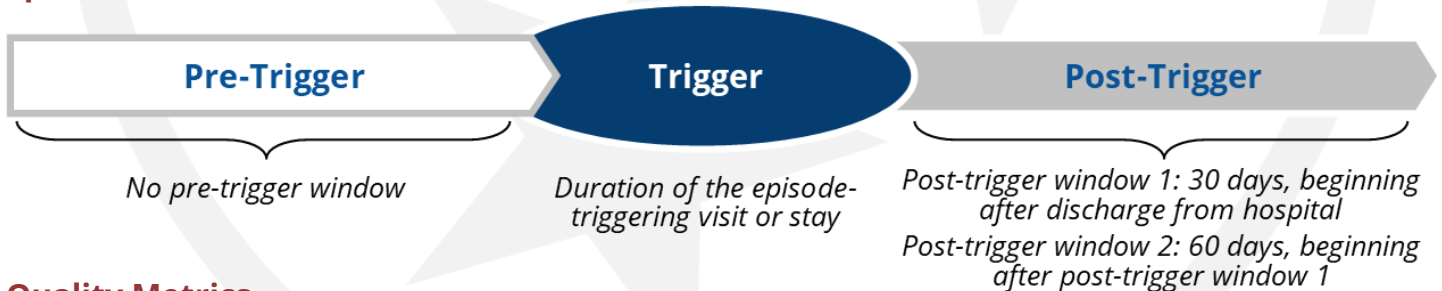# Femur/Pelvis Fracture Episode
Executive Summary

Episode Design

- **Trigger:** femur/pelvis fracture procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all related care, including anesthesia, imaging and testing, surgical and medical procedures, evaluation and management, and medications

Sources of Value

- Appropriate imaging and testing (e.g., only MRI or CT scans when necessary)
- Appropriate pre-operative management (e.g., antibiotics, analgesics, limiting opioids)
- Perioperative patient risk stratification and medical optimization (e.g., hemoglobin, sodium levels)
- Appropriate selection of surgical intervention and hardware
- Appropriate rehabilitation and early mobilization
- Patient education during discharge planning
- Discharging to appropriate post-acute setting
- Timely follow-up care with orthopedic surgeon and/or primary care physician
- Resolution of symptoms and restoration of functionality
- Post-operative management (e.g., limiting controlled substances)
- Reduce direct procedural (e.g., wound complications, peri-prosthetic fractures/dislocations) and other medical complications (e.g., DVT, embolism, infections)

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
No pre-trigger window	*Duration of the episode-triggering visit or stay*	*Post-trigger window 1: 30 days, beginning after discharge from hospital* *Post-trigger window 2: 60 days, beginning after post-trigger window 1*

Quality Metrics

Tied to Gain-Sharing

[*This section is not applicable to this episode.*]

Informational Only

- Related follow-up care
- Difference in average morphine equivalent dose (MED) per day
- Average MED/day during the pre-trigger opioid window
- Average MED/day during the episode post-trigger opioid window
- Related readmission
- ED visit
- Complication
- Mortality
- Opioid and benzodiazepine prescriptions

Corresponds with DBR and Configuration V7.0

Making Fair Comparisons

Exclusions

- Business exclusions: DCS custody, inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, severe trauma, malunions/nonunions, coma, paralysis, open femur/pelvis fracture, non-elective, total hip replacement-triggered)
- Patient exclusions: age (greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

Corresponds with DBR and Configuration V7.0