



Implementing Same Day Arthroplasty Surgery in a Community Hospital



Katie Killinger, MSN, BSN, RN FNP-C; Lindsay Bandazian, MSN, BSN, ANP-C; Katie Kane MSN, BSN, NP-C, ONP-C; Mary Anne Barry, MBA, BSN, RN; Gina Marsh, PT, MSPT; Kerri-Anne Morse, BSN, RN; Jeff Blackwell, MHA; Jean Flanagan, PT, DPT, CLT

Background

- Joint replacement surgery:
 - Single most expensive procedure covered by Medicare
 - Annual volumes expected to increase.
 - Historically patients were admitted to the hospital for post surgery recovery.
- Review of literature reveals:
 - Inconsistent and unclear definitions for “same day” vs “24 hour” surgery.
 - Post-op complications between inpatient and outpatient groups are not significantly different.
- In 2018, CMS removed the total knee arthroplasty from the ‘inpatient only’ list, requiring a re-examination of the care pathway.

Purpose

- To establish a Same Day Arthroplasty Program in a 172-bed community hospital.
- Increased patient census and surgical volume necessitated the need to explore alternative care models.
- There were no identified same day joint centers in the Greater Boston area.
- Facility did not have approved designated Extended Recovery unit.

Process

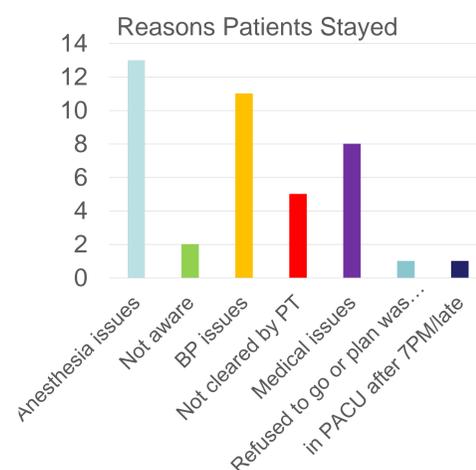
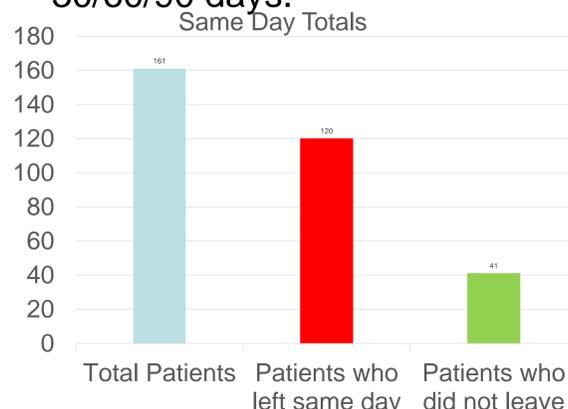
Utilization of a multi-disciplinary team that met bimonthly to identify, implement, and evaluate each stage of the process.

Key stakeholders included:

- Nursing (RNs and Case Management)
- Advance Practice Providers (APRNs and PAs)
- Physical and Occupation Therapy
- Surgeon/Anesthesia
- Project Manager
- Admitting (bed flow)
- Heads of each department (CPE, PACU, etc..)
- IT support

Outcomes

- Data collected from August 2018-August 2019
 - Identified candidates and successful discharges on same day from floor or PACU.
 - Common reasons for inability to discharge:
 - Delayed resolution of spinal anesthesia
 - Hypotension
 - Other medical issues
 - Ability to transition from discharge from med-surg unit same day to discharge from PACU same day thus increase availability of inpatient beds.
 - Within 1st year of implementation there was only 1 readmission within 30/60/90 days.



Next Steps

- Develop a standardized process for all surgeons to follow
- Development and implementation of a formal hydration protocol to reduce hypotension/hypovolemia.
- Establish a required pre-op joint class to improve patient readiness.
- Improved electronic communication and for identification of same day discharges.
- Transition total knee arthroplasty to same day surgery pathway.
- Serve as model and support for other surgical services exploring same day surgery pathways.

Implications for nurse practitioners (NPs)

- APPs play a key role in the admission and discharge process for surgical same day patients.
- Collaboration with the entire interdisciplinary team is essential to the success of any care redesign.
- Key lessons learned from this initiative are used to redesign care pathways for other surgical procedures.

Contact information:

- **Katie Killinger:** kkillinger@bwh.harvard.edu