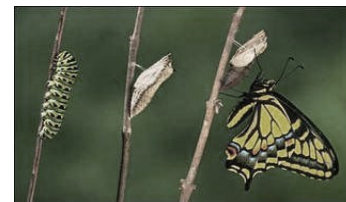


CPI PROJECT SPOTLIGHT

August/September 2017



Lung Transplant Pathway led by Dr. Peter Von Homeyer and Dr. Erika Lease

UW Medicine's lung care and lung transplantation services provide the highest quality patient care for the entire spectrum of pulmonary and critical care illnesses, with UW Medical Center having the only active lung transplantation program in the Pacific Northwest, serving patients in Washington, Alaska, Montana, Idaho and Oregon. Our consistent superior outcomes and high standards of practice led to our selection by the U.S. Department of Veterans' Affairs as one of two programs nationwide designated to perform veterans' lung transplants.

But our teams are not satisfied to rest on our laurels. In efforts to continually improve and standardize patient care, a Lung Transplant Pathway began in March under the leadership of Dr. Peter Von Homeyer, Cardiothoracic Anesthesia and Critical Care at UWMC and Dr. Erika Lease, Medical Director of the UW Lung Transplant Program, with a multidisciplinary team of nurse managers, clinical nurse specialists, surgeons, therapists, pharmacists and other key staff members.

Upon assessment of the current state of care, opportunities were identified with a root cause of an inconsistent discharge process. Revisions were subsequently made to existing pre-operative and post-operative order sets, streamlining workflows in these areas and using clear, consistent wording throughout the care process and order sets to eliminate confusion over who is responsible for each task.



Dr. Michael Mulligan performing transplant surgery.

Like other pathways being developed across UW Medicine, key outputs of this pathway include a patient care map and the creation of a pathway dashboard through UW Medicine Finance that will track several metrics, including mortality, readmission rates, length of stay, direct costs and order set usage.

The UW Medicine lung transplant program provides up to 60 transplants each year. Among our patients wait-listed for transplantation, 68% had received a transplant one year later with patients experiencing a 76% three-year survival rate – exceeding nationwide outcomes as reported by the Scientific Registry of Transplant Recipients at 64% and 66%, respectively. Development of this pathway should only go toward building upon this proven track record of success in excellent clinical outcomes for lung-transplantation patients.