



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Surgical Best Practices Pilot Updates

May 2016

Surgical Best Practices Pilot Sites:

COHE Community of E. Washington

Pilot Medical Director: Dr. Greg Carter

SHSC: Lisa Archer

In partnership with:

**Northwest Orthopaedic & Sports
Medicine** (Proliance), Tri Cities

**Inland Neurosurgery & Spine
Associates** (Providence) Spokane

The Everett Clinic Orthopedics

Pilot Medical Director: Dr. Brent Thiel

SHSC: Robert Minegishi

Proliance Orthopedic Associates

Pilot Medical Director: Dr. Fred Huang

SHSC: Lorraine Sandoval

Between December 12, 2014 and
April 30, 2016 the 3 SHSCs:

- Reviewed over 4,000 cases
- Identified opportunities to assist on 1,511 patients
- Prepared 2,741 case notes

Coordination is the key

Efficiently providing services for injured workers between two clinics and three projects at TEC requires coordination.



Pictured (L-R): Dr. Dianna Chamblin (TEC Director of Occupational Medicine and COHE), Carole Horrell (L&I), Theresa Amick (Orthopedics), Robert Minegishi (SHSC) and Douglas Nickels (COHE HSC)

The Everett Clinic's first core value is, "Do what is right for the patient."

When the patient is an injured worker, this means caring for them physically, emotionally, and preventing long term disability.

The Everett Clinic (TEC) has long participated in L&I programs designed to improve patient outcomes and prevent disability.

- 2007 - TEC became a Center for Occupational Health Education (COHE)
 - TEC Orthopedic Department began participation in the Orthopedic and Neurologic Surgeons Quality Project (ONSQP)
- 2014 - TEC joined Surgical Best Practices (SBPP) pilot.

When TEC joined the Surgical Best Practices Pilot in 2014, it became the only medical organization involved in every L&I occupational health best practices program.

TEC's Surgical Best Practices Pilot Medical Director



Brent Thiel, MD

Director, The Everett Clinic Orthopedics

Dr. Thiel describes his surgical practice as 70% shoulders and 20% knees. On average, he sees one L&I patient every day.

"Having Robert (Minegishi) coordinate return to work with the employer helps us get the worker back to work that is safe for them as soon as possible."

Dr. Thiel joined TEC in 2003, and he became the Orthopedics Director in 2015. He says the ONSQP helped their clinics streamline appointment scheduling and surgery authorizations. He sees the addition of a Surgical Health Services Coordinator (SHSC) to the Surgical Best Practices Pilot as a logical enhancement of the ONSQP.

"I'm very likely to work with Robert on my L&I patients. We try to set recovery and return to work (RTW) expectations early. For instance, with arthroscopic knee surgery, if it's a low demand job we'll have them back to work in a week or two. If a high demand job it's more like 3 or 4 weeks. Shoulder surgery is very complex and getting a patient back to safe work can be difficult – they can't even drive at first. I'd say a couple times a

The Surgical Best Practices

1. Transition to Surgical Care
2. Timely Return to Work (RTW) Plans and Goals
3. Integrated Post-op Team Intervention (if RTW goals not being met)
4. Transition to the Next Step in Care



Robert and Dr. Paul Reynolds

We asked Dr. Paul Reynolds, an orthopedic surgeon at TEC to describe the SBPP: “The process, simply put, ‘just makes good sense.’ Having a coordinator to integrate our restrictions safely and efficiently allows workers to return as soon as possible, which ultimately is our goal. Everyone benefits from those interactions.”

The Surgical Best Practices Pilot has successfully completed the start-up period and has been extended through June 2019.

For more information about the Surgical Best Practices Pilot, contact your SHSC or Carole Horrell, L&I Specialty Best Practices Manager at (360) 902-5080. e-mail Caroline Horrell @lni.wa.gov

Or visit our website at <http://www.lni.wa.gov/ClaimsIns/Providers/Reforms/EmergingBP/SurgicalPilot.asp>

week I’ll have a patient off work and Robert will come to me and let me know the employer has safe work. It’s helpful to have Robert obtain job descriptions from the employer so I can talk to the worker about what he can safely do. I believe we’re getting them back sooner because of his interventions.”

Thank you for leading the pilot at TEC, Dr. Thiel.

The L&I Orthopedic and Neurological Surgeon Quality Project and Surgical Best Practices Pilot really do fit together!



Robert Minegishi (SHSC) and Theresa Amick, Orthopedics Clinic Manager

“Why would a busy Orthopedic Clinic Manager want to take part in a new L&I pilot project?” Theresa Amick asked herself this very question. As a manager of six different departments, she didn’t have a lot of time to try

something new. “I soon realized the ONSQP is about fast tracking workers who need surgery to the OR. SBPP is about post-op – planning for getting the patient back to function and work. “We have been able to facilitate faster return to work for the patients. Where before we felt it wasn’t our role or expertise, we now know “Yes it is!” Having Robert coordinating care, advocating and educating for patients’ safe RTW takes out the adversarial roles between the patient, employer and surgeon. That’s what I appreciate and that’s why melding them (ONSQP and SBPP) together will be an end-to-end process for the patient, not segmented like we have now.”

Theresa wasn’t expecting to have any part in designing the pilot processes, “I love being on the ground level developing the pilot. Usually a pilot is something brought to you in a box and you’re told what to do. I didn’t expect to have a voice and that you would listen.”

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How does Robert feel about his role? “At first I wasn’t sure how the SHSC role fit – where does the COHE Health Services Coordinator (HSC) role end and the SHSC role begin? We came to a working understanding of how we’re all in this together, helping the surgeons and the employers get the injured workers back to work safely.”

Robert is glad to be there to help the patients – to alleviate their anxiety about surgery and RTW. “I can reassure them that if the surgeon releases them to light duty, the employer can only make them work within their restrictions. I also help them navigate through the L&I processes. Many times it’s their first on the job injury and they don’t know what’s expected or what help they can receive.”

Thank you for sharing your experiences, Theresa and Robert.