



ASPIRE

Lansing

July 21, 2017

Bronson Battle Creek
Performance Improvement



Key Dates

- 2010 Bronson Methodist becomes 51% owner
- 2013 Renovations to ED and Birth Center
- 2014 ERAS started for colorectal surgeries
- 2015 EPIC installed replacing Cerner
- 2015 Initiation of local PI Committees for Surgery, Orthopedics, CCU, and Women's Health
- 2015 ERAS started for Orthopedics, Urology, Gynecology, General Surgery

Key Dates

- 2016 Joined ASPIRE
- 2017 System PI Committees for CCU, Women's Health, and Surgery formed. Surgery Committee focusing on SSI.

Accomplishments

- COLORECTAL
 - Pain relief with thoracic epidural, TAP blocks, or Ketamine/Lidocaine infusions coupled with multimodal PO meds.
 - Full ERAS protocols including MSHOP, carbohydrate drinks, no NGs or drains, early ambulation, and new trays for closure.
 - Decreased LOS by three days, decreased mortality and SSI.

Accomplishments

- Orthopedics
 - Use of multimodal PO meds and nerve blocks for pain relief
 - Incorporated pre-op carbohydrate drinks
 - Refer high risk patients to hospitalist prior to admission. Formulated indicators to refer back to PCP for select indicators.
 - Early ambulation
 - Decreased LOS, DVT, falls, SSI

Accomplishments

- General Surgery
 - Utilize multimodal meds and TAP blocks for all laparoscopic and robotic procedures. Inpatient as well as outpatient.
 - PEC blocks for breast surgery
 - Decreased pain scores and increased patient satisfaction scores.
 - Decreased SSI.

Accomplishments

- Urology
 - Thoracic epidurals for nephrectomies along with multimodal pain meds. TAP blocks for laparoscopic procedures.
 - Decreased pain scores and LOS

Accomplishments

- OB/GYN
 - TAP blocks with multimodal for laparoscopic procedures. Thoracic epidurals for open hysterectomies
 - Multimodal meds for all vaginal deliveries
 - Duramorph with multimodal meds for cesarean sections.
 - Dramatic improvement in pain scores.

Accomplishments

- Anesthesia sees all outpatients before discharge to ensure good pain and nausea control. Patients get called again POD#1.
- Anesthesia rounds on all post-op inpatients for up to four days.
- Chair Ortho and Surgery PI committees. Attend CCU and Women's PI committees.

In the Works

- POUR – use of bladder scanners
- AKI – avoidance of ACE/ARBs, rational use of NSAIDs, proper hydration
- SSI – timing of antibiotics, redose of antibiotics, separate wound closure tray, robotic cleaners, education of prep and clipping.
- Hypotension/orthostasis.
- Glucose Control