

**Implementation of the Surgical Home and IT Implications**

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**Vanderbilt Department of Anesthesiology**  
 Uncompromising quality in clinical care, research and education.  
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### Goals and Objectives

At the end of the presentation, the learner should be able to:

- Discuss the core, daily components for a successful Perioperative Consult Service (PCS)
- Discuss the importance of IT for implementing, scaling, and sustaining a PCS
- Understand the economic impact of implementing a PCS at their institution

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### Paradigm Shift: ERAS *via* APCS

- Key factors prolonging stay after surgery:
  - Ileus
  - Need for IV analgesia
  - Need for IVF secondary to gut dysfunction
  - Bed rest caused by lack of mobility due to the above
- **APCS + ERAS** represents a paradigm shift in perioperative care:
  - Re-examines traditional practices, replacing them with evidence-based best practices **when necessary**.
  - Comprehensive in scope, covering **all components** of patient's perioperative journey with surgeon **and** anesthesiologist

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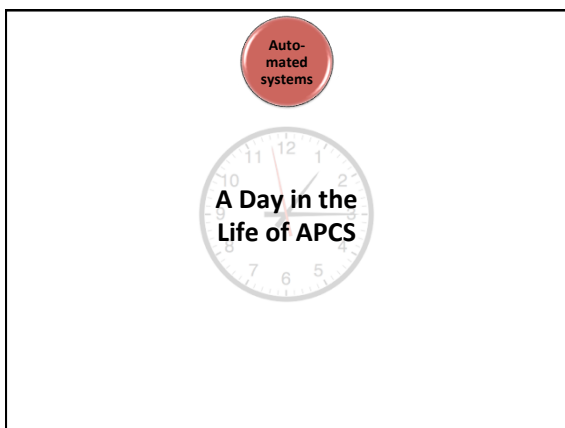
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# Automated Systems: VAPIR

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## Manual "IT"

Dear Team,

You will be caring for patients on the Anesthesiology Perioperative Consult Service tomorrow.

For perioperative 1 patients, the service will care for the patients while in-house, including writing preoperative medication orders and performing relevant blocks. The new patients on the perioperative 1 protocol tomorrow are below.

The clinical guidelines can be found here: [https://www.mc.vanderbilt.edu/cgi-php/vumet/index.html?req\\_url=%2Fvumet%2Fvumc.php%3Fsite%3Danesfaculty%26doc%3D38656&vuf=1](https://www.mc.vanderbilt.edu/cgi-php/vumet/index.html?req_url=%2Fvumet%2Fvumc.php%3Fsite%3Danesfaculty%26doc%3D38656&vuf=1) (copy and paste if link is dead)

Please review the appropriate protocol for your patient if you are unfamiliar with these, as there are key intraoperative components of the protocols and differences between protocols. The surgical oncology patients follow the colorectal protocol.

**We have added the new TRAM/DIEP free flap patients to the perioperative service, the new protocol has been added to the above link.**

**We have also added the new Donor Nephrectomy patients to the perioperative service, the new protocol has been added to the above link.**

\*Please add the lidocaine infusion to your PACU orders and bring the drip to PACU.\*  
 \*For bariatric surgery patients, please give either 1mg diauidol or 5mg methadone IV (preferred) if no contraindications.

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## V2.0: Automated Daily Case Email

Daily Case Assignments by Location

Preop Evaluation Record

Last Anesthesia Care Record

Link to Care Pathway

Major Limitation

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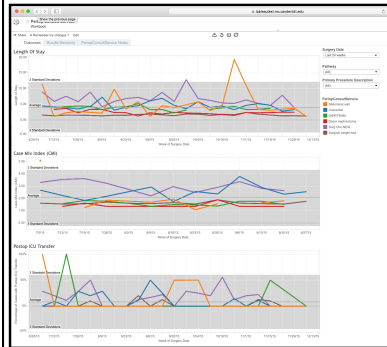
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## Major Perioperative Outcomes



### Outcomes:

LOS  
CMI  
Postop ICU Txfr  
Postop Intub  
Readm w/in 30d

- All services covered by PCS
- Can select by service line or case type
- Can alter timeline

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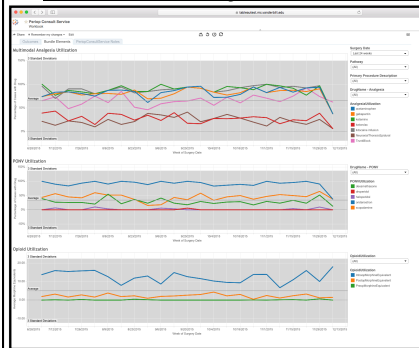
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## Care Pathway Bundle Compliance



Multimodal Analgesia

PONV Utilization

Opioid Use

- preop
- intraop
- PACU

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## Savings by Service

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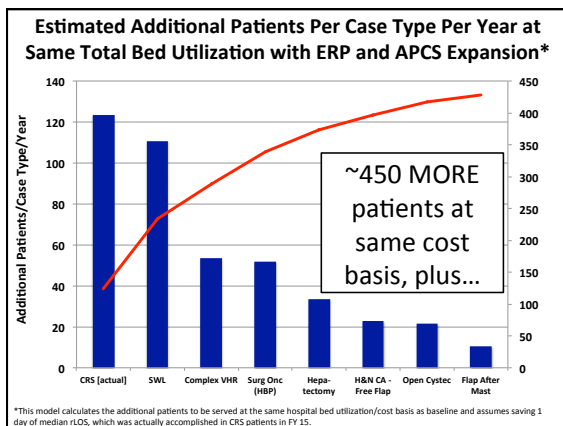
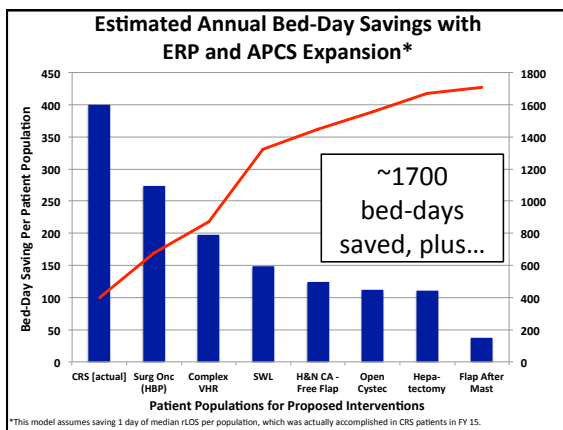
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**Projected Savings for  
Continuing and Expanding  
the ERP and APCS at VUMC:**  
A Model for Savings



# Precision Medicine and Perioperative IT

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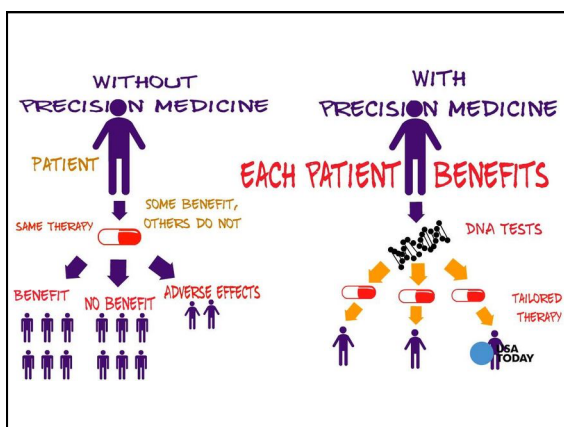
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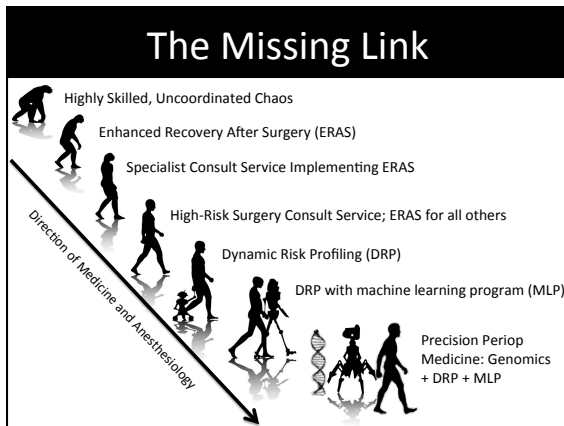
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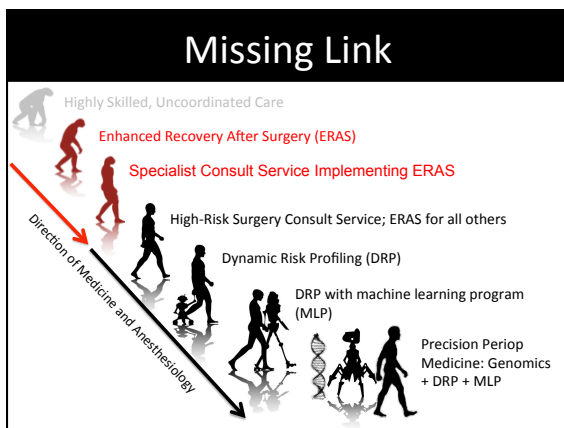
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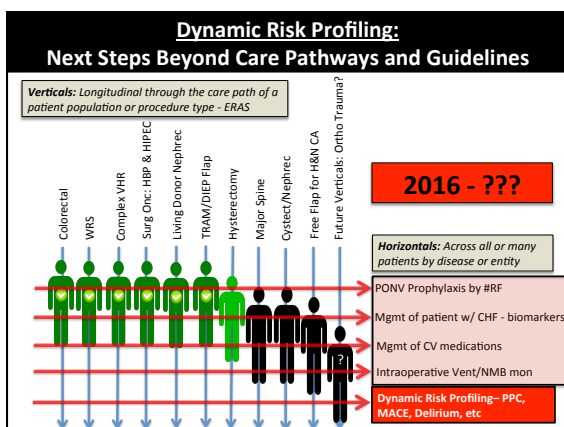
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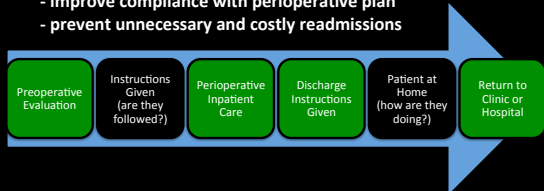
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### The Block Box(es):

1) Unless they contact us with a question/problem, how do we know what happens to a patient before and after surgical hospitalization?

2) We want to know in order to:

- improve customer service outside of hospital
- improve compliance with perioperative plan
- prevent unnecessary and costly readmissions




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**VUCare**

A Novel Patient-Centered App for  
Perioperative Care

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