-op, cohort patients in hospital
- ✓
- ✓
- ✓
- ✓

### Extended Recovery
(2+ nights in hospital for complex patients)

- ✓
- ✓
- ✓
- ✓
- ✓
- Ambulate post-op, cohort patients in hospital
- ✓
- ✓
- ✓
- ✓

### Program Infrastructure

- ✓ Multidisciplinary Total Joint Team oversees total joint program.
- ✓ Total Joint Case Manager is patient’s single point of contact; manages patient through the program.
- ✓ Scheduling Practices optimized for efficiency (Surgery, OR, outpatient appointments)
- ✓ Hospital Based Specialist and Orthopedics service agreements for Extended Care patients
  - 24 x 7 contact person post discharge (consider)
  - Joint Commission Certification in Total Joint Excellence (consider)
Communication on Behalf of Kate Koplan, MD, National Permanente Quality Leader of the National Total Joint Replacement Initiative (NTJRI) and Members of the NTJRI Steering Group

NEWSLETTER
National Total Joint Replacement Initiative

Dear Clinical and Operational Leaders,

As you already know, the National Total Joint Replacement Initiative (NTJRI) is one of several areas where Kaiser Permanente is working to improve value for our patients and staff and increase consistency in care and experience through standardization of proven successful practices. Total joint care teams have been innovating care and improving quality outcomes for years. Recent innovations have led to shifting total joint recovery from the hospital to home. The National Total Joint Replacement Initiative is a result of collaborative efforts across Kaiser Permanente, and our efforts to spread, adapt and adopt the successful practices in shifting recovery from the hospital to home. Our primary goal is to proactively engage patients and family members through our continuum of care to ensure high level of satisfaction with experience and clinical outcomes. We will be sending regular memos, such as below, over 2017 to support Regional improvement efforts, and to keep appropriate stakeholders informed.

Program-wide Reporting and Analytic Efforts

To support implementation of the NTJRI, a high-level dashboard of key measures, based on recommendations from clinical and operational leaders, and the total joint inter-Regional measurement workgroup, was created. The dashboard provides information on elective total joint replacement volume, average length of stay, 7-day ED and UC return, and 30-day readmission rates according to 0 day, 1 day, and 2+ days patient length of stay. The report includes primary, elective, unilateral knee and hip TJR surgeries. Much of this data is from the already established National Implant Joint Registry. More detailed dashboards, including process data, for
# NTJRI Key Measures (Balanced Quality Dashboard)

<table>
<thead>
<tr>
<th>Quality Focus</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Safe/Effective</td>
<td>30 Day All-Cause Unplanned Inpatient Readmission Rate</td>
</tr>
<tr>
<td></td>
<td>7-Day Emergency/Urgent Care Visit Rate</td>
</tr>
<tr>
<td>Efficient</td>
<td>ALOS Hours</td>
</tr>
<tr>
<td></td>
<td>LOS Distribution by # Midnights</td>
</tr>
<tr>
<td></td>
<td>0 night (volume and percentage)</td>
</tr>
<tr>
<td></td>
<td>1 night (volume and percentage)</td>
</tr>
<tr>
<td></td>
<td>2+ nights (volume and percentage)</td>
</tr>
<tr>
<td>Person-Centered</td>
<td>Provider Satisfaction</td>
</tr>
<tr>
<td>Person-Centered</td>
<td>Patient Satisfaction</td>
</tr>
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</table>
Patient Feedback: NTJRI Episode of Patient Satisfaction Survey & Patient Panel Results

Prior to Procedure
- Provider related rated highly
- Improvement opportunities in access-related areas

Peri-Op
- Providers gave easy to understand explanations about each step of the care
- Pain was effectively managed while at the facility
- Vast minority of patients reported not feeling ready to go home

Recovery
- Patients received information re: pain management and who to call re: symptoms and concerns
- Almost a quarter of patients experienced major surprise
- Home health & physical therapy had similar ratings in domains of timeliness and quality

Plus:
- Quality of Life (many wished they’d done surgery earlier)
- Care Coordination (strong desire for easy way to contact surgeon’s office before and especially after)
## Learning from Physician Experience with NTJRI: Key Improvements and Opportunities

<table>
<thead>
<tr>
<th>Progress of reduced LOS part of initiative</th>
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<tbody>
<tr>
<td>• Self-reported percentages of patients with a planned length of stay (LOS) of 0-1 days</td>
</tr>
<tr>
<td>• Familiarity with own region’s LOS goals</td>
</tr>
<tr>
<td>• Comfort with a planned LOS of 0 days</td>
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<table>
<thead>
<tr>
<th>Progress of coordination and support systems part of initiative</th>
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<tbody>
<tr>
<td>• Perception of coordination</td>
</tr>
<tr>
<td>• Perception of other roles</td>
</tr>
<tr>
<td>• Specific items about coordinators, Patient Education, and Home Health</td>
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<thead>
<tr>
<th>Provider engagement</th>
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</thead>
<tbody>
<tr>
<td>• Do providers feel informed, welcomed to contribute, and that they have contributed?</td>
</tr>
<tr>
<td>• How can we increase engagement?</td>
</tr>
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<table>
<thead>
<tr>
<th>Overall experience</th>
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</thead>
<tbody>
<tr>
<td>• Overall perception of changes</td>
</tr>
<tr>
<td>• Overall satisfaction with practice and perception of patient satisfaction</td>
</tr>
<tr>
<td>• Open-ended responses</td>
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</tbody>
</table>
NTJRI – Program-wide (as of Q1 2019)

National Total Joint Replacement Initiative - Total Joint Procedures

Combining Historical Trends for Program-Wide

Average Length of Stay

Days Past Midnight

Return to Care 7 Days

Readmits 30 Days

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NTJRI - Change Management - Drivers of Success

- ‘True North’ remained stable and consistent with Mission; balanced approach to Quality
- Leadership and team partnership & engagement
- Building on successful implementations (e.g., home recovery for other surgeries)
  - Put the experts in the driver’s seat
    - National: Project Team, Inter-regional Ortho Chiefs, Nursing, Joints Registry
    - Regional: Physicians, Coordinators, Nursing, Home Health, Physical Therapy; engaged teams; + resources
  - Performance Improvement Tools
    - Playbook of successful practices; identified leading sites and encouraging the ‘Go See’
    - Quantifiable: Target setting; gap analysis; dashboard of key measures
    - Voice of the Customer - Patient and provider satisfaction survey
  - Regional Focus
    - Newsletter: updates on performance and successful practices; keep on front-burner
    - Webinars: Bright spots and barriers to regional NTJRI implementation; push/pull of information
    - Regional Site Meetings for focused regional discussions and knowledge transfer (‘All Teach/All Learn’)
NTJRI: Program Opportunities

- **Coordination:**
  - With other similar strategic initiatives (like same-day Thyroid surgery)
  - With clinical pathways that are Upstream or Downstream (like the entire complete arthritis care pathway or the ERAS pathway)

- **Performance/Process:**
  - Calculate ROI’s for any needed regional investments
  - Agree at national level to share all pertinent data across regions
  - Path to escalate electronic medical record and other systems/IT needs
  - Integrate Like with Like (aka short stay procedures such as hysterectomies, cataracts, thyroids)

- **Standardize:** Use similar Performance Improvement tools, such as standard playbooks, gap analyses, and region-specific targets

- **Communication:**
  - When directly engaging with stakeholders, ensure it’s value-add from the recipients’ perspective
Q&A