Developing an Elective Same Day Discharge Program

Baylor Scott & White Medical Center Waxahachie

Team Members: Paul Freudigman MD, Cathy Gibson BSN, RN, CBN, Carrin Feagins RN, BSN, MHA, MBA, CPHQ, LSSYB, Jessica Herbst BSN RN ACM, Jodie Hughes MSN, RN, Alicia Layman-Heilman MSN, RN, Jennifer Linder, BSN, RN, NE-BC, CNOR, RNFA, Joshua McSpadden DO, Liz Ortiz DNP, MBA, RN, NEA-BC, Amber Seymour BSN, RN , Tammy Steele BSN, RN, Rebecca Teague PT, Michele Terry BSN, RN

1. Background

According to the Centers for Disease Control and Prevention (CDC) nearly 70 million people have some form of arthritis or chronic joint symptoms. Those over 65 are affected with osteoarthritis in at least one joint, making this condition a leading cause of disability in the United States.

Joint replacement surgery is a procedure in which an arthritic or dysfunctional joint surface is replaced with an orthopedic prosthesis (arthroplasty). The most common total joint replacement procedures are total knee replacements (TKR) at approximately 700,000 a year and total hip replacements (THR) at approximately 400,000 a year.

Baylor Scott & White Medical Center Waxahachie Orthopedic Council identified a need in January 2020 to begin same day elective joint replacement discharges (SDD) due to the increasing need for elective replacements/revisions and CMS reclassifying these procedures as outpatient eligible. In addition, best practice indicates patients going home the same day do better and do not have a higher risk for complications or readmissions. SDD is becoming a standard in the joint replacement industry. Also, in 2020 there was limited inpatient bed availability due to rising Covid-19 admissions.

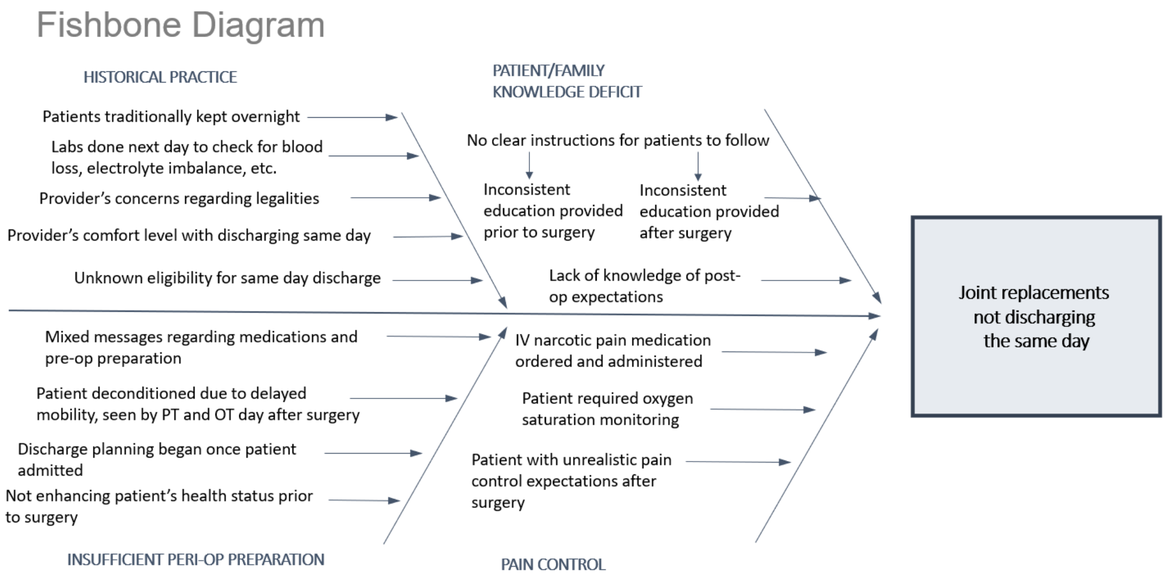
2. Problem Statement

Increase same day elective joint replacement discharges from 0% to 25% increase by July 1, 2021.

3. Understand The Problem

The team constructed a Fishbone diagram and determined there were several root causes for elective joint replacement patients not being discharged the same day. The team prioritized working on the “historical perspective” since this was a new program.

Fishbone Diagram



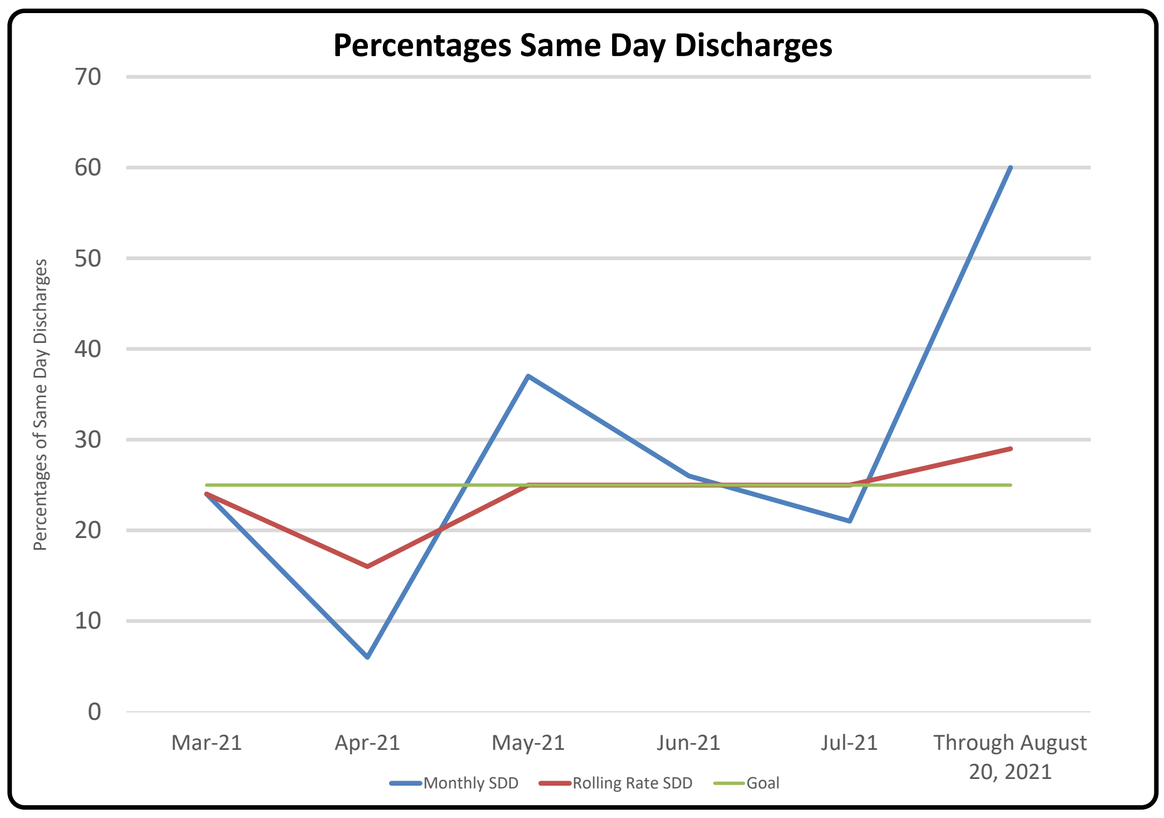
4. Implemented Change

- 9/2020 – Formed a multidisciplinary team with all stakeholders represented and established a meeting schedule.
- 10/2020 - Developed evidence-based eligibility criteria that identified which patients could be discharged safely the same day.
- 11/2020 – Collaborated with orthopedic surgeons, physical therapy, nursing (peri-op and inpatient) to develop the stages the patient would progress through the condensed surgical experience safely.

4. Implemented Change

- 11/2020 – Gained support from stakeholders and senior leadership to provide recourses for new SDD program (dedicated area and PT, OT, Nursing support)
- 12/2020 – Enhanced existing order sets to accommodate SDD patient needs
- 2/2021 – Implemented specialized required pre-op education for SDD patient and coaches.
- 3/2021 – SDD Program implemented
- 5/2021 – Developed SDD High Risk Review Team which reviews potential SDD patients for any concerns.

5. Calculate & Demonstrate The Success



6. Lessons Learned

- We were unaware that there were anesthesia differences among the providers which led to a delayed ability for the patient to ambulate safely after surgery. Anesthesia standardized their SDD protocols.
- We failed to take into consideration the nursing tasks that were done while the patient was in the hospital. SDD education was revised to include when the patient could remove their ace wrap once home.
- Some male patients were suffering from post-op urinary retention with an unknown history or problem. Met with urology and patients are now screened utilizing the International Prostate System Screening tool. If identified with an issue the patient is prescribed Flomax for a week prior to surgery.
- Several members of the team were unaware that SDD patients were scheduled for surgery which delayed equipment availability and outpatient PT scheduling. A multidisciplinary Dashboard was created which allows for all team members to identify which patients are SDD and tracks the patient's progression through the program.

Baylor Scott & White HEALTH