

CPI PROJECT SPOTLIGHT

June/July 2017



Below Knee Amputation Pathway led by Dr. Kari Keys and Dr. Janna Friedly

Dr. Kari Keys, MD and Dr. Janna Friedly, MD, are leading the development of a Below Knee Amputation (BKA) Clinical Care Pathway at Harborview Medical Center (HMC). The pathway's main goals are to standardize the treatment and experience for BKA patients and reduce the length of stay. Drs. Keys and Friedly identified the VA/DoD Clinical Practice Guideline for Rehabilitation of Lower Limb Amputation as best practice guidelines and have based their pathway off of this model.



Dr. Janna Friedly, one of the project leads for the Below Knee Amputation Pathway

“Below knee amputations occur for many different reasons and in patients with a wide variety of diagnoses which can lead to variations in care. In addition, recovery from amputation is complex and involves a wide range of providers and services.” Said Dr. Friedly. “This complexity makes it particularly important to have a standardized care pathway for these patients to deliver the best possible patient outcomes.”

A multidisciplinary surgeon stakeholder meeting was held to identify differences in practice and work toward standardizing the pre- and post-operative care of BKA patients. The Amputee Support Group at Harborview Medical Center also played an important role in the patient perspective as the pathway has been developed. With refinements continuing in the development phase, the team plans to go live with the pathway by the end of summer 2017.

The BKA Pathway will be a part of the UW Medicine Pathway Outcomes Report and will be utilizing the standard metrics for tracking the pathways: Length of Stay, 30 day readmissions, Direct Cost, Mortality, and Observed to Expected Index. The group will also be piloting the integration of customized metrics, including HMC Variance Days, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, length of time of opioid use, time from discharge to outpatient appointment, and percentage of patients continuing care in the HMC Rehab Clinic.

Key outputs of this project include a clinical pathway document, ORCA order sets, monthly automated reporting of operational and clinical metrics, and both a patient Care Map and Educational Packet. Each output requires the dedication and coordination of numerous departments and services across UW Medicine. The success of these outputs allows the system to have a standardized approach and reduce communication barriers in order to improve patient outcomes and experience.