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A MESSAGE FROM THE CHAIRMAN

The UCLA Department of Orthopaedic Surgery is committed to providing value-based care that meets the complex needs of our patients and community. Our Orthopaedic Surgery Quality Improvement Team is working to ensure that every patient receives the highest quality care in an efficient and cost-effective manner. When first assembled only three years ago, our Quality Improvement Team set out to dramatically reduce hospital ReAdmissions, Mortality, and Sepsis and therefore became known as the “RAMS” team. Since then, our RAMS team has grown significantly, both in scope and membership, and has made major improvements in our care delivery and outcomes.

Our RAMS team has proven that effective change, sustained improvement, and overall better patient care requires the involvement and input of the entire team. From physicians to nurses, housekeeping staff to parking attendants, the RAMS motto is to include anyone and everyone that impacts the care of our patients and plays a role in their clinical outcome, satisfaction, and overall experience. By doing so, we’ve gained invaluable insight on how to improve patient experiences, care delivery, and clinical outcomes.

As part of our ongoing commitment to quality and our mission to continuously improve patient care, we believe that our outcomes data should be transparent and easily accessible to patients and providers. Enclosed is our 3rd edition of the UCLA Orthopaedic Surgery Quality & Outcomes Report which provides even more detailed results, innovative strategies to improve clinical outcomes, and our next steps for the future.

We are proud to present the 2015 Quality & Outcomes Report and we welcome your comments and feedback.

Sincerely,

JEFFREY J. ECKARDT, M.D.
Distinguished Professor & Chair
UCLA Department of Orthopaedic Surgery
MEET OUR RAMS QUALITY IMPROVEMENT TEAM

The pictured individuals make up our core RAMS team however, each month we invite several other physicians, nurses, and staff to join our meetings depending on the topics to be discussed. The RAMS team motto is to include anyone and everyone involved in the patient experience and in the delivery of care.

In addition to our 40 clinical faculty, 32 research faculty, nurse practitioner and physician assistant, the UCLA Department of Orthopaedic Surgery also has 32 residents, 2 hand surgery fellows, 2 sports fellows, a pediatric surgery fellow, and 2 physical medicine and rehabilitation fellows. Our mission to improve the quality of care for patients relies on the input and commitment of all of our staff, faculty and trainees. We have incorporated quality improvement training into our resident education curriculum and require all residents to participate in our RAMS team prior to graduating from the program. Here are our 2015-2016 RAMS residents. We look forward to their innovative contributions in the coming year.
Quality Improvement Methodology

The UCLA Health “M.O.V.E.R.S.” Strategy

The UCLA Health System Quality Council has established the following focus areas for clinical departments. In addition to several other quality measures, the RAMS team and UCLA Orthopaedics place high priority on these measures:

M - Mortality
O - Outcomes
V - Value Based Clinical Redesign
E - Experience, Patient Experience
R – Readmissions, Reoperations & Registry Based Measures
S - Safety

The RAMS Quality Improvement Process

The below flow diagram illustrates our routine quality assurance (QA) process. This method allows us to identify important opportunities for improvement. Our culture of safety allows us to be transparent and honest with each other and with our patients.

- 8,000+ surgeries/admissions occur per year...

  Methodology for identifying cases with potential for improvement or with learning opportunity (near misses) yields a list of approximately 800 cases...

  RN review of ~800 cases per year...

    Yields a list of approximately 200 cases for RAMS multidisciplinary discussion and in-depth review using RCA methodology (24 RAMS meetings/year)

    RAMS review of ~200 cases per year...

      Yields a list of approximately 48 cases (~4 per month) that are presented and discussed at the Ortho QA Conference (12 QA conferences/year)

Sharing Our RAMS Model

We were honored to present our RAMS model at the PULSE 2013 UHC Annual Conference on October 18, 2013 in Atlanta, Georgia.

On October 24, 2014, we presented our quality improvement program for decreasing post-operative mortality in hip fracture patients at the REVOLUTION 2014 UHC Annual Conference in Las Vegas, Nevada.

RAMS Publications

We have published abstracts detailing our work and the significant improvements we’ve made in the American Journal of Quality in 2013 and 2014.

Decreasing 30 Day Post-Operative Mortality Following Hip Fracture Surgery By Reducing Time to Surgery

DEBORAH WINOGRAD, RN, BENJAMIN BENGS, MD, DEVON JEFFCOAT, MD & JEFFREY ECKARDT, MD

Development of a Multidisciplinary Case Review Committee to Reduce Readmissions, Mortality, and Sepsis by Standardizing Care and Limiting Clinical Variations

Deborah Winograd, RN, Ben Bengs, MD, Devon Jeffcoat, MD, and Jeffrey Eckardt, MD

UCLA Health System
Hospitals and providers must be held accountable for the quality of care they provide their patients. Evaluating outcomes, closely-monitoring performance and standardizing processes has been proven to dramatically improve outcomes for patients while also lowering healthcare costs. Furthermore, transparency in reporting outcomes data builds trust between providers and patients and allows for more informed decision-making by both patients and providers.

UCLA Orthopaedics is a pioneer in healthcare quality improvement and surgical outcomes monitoring. We are committed to a culture of continuous learning, innovation and improvement to ensure our patients receive the safest and best care possible. By providing timely and transparent data about our patient outcomes and surgical quality initiatives, we hope to empower patients with the knowledge they need to make the best choices for their healthcare. We also believe that measuring our performance and publically reporting our results will further motivate providers, staff and the global healthcare community to continuously strive for excellence while encouraging a team-based approach to implementing effective change.

In this report, we provide our progress, success and challenges with many initiatives designed to ensure that every single patient always receives the best care. Included is information about surgical complications, adverse events, patient satisfaction and patient-reported outcomes analyzed through several statistical parameters that measure the consistency and quality of the care we provide.

With this report, we aim to be completely transparent so that we may identify all opportunities for improvement. We hope that this will give you valuable insight about our services and the quality of the care we deliver. We welcome your feedback and would love to hear your thoughts about how we can better meet the needs of our patients and our community.
UCLA Orthopaedics represents an important alliance between UCLA Health System and the Orthopaedic Institute for Children (OIC), joining programs with long standing traditions of service, academic excellence, and scientific advancement.

Our partnership creates the platform for unparalleled contributions to patient care and scientific discovery in Orthopaedic surgery and musculoskeletal medicine. We strive to be a destination for patients, world-class faculty and inquisitive students, to create a new standard of musculoskeletal care for the 21st century.

Combining the best in Orthopaedic medicine and surgical care with strong rehabilitation and diagnostic imaging programs, our practice is nationally recognized for outstanding Orthopaedic care and innovative research. The UCLA Department of Orthopaedic Surgery is ranked among the best Orthopaedic practices in the United States and holds the distinction of being listed on the U.S. News & World Report Best Hospitals Honor Roll. Several of our clinicians are consistently named among the “Best Doctors in America” and our Orthopaedic program is connected to one of the largest and most productive Orthopaedic research facilities in the world - The J. Vernon Luck, Sr., M.D. Orthopaedic Research Center located on the UCLA campus. Our faculty ranks among the top 10 in the nation for National Institutes of Health (NIH) medical-research funding.

The UCLA Health System academic medical centers include the Ronald Reagan UCLA Medical Center, a Level I Trauma Center, the Mattel Children’s Hospital at UCLA, and the Santa Monica-UCLA Medical Center & Orthopaedic Hospital. These world-class facilities allow us to offer musculoskeletal treatment and surgical intervention for the most challenging cases. We also provide Orthopaedic services to our nation’s veterans through our affiliation with the Veteran’s Administration Greater Los Angeles Healthcare System and to low income individuals through our arrangement with the Olive View-UCLA Medical Center and the Harbor-UCLA Medical Center.

Due to our skill and wide-ranging experience in Orthopaedic care, we are the “practice of choice” for the UCLA athletic teams and perform inpatient and outpatient care for multiple conditions related to:

- Arthritis
- Foot & Ankle
- Fracture Care
- Hand & Wrist
- Hip & Knee
- Pain Management
- Shoulder & Elbow
- Spinal Disorders
- Sports Medicine
- Oncologic Disorders
**UCLA Department of Orthopaedic Surgery**

**Orthopaedic Surgeries Performed**

**July 2014 – June 2015**

- **Total Procedures:** 15,208 (total CPTs billed)
- **Total Surgeries:** 7,515 (total OR encounters)
- **Types of Procedures:** 825 (total unique CPTs)

**Total Surgeries by Fiscal Year**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>SM Inpatient</th>
<th>SM Outpatient</th>
<th>WW Inpatient</th>
<th>WW Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY05</td>
<td>5,531</td>
<td>1,953</td>
<td>1,136</td>
<td>2,442</td>
</tr>
<tr>
<td>FY06</td>
<td>5,876</td>
<td>1,879</td>
<td>956</td>
<td>3,041</td>
</tr>
<tr>
<td>FY07</td>
<td>6,089</td>
<td>2,028</td>
<td>850</td>
<td>3,211</td>
</tr>
<tr>
<td>FY08</td>
<td>6,199</td>
<td>2,041</td>
<td>859</td>
<td>3,299</td>
</tr>
<tr>
<td>FY09</td>
<td>5,755</td>
<td>1,686</td>
<td>808</td>
<td>3,261</td>
</tr>
<tr>
<td>FY10</td>
<td>5,728</td>
<td>1,596</td>
<td>640</td>
<td>3,492</td>
</tr>
<tr>
<td>FY11</td>
<td>5,973</td>
<td>1,516</td>
<td>573</td>
<td>3,884</td>
</tr>
<tr>
<td>FY12</td>
<td>6,598</td>
<td>1,770</td>
<td>642</td>
<td>4,186</td>
</tr>
<tr>
<td>FY13</td>
<td>7,190</td>
<td>1,931</td>
<td>677</td>
<td>2,350</td>
</tr>
<tr>
<td>FY14</td>
<td>7,389</td>
<td>2,064</td>
<td>799</td>
<td>2,387</td>
</tr>
<tr>
<td>FY15</td>
<td>7,515</td>
<td>2,042</td>
<td>753</td>
<td>2,457</td>
</tr>
</tbody>
</table>

**Data source:** UCLA Department of Orthopaedic Surgery Business Operations Office

**Volumes Data & Quality Measures** represent cases performed at Ronald Reagan UCLA Medical Center (WW Inpatient), UCLA Medical Plaza Surgery Center (WW Outpatient), Santa Monica UCLA Medical Center & Orthopaedic Institute for Children (SM Inpatient), and the Santa Monica MOB Surgery Center (SM Outpatient).
SURGICAL VOLUME BY DIVISION
JULY 2014 – JUNE 2015

TOTAL CLINIC VOLUME BY DIVISION
JULY 2014 – JUNE 2015

Data source: UCLA Department of Orthopaedic Surgery Business Operations Office

52,966
TOTAL CLINIC VISITS
FY 2014 - 2015

5,387
TOTAL SAME/NEXT
DAY VISITS MARCH
2013 - AUGUST 2015

Data source: UCLA Department of Orthopaedic Surgery Business Operations Office
<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Procedure Code (CPT)</th>
<th>Total Case Volume</th>
<th>Average Patient Age</th>
<th>% Male Patients</th>
<th>Average Length of Stay</th>
<th>30-day Readmit %</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOINTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>27130, 27132</td>
<td>259</td>
<td>72</td>
<td>46%</td>
<td>3.1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Hip Revision</td>
<td>27033, 27132, 27134, 27137, 27138</td>
<td>52</td>
<td>75</td>
<td>44%</td>
<td>5.3</td>
<td>5.8%</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>27445, 27446, 27447</td>
<td>264</td>
<td>69</td>
<td>52%</td>
<td>3.1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Knee Revision</td>
<td>27486, 27487, 27488</td>
<td>49</td>
<td>70</td>
<td>51%</td>
<td>5.2</td>
<td>6.1%</td>
</tr>
<tr>
<td>Shoulder Replacement</td>
<td>23470, 23472</td>
<td>48</td>
<td>68</td>
<td>47%</td>
<td>3.1</td>
<td>2.1%</td>
</tr>
<tr>
<td>SPINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Fusion</td>
<td>22532, 22533, 22548, 22551, 22554, 22556, 22558, 22568, 22590, 22595, 22600, 22610, 22630, 22633, 22800, 22802, 22804, 22805, 22810, 22812</td>
<td>87</td>
<td>54</td>
<td>46%</td>
<td>3.8</td>
<td>2.3%</td>
</tr>
<tr>
<td>Decompression</td>
<td>63017, 63030, 63042, 63045, 63046, 63047, 63050, 63051, 63081, 63276</td>
<td>73</td>
<td>68</td>
<td>55%</td>
<td>3.6</td>
<td>1.4%</td>
</tr>
<tr>
<td>FRACTURE SURGERY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td>27217, 27218, 27227, 27228, 27235, 27236, 27244, 27245, 27248, 27513</td>
<td>244</td>
<td>81</td>
<td>41%</td>
<td>5.9</td>
<td>4.3%</td>
</tr>
<tr>
<td>Lower Extremity</td>
<td>27380, 27385, 27422, 27506, 27511, 27513, 27514, 27524, 27532, 27535, 27536, 27559, 27827, 27828, 27829</td>
<td>194</td>
<td>48</td>
<td>59%</td>
<td>5.6</td>
<td>3.6%</td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>63017, 63030, 63042, 63045, 63046, 63047, 63050, 63051, 63081, 63276</td>
<td>177</td>
<td>54</td>
<td>57%</td>
<td>3.2</td>
<td>2.3%</td>
</tr>
<tr>
<td>SPORTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder Arthroscopy</td>
<td>29806, 29822, 29823, 29824, 29827</td>
<td>351</td>
<td>49</td>
<td>54%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Knee Arthroscopy</td>
<td>29871</td>
<td>419</td>
<td>43</td>
<td>57%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ONCOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Tumor</td>
<td>21554, 21936, 23078, 24073, 24079, 25078, 27356, 27364, 27365</td>
<td>147</td>
<td>58</td>
<td>54%</td>
<td>4.2</td>
<td>5.4%</td>
</tr>
<tr>
<td>Curettage of Bone</td>
<td>20245, 23150, 23156, 24110, 24118, 25126, 27066, 27355, 27356, 27638</td>
<td>98</td>
<td>51</td>
<td>51%</td>
<td>3.1</td>
<td>4.1%</td>
</tr>
<tr>
<td>Radical Resection of Bone</td>
<td>23200, 23220, 24900, 27059, 27075, 27640, 27645, 27508, 27880</td>
<td>102</td>
<td>57</td>
<td>49%</td>
<td>5.2</td>
<td>7.8%</td>
</tr>
<tr>
<td>HAND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpal Tunnel Release</td>
<td>64721, 29848, 20520, 29848, 64721, 64708, 25290, 25115</td>
<td>281</td>
<td>52</td>
<td>32%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Trigger Finger</td>
<td>26055, 26145, 26440</td>
<td>164</td>
<td>59</td>
<td>41%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FOOT &amp; ANKLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hammertoe</td>
<td>28285, 28043, 64632</td>
<td>12</td>
<td>58</td>
<td>39%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Bunionectomy</td>
<td>28296, 28299, 28296, 28290, 28294, 28297, 28293</td>
<td>31</td>
<td>56</td>
<td>26%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Data source: UCLA Orthopaedic Surgery RAMS Team
Management of our Orthopaedic surgery patients is complex and often involves co-management by multiple providers and specialists. In our efforts to reduce mortality, sepsis, and readmissions, and to improve the overall experience and quality of outcomes for our patients, we work closely with other disciplines to ensure streamlined care and seamless transitions from the many phases of care including transition from the hospital, to skilled nursing, to home.

### UCLA Orthopaedics Outcome Measures
**July 2014 – June 2015**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Value</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause 30-day readmission within 30 days of Orthopaedic Surgery admission</td>
<td>4.9%</td>
<td>108</td>
<td>2184</td>
</tr>
<tr>
<td>Mortality within 90 days of elective Orthopaedic Surgery admission</td>
<td>0%</td>
<td>0</td>
<td>1641</td>
</tr>
<tr>
<td>Surgical site complications within 30 days of Orthopaedic Surgery procedure</td>
<td>0.6%</td>
<td>47</td>
<td>7515</td>
</tr>
<tr>
<td>Return to operating room within 30 days of Orthopaedic Surgery procedure</td>
<td>8.1%</td>
<td>564</td>
<td>6951</td>
</tr>
<tr>
<td>Emergency room visit within 30 days of Orthopaedic Surgery procedure</td>
<td>4.5%</td>
<td>294</td>
<td>6548</td>
</tr>
<tr>
<td>Mortality within 90 days of hip fracture surgery</td>
<td>2.8%</td>
<td>6</td>
<td>211</td>
</tr>
<tr>
<td>Length of stay following elective inpatient Orthopaedic Surgery admission</td>
<td>4.2  days</td>
<td>6892 days</td>
<td>1641</td>
</tr>
<tr>
<td>Discharge to Acute Rehabilitation Unit or Skilled Nursing Facility following elective Orthopaedic Surgery admission</td>
<td>25.9%</td>
<td>425</td>
<td>1641</td>
</tr>
<tr>
<td>Blood transfusion within 7 days of Orthopaedic Surgery procedure</td>
<td>2.7%</td>
<td>203</td>
<td>7515</td>
</tr>
<tr>
<td>Hours between Emergency Department arrival and surgery start for all hip fracture surgery patients (“time to surgery”)</td>
<td>31.7 hours</td>
<td>6689 hours</td>
<td>211 cases</td>
</tr>
</tbody>
</table>

**Data source:** Office of Healthcare Informatics and Analytics (OHIA) Value Analytics Report
Here you will find our internal (RAMS) readmission rate data. Unlike the UHC readmission rate data, our internal data includes planned readmissions for chemotherapy and planned readmissions for staged surgeries or definitive treatment. We also include readmissions that are not related to Orthopaedic care and readmissions where Orthopaedic Surgery was only a consult service on the index admission. Although preventing some of these readmissions is beyond our control, we find it important to take responsibility for all unplanned returns to the hospital and to discuss and implement strategies for improved care coordination across disciplines. We have partnered with our colleagues in hospital medicine, anesthesia, nursing, and case management to reduce these readmissions and to ensure better outcomes for our patients.

Readmission Reduction Interventions

Resident & Faculty Education
• NO MORE EMERGENCY ROOM!!
• Resident triage of patients
• Faculty clinic coverage for wound issues
• Same day and next day appointments

Increased Utilization of PAs
• Follow up appointments scheduled prior to hospital discharge
• Patient education regarding clinic hours, need for emergency room, and hospital paging system to connect with resident

Early discharge planning
• Patients encouraged to visit SNFs prior to surgery/hospitalization
• Patients encouraged to attend pre-op class

Sustained Improvement

<table>
<thead>
<tr>
<th></th>
<th>FY 12-13 Average Rate</th>
<th>FY 13-14 Average Rate</th>
<th>FY 14-15 Average Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.3%</td>
<td>5.1%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

30 Day Readmission Rates (%) by Month (July 2012 – June 2015)

Data source: UCLA Orthopaedic Surgery RAMS Team
Readmission Reduction

When we discharge a patient from the hospital, we want to ensure that we have provided them and their families with all of the necessary tools and resources for a quick and uncomplicated recovery. Whether you are going home or to rehab facility, we want you to leave the hospital physically and mentally prepared so that you won’t have to be admitted to the hospital again. 30 day readmission rates are a good indicator that we are doing our best to prepare patients for post-hospital recovery.

UCLA 30 Day Readmission Rates (%) for UCLA “Orthopedic Surgery” Service Lines FY 2012 – FY 2015

Data source: University Health Consortium (UHC) Hospital Outcomes by Service Line

University Health Consortium (UHC) provides readmissions data for hospitals and for individual specialties. Below you will find readmission rates specific to the UHC grouping “Orthopedic Surgery” for several of the nation’s largest and most well-known academic medical centers.

UCLA Orthopaedic Surgery Readmission Reduction since July 2012:

- Overall reduction in 30 day readmissions: 35%
- Reduction in unplanned 30 day readmissions: 48%

UCLA Health System is unique in that our Orthopaedic Surgery services are divided between two hospitals (the “UCLA Santa Monica” hospital and the “UCLA Ronald Reagan” hospital). On this graph, the bar labeled “UCLA SM & RR” represents the aggregate data of both our hospitals and thus best represents our department as a whole. This value is the most accurate for comparison with our peers across the country.

UHC 30 Day Readmission Rates (%) for “Orthopedic Surgery” Service Lines FY 2015

Data source: University Health Consortium (UHC) Hospital Outcomes by Service Line
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

DEPARTMENTAL OUTCOMES
JULY 2014 – JUNE 2015

UHC “Orthopaedic Surgery” Sepsis Rates (%)

Data source: University Health Consortium (UHC) Hospital Outcomes by Service Line

UHC “Orthopaedic Surgery” Mortality Rates (O/E ratio)

Data source: University Health Consortium (UHC) Hospital Outcomes by Service Line
Surgical Site Infection

Prevention of surgical site infections is a huge priority and in partnership with the hospital infection prevention department, UCLA Orthopaedics has taken many measures to ensure the risk for infection is as minimal as possible.

Return to Operating Room

Many returns to the operating room are planned for staged surgeries or intentional re-operations. Unplanned returns to the operating room, however, generally signify complication. All returns to the operating room (planned or unplanned) are thoroughly reviewed so complications and opportunities for improvement may be detected and discussed.

Emergency Room Visits

In addition to 30 day readmissions, the department also monitors all visits to the emergency room within 30 days of inpatient discharge or outpatient encounter. We value this metric as a likely indicator for improvement in clinical care and transition planning.
The Orthopaedic Institute for Children is located in downtown Los Angeles and offers urgent care services for pediatric patients 7 days per week. Patients in need of urgent hospital admission are transferred via ambulance to our pediatric unit at the Santa Monica UCLA Medical Center. All pediatric surgeries (urgent and non-urgent) are also performed at the Santa Monica UCLA Medical Center.

The Santa Monica UCLA Medical Center Emergency Department offers comprehensive emergency services for all pediatric patients with our Board Certified Orthopaedic Surgeons available for consultation 24 hours per day, 7 days per week. The Renee & Meyer Luskin Children’s Clinic in Santa Monica offers same-day and next-day appointments for all non-emergent patients.
COMPREHENSIVE CARE FOR TRAUMATIC FRACTURES AND FRAGILITY FRACTURES

Meet Our Fracture Care Surgeons

RONALD REAGAN UCLA MEDICAL CENTER is a Level I Trauma Center offering comprehensive, multidisciplinary care for all types of traumatic injuries. Board certified Orthopaedic Surgeons are available 24 hours per day, 7 days per week to care for patients coming through the emergency room and are ready to take patients to the operating room at any hour.

SANTA MONICA UCLA MEDICAL CENTER & ORTHOPAEDIC INSTITUTE FOR CHILDREN is a Level II Trauma Center and also offers comprehensive fracture care while specializing in long term care of fragility fractures and patients with osteoporosis.

Meet Our Osteoporosis Specialists

Our osteoporosis team specializes in the long term care of patients with osteoporosis and offers comprehensive treatment plans to ensure fragility fracture prevention.
By diligently monitoring patient arrival in the Emergency Room and surgical start time, we have been able to identify delays, implement processes to eliminate these delays, and dramatically decrease time to surgery for our hip fracture patients. While we are pleased with our progress, we are still working daily to continue to decrease time to surgery with the goal of ensuring that all medically cleared patients are in the operating room within 24 hours of Emergency Room arrival.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Time to Surgery (HOURS)</th>
<th>% of pts to surgery &lt; 24 HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>41.3</td>
<td>30%</td>
</tr>
<tr>
<td>2012</td>
<td>38.4</td>
<td>38%</td>
</tr>
<tr>
<td>2013</td>
<td>32.3</td>
<td>54%</td>
</tr>
<tr>
<td>2014</td>
<td>31.2</td>
<td>59%</td>
</tr>
<tr>
<td>2015</td>
<td>31.7</td>
<td>58%</td>
</tr>
</tbody>
</table>

Shown below are the 30-day mortality index scores following hip fracture surgery. The value is expressed as a ratio of observed to expected (O/E) mortality. This risk adjusted data is provided by the University Health Consortium (UHC). The O/E mortality index should always be less than 1.0. We are very proud of our success in decreasing mortality following hip fracture surgery.

Data source: UCLA Orthopaedic Surgery RAMS Team

Hip Fracture Mortality

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Santa Monica</th>
<th>Ronald Reagan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1.12</td>
<td>1.04</td>
</tr>
<tr>
<td>2012</td>
<td>0.91</td>
<td>0.94</td>
</tr>
<tr>
<td>2013</td>
<td>0.52</td>
<td>0.31</td>
</tr>
<tr>
<td>2014</td>
<td>0.34</td>
<td>0.73</td>
</tr>
<tr>
<td>2015</td>
<td>0.42</td>
<td>0.61</td>
</tr>
</tbody>
</table>

Data source: UHC Outcomes Report by Hospital, filtered by Principle Procedure “Hip Fracture Surgery”
Patients who suffer hip fractures often require immediate surgical treatment. The longer surgery is delayed, the higher the risk of complication. At UCLA, we closely monitor how quickly our hip fracture patients are taken to surgery and we strive to minimize delays to ensure surgical intervention occurs as soon as possible.

### Time to Surgery & Length of Stay by Hospital

#### FY 2011 (July 1st 2010 – June 30th 2011)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Time</th>
<th>LOS</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>37.4</td>
<td>7.29</td>
<td>57</td>
</tr>
<tr>
<td>SM</td>
<td>43.1</td>
<td>7.15</td>
<td>164</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41.3</td>
<td>7.12</td>
<td>221</td>
</tr>
</tbody>
</table>

#### FY 2012 (July 1st 2011 – June 30th 2012)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Time</th>
<th>LOS</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>36.2</td>
<td>7.02</td>
<td>56</td>
</tr>
<tr>
<td>SM</td>
<td>39.5</td>
<td>6.99</td>
<td>145</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38.4</td>
<td>7.07</td>
<td>201</td>
</tr>
</tbody>
</table>

#### FY 2013 (July 1st 2012 – June 30th 2013)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Time</th>
<th>LOS</th>
<th>pLOS</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>36.4</td>
<td>8.44</td>
<td>7.10</td>
<td>53</td>
</tr>
<tr>
<td>SM</td>
<td>30.2</td>
<td>6.30</td>
<td>5.01</td>
<td>161</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32.3</td>
<td>7.98</td>
<td>6.35</td>
<td>214</td>
</tr>
</tbody>
</table>

#### FY 2014 (July 1st 2013 – June 30th 2014)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Time</th>
<th>LOS</th>
<th>pLOS</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>35.2</td>
<td>7.91</td>
<td>7.08</td>
<td>61</td>
</tr>
<tr>
<td>SM</td>
<td>29.1</td>
<td>5.91</td>
<td>4.83</td>
<td>167</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31.2</td>
<td>6.84</td>
<td>6.12</td>
<td>228</td>
</tr>
</tbody>
</table>

#### FY 2015 (July 1st 2014 – June 30th 2015)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Time</th>
<th>LOS</th>
<th>pLOS</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>31.4</td>
<td>6.07</td>
<td>5.84</td>
<td>67</td>
</tr>
<tr>
<td>SM</td>
<td>32.1</td>
<td>5.41</td>
<td>4.99</td>
<td>177</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31.7</td>
<td>5.94</td>
<td>5.12</td>
<td>244</td>
</tr>
</tbody>
</table>

#### Hip Fracture Quality Improvements:

- **48%** Increase in time to surgery within 24 hours since 2011
- **17%** Reduction in length of stay since 2011
- **51%** Overall reduction (RR & SM combined) in O/E hip fracture mortality since 2011

**Definitions:**

- **HOSPITAL**: hospital of emergency room (ER) arrival
- **TIME**: hours between patient arrival in the ER and surgery start
- **LOS**: length of stay
- **pLOS**: post surgery length of stay
- **VOLUME**: total number of hip fracture surgeries performed

**Data source:** UCLA Orthopaedic Surgery RAMS Team
### Total Joint Replacement (TJR) Surgery

#### SURGICAL VOLUMES & OUTCOMES BY HOSPITAL

**Total Knee Arthroplasty**  
FY 2015 (July 1st 2014 – June 30th 2015)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Volume</th>
<th>LOS</th>
<th>RE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>n/a</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SM</td>
<td>264</td>
<td>3.09</td>
<td>2.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>264</td>
<td>3.09</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

**Total Hip Arthroplasty**  
FY 2015 (July 1st 2014 – June 30th 2015)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Volume</th>
<th>LOS</th>
<th>RE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>62</td>
<td>3.24</td>
<td>1.8%</td>
</tr>
<tr>
<td>SM</td>
<td>197</td>
<td>3.11</td>
<td>2.9%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>259</td>
<td>3.14</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

**LOS:** length of hospital stay in days  
**RE %:** 30-day readmission rate

Data source: UCLA Orthopaedic Surgery RAMS Team

---

#### The Santa Monica UCLA Medical Center & Orthopaedic Institute for Children

is proud to offer comprehensive care for TJR patients. Specializing in knee, hip and shoulder replacement, UCLA orthopaedic TJR surgeons work closely with our specially trained and certified orthopaedic nurses, physical therapists and occupational therapists to ensure all patients are cared for by an expert and collaborative team of providers.

---

**Meet Our Joint Replacement Surgeons**

Benjamin Bengs, M.D.  
Bruce Brown, M.D.  
Francis Cyran, M.D.  
Eric Johnson, M.D.  
Bert Thomas, M.D.
Excessive blood loss during surgery can affect hemodynamics and result in the need for blood transfusion. Blood transfusions put patients at risk for transfusion reactions and other post-operative complications. By improving surgical technique and achieving meticulous hemostasis along with improved perioperative protocols, we have been able to significantly reduce blood loss and blood transfusion rates.

**Increase in appropriate indication for transfusions**

**Decrease in actual number of transfusions following total joint replacement surgery**

**TRANSFUSION RATES BEFORE**
March 2013 – April 2014:
- TKA - 13.5%
- THA - 27.5%

**TRANSFUSION RATES NOW**
May 2014 – June 2015:
- TKA - 2.4%
- THA - 12.8%

Data source: Office of Healthcare Informatics and Analytics (OHIA) Value Analytics Report
In May of 2014 we began an aggressive initiative to implement physical therapy on the same day of surgery (POD 0) for all of our total joint replacement surgery patients. Below and on page 23 you will find our results which illustrate the major impact that POD 0 physical therapy has had on length of stay and pain reduction for our patients.

As shown in the graph below, since implementing our physical therapy on day of surgery program, TJR length of stay has decreased substantially. The graph shows the percentage of patients discharged on or before hospital day 3 (LOS = 3.0 or less).

**Impact on Length of Stay**

84% of our TJR patients are discharged on hospital day 3 / post-surgery day 2 (FY 15 average)

Despite our LOS reduction with same day physical therapy, the rate limiting factor for further reduction in LOS is the support of an Ortho-dedicated case manager on the weekends which currently is not available to our department.

**Physical Therapy on Day of Surgery**

58% of our TJR patients receive physical therapy on the day of surgery (FY 15 average)

Data source: Office of Healthcare Informatics and Analytics (OHIA) Value Analytics Report
Examining The Efficacy of Physical Therapy on Day of Surgery

Innovation plays an important role in helping us provide our patients the safest and best care possible. We understand that by committing ourselves to a culture of continuous learning, self-evaluation, and improvement, we must implement new methods that we believe will improve patient outcomes. By combining timely reports with transparent data collection, we hope to measure the efficacy of our surgical quality initiatives, and provide patients with the necessary resources to make the best choices for their healthcare.

In this study, we report our progress, success, and challenges with our Patient Day Zero Physical Therapy initiative. We studied the effect physical therapy has on patient surgical outcomes when given at different time periods during the first 24 hours after surgery.

Hospitals and providers must be held accountable for the quality of care that they provide their patients. Evaluation of performance, transparency in collecting data, and public reporting of results will motivate providers and the healthcare community to continually strive for excellence, while encouraging a team-based approach to improving patient care.

FY 14-15 Patient-Reported Pain After Receiving Physical Therapy within 24 Hours of Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Time Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Fracture</td>
<td>18 hours, 9 minutes</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>11 hours, 42 minutes</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>10 hours, 53 minutes</td>
</tr>
<tr>
<td>Spine Surgery</td>
<td>19 hours, 7 minutes</td>
</tr>
</tbody>
</table>

The chart on the left depicts the average patient-reported pain after receiving physical therapy within the first 24 hours post-surgery. The x-axis depicts patient-reported pain based on a numerical rating scale (a score of 0 indicates no pain, a score of 10 indicates severe pain, and numbers 1-9 indicate increasing pain intensity in numerical order). The y-axis indicates the type of surgery the patient received, and at which time period the patient received physical therapy (i.e. The category “Hip > 4” represents patients who underwent hip surgery, and received physical therapy within 4 hours post-surgery).
Evaluating Patient-Reported Pain Before Surgery and Throughout Recovery

Methods to screen patient pain provide powerful tools that inform healthcare professionals about patient’s quality of life. Thus, patient pain screening allows clinicians to identify patients who could benefit from joint reconstructive surgery, and to track patients throughout the recovery process after undergoing surgery. By implementing numeric rating scales to assess pain, we hope to improve the effectiveness of treatment and clinical decision-making.

Pain symptoms are among the most common medical complaints and are diverse in terms of etiology, severity, and duration. As a result, measuring patient pain is difficult within clinical settings.

Numeric rating scales (NRS) of pain attempt to address this issue by translating pain intensity onto a simple numerical scale. NRSs of pain are common diagnostic tools that assists healthcare professionals in assessing the severity and quality of pain experienced by patients. We used a NRS that consisted of a single 7-point numeric scaled: (0) No pain, (2) very mild, (3) mild, (4) moderate, (5) severe, (6) very severe.

**44%**

Reduction in patient-reported hip pain within 6-9 months of total hip replacement surgery (n=107)

**46%**

Reduction in patient-reported knee pain within 6-9 months of total knee replacement surgery (n=84)

Data source: UCLA Orthopaedic Surgery RAMS Team

All patient reported outcomes data are collected from patients during face-to-face interviews or phone interviews conducted by our volunteer research interns. This team of interns is crucial to measuring our outcomes and developing improvements that impact patients.
Significance of Patient-Reported Outcomes in Healthcare

Patient-reported outcomes (PROs) are methods used in clinical settings, where the results are collected directly from the patient. These outcomes inform clinicians and healthcare directors of patients’ symptoms, quality of life, and perceived health status. As a result, PROs generate both physical and mental health patient profiles, providing clinicians a more complete summary of patient satisfaction and experience.

Overall, conclusions derived from patient reported outcomes can help healthcare professionals improve the quality of patient care by taking a more holistic approach to clinical decision-making.

Within 6-9 months of surgery, patients undergoing total knee replacement (n=84) reported:

- **30%** improvement in mental health
- **42%** improvement in physical health

Within 6-9 months of surgery, patients undergoing total hip replacement (n=107) reported:

- **17%** improvement in mental health
- **38%** improvement in physical health

SF-36 Patient-Reported Outcomes

SF-36 is a nationally validated 36-question patient-reported survey that evaluates individual patient health status, and compares relative burden of disease. The survey yields a mental health score and a physical health score that can be used to evaluate the effectiveness of treatment. The higher the score, the lesser the degree of disability (a score indicates maximum disability and a score of 100 indicates no disability).
3 North Wing (3NW) is the dedicated Orthopaedics unit at the Santa Monica UCLA Medical Center for all adult patients admitted for Orthopaedic care. The unit’s specialty-trained and certified staff are experts in Orthopaedic care and surgical recovery. Below you will find our inpatient satisfaction scores for the Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.
Ortho Unit Pressure Ulcer Rates

2013 – 2014

3NW Acquired Pressure Ulcer (UAPU) Rates

2014 – 2015

3NW Acquired Pressure Ulcer (UAPU) Rates

Ortho Unit CAUTI Rates

2013 – 2014

3NW Catheter Associated Urinary Tract Infection (CAUTI) Rates

(\# of infections/device days) \times 1000

2014 – 2015

3NW Catheter Associated Urinary Tract Infection (CAUTI) Rates

(\# of infections/device days) \times 1000

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

Ortho Unit Rates are the lowest of any unit at UCLA!

Data source: NDNQI Database

National Median Rate (NDNQI database)
Orthopaedic Oncology

The Musculoskeletal Oncology Service was established in 1980 by Dr. Jeffrey J. Eckardt of Orthopaedic Surgery and Dr. Fred Eilber of Surgical Oncology. The service manages all bone and soft-tissue tumors, benign and malignant, primary, recurrent, and metastatic, and all tumor-like conditions of bone and soft tissue. UCLA has been a pioneer in the development of limb-sparing surgical strategies for both malignant bone and soft-tissue sarcomas. It has one of the largest series of metal implants (endoprostheses) for bone tumors and resections for soft-tissue sarcomas.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Volume</th>
<th>Wound Issue Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curettage of Bone</td>
<td>143</td>
<td>1.3%</td>
</tr>
<tr>
<td>Soft Tissue Tumor</td>
<td>237</td>
<td>0%</td>
</tr>
<tr>
<td>Radical Resection of Bone</td>
<td>118</td>
<td>0.8%</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>498</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Meet Our Orthopaedic Oncology Surgeons

From left to right (bottom row): Scott Nelson (Pathologist), Leanne Seeger (Diagnostic Radiologist), Bartosz Chmielowski (Medical Oncologist), Fred Eilber (Surgical Oncologist), Jeffrey Eckardt (Orthopaedic Oncologist), Fritz Eilber (Surgical Oncologist)

From left to right (top row): Susan Bukata (Orthopaedic Oncologist), Noah Federman (Pediatric Oncologist), Josh Cohen (Gynecologic Oncologist), Nicholas Bernthal (Orthopaedic Oncologist), Francis Cyran (Orthopaedic Oncologist), Mitch Kamrava (Radiation Oncologist), Arun Singh (Medical Oncologist), Sandra Brackert (Medical Oncology Nurse Practitioner).

PATHOLOGY CONFIRMS DIAGNOSIS

RADIOLOGY CONFIRMS LOCATION

GROUP DISCUSSION DETERMINES TREATMENT

Multidisciplinary Tumor Board

The Musculoskeletal Oncology Service works together with several other disciplines to ensure the most comprehensive care possible. A weekly tumor board was established over 30 years ago and continues to meet today. Carefully planning and discussing each aspect of every patient’s care is crucial to optimal care and long term survivability.
The UCLA Spine Center provides comprehensive clinical treatment for all spinal disorders. We are dedicated to advancing research and strive to be on the cutting edge in all areas of research studying spinal disorders.

Within 6-9 months, patients undergoing spine surgery (n=46) reported:

- **42%** improvement in mobility
- **39%** reduction in pain

Meet Our Spine Surgeons

Nick Shamie, M.D.  
Orthopaedic Spine Surgery

Don Park, M.D.  
Orthopaedic Spine Surgery

Sina Pourtaheri, M.D.  
Orthopaedic Spine Surgery

David Fish, M.D.  
Physical Medicine & Rehab

Jae Jung, M.D.  
Physical Medicine & Rehab

Ulrich Batzdorf, M.D.  
Neurological Spine Surgery

Langston Holly, M.D.  
Neurological Spine Surgery

Duncan McBride, M.D.  
Neurological Spine Surgery

Daniel Lu, M.D.  
Neurological Spine Surgery
Orthopaedic Surgery Research Faculty

John Adams, M.D.
Distinguished Professor & Vice Chair of Research

$30 million in total extramural funding (2014)

Orthopaedic Surgery Department Rankings for NIH Primary Investigator (PI) Funding

Top 10 Orthopaedic Surgery Departments FY 2014
#1 Washington University
#2 University of California San Francisco
#3 University of Pennsylvania
#4 Johns Hopkins University
#5 University of Rochester
#6 Duke University
#7 University of California Los Angeles
#8 University of California San Diego
#9 University of Michigan
#10 New York University School of Medicine

Blue Ridge Institute for Medical Research Ranking

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY
TRANSITION PLANNING

As many of our patients transition from the inpatient hospital setting to skilled nursing facilities (SNFs) prior to returning home, we’ve made it our goal to make this care transition as seamless as possible for patients, their families, and for all providers. We work closely with the physicians, nurses, and entire staff at many of the SNFs in our community to coordinate the transfer of care and ensure that patient needs are met at all times. We have also developed many quality metrics with our community SNFs to monitor efficiency and clinical outcomes of our patients. We believe that our efforts have greatly improved the care and outcomes for our patients.

- Fireside Convalescent Hospital
- Berkeley East Convalescent Hospital
- Berkeley West Convalescent Hospital
- Brentwood Nursing & Rehabilitation

COMMUNITY OUTREACH

OPERATION MEND

CARING FOR OUR WOUNDED WARRIORS

UCLA Orthopaedics is very honored to participate in Operation Mend, a program that provides much needed specialized medical care to our wounded warriors. Several members of the UCLA Orthopaedics faculty are participants of this great program.

Marching in NYC on Veteran’s Day in 2014. From left to right: Shannon O’Kelley (UCLA Health Chief Operating Officer), Chris Crisera (UCLA Plastic Surgery), Kodi Azari (UCLA Orthopaedics Hand Surgery), Sharon Hame (UCLA Orthopaedics Sports Medicine Surgery).
Our biomechanics research team continues to study knee ligament injuries using a state-of-the-art robotic testing system.

UCLA Orthopaedic Surgeons Nicholas Bernthal, MD, Devon Jeffcoat, MD, and UCLA Orthopaedics resident alumni Tad Kremen, MD were asked to operate at the Los Angeles County Zoo when a 400-lb male gorilla suffered a femur fracture.
OSTEOPOROSIS RESEARCH IN OUTER SPACE

The UCLA Department of Orthopaedic Surgery will be going to space with a new research project led by Chia Soo, M.D. Dr. Soo and her team (pictured below) will take their groundbreaking bone stem cell research to the International Space Station with a $300,000 grant from the Center for the Advancement of Science in Space, Inc. (CASIS). The project will test whether a molecule of their discovery, NELL-1, will build bone in microgravity as will be experienced by astronauts in future long duration space flights to other planets in our solar system.

INTERNATIONAL SURGERY ROTATION

Through a partnership between the UCLA Department of Orthopaedic Surgery and Soddo Christian Hospital in Ethiopia, UCLA Orthopaedic surgeons and residents are able to perform surgeries in Ethiopia and help teach Ethiopian medical residents. Since the program began in 2012, we’ve been able to send four UCLA Orthopaedic Surgery residents to serve in Ethiopia (pictured to the right).
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

U.S. News & World Report Rankings

UCLA ORTHOPAEDIC SURGERY IS IN THE TOP 10

2010 - 2011
UCLA ORTHOPAEDICS RANKED
#19

2014 - 2015
UCLA ORTHOPAEDICS RANKED
#11

2015 - 2016
UCLA ORTHOPAEDICS RANKED
#8

Transparency is the KEY to Improving Care

OUR QUALITY & OUTCOMES PUBLICATIONS

BASELINE REPORT
1ST EDITION
2ND EDITION
3RD EDITION
ORTHOPAEDIC SURGERY QUALITY & OUTCOMES REPORT

IS AN ANNUAL PUBLICATION OF THE UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY QUALITY IMPROVEMENT TEAM

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