THE IMPACT OF THE PERIOPERATIVE HOME PROGRAM ON THE ORTHOPEDIC PATIENT

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Background Information: The most common elective surgical procedure in the Medicare population is Total Joint Replacement (TJR) surgery. With an increase in patient volume, the goal was to decrease patient length of stay (LOS) and cost, while providing high quality, safe and efficient care and improve patient satisfaction.

Objectives of Project:

- Establish a collaborative PAT process
- Create an early assessment tool of patient's planned discharge disposition, starting in the physician's office
- Standardized pain management protocols in the perioperative, intraoperative and postoperative to reflect best practice
- Standardized blood transfusion administration criteria to reflect best practice

Process of Implementation: The Perioperative Surgical Home program was formed and co-led by an anesthesiologist and unit based APRN. Further collaboration among care managers, clinical nurses and office managers within the care delivery system ensured care coordination, continuity and involvement of a variety of disciplines for patients encountering a TJR. The clinical nurses assessed the need for blood transfusion earlier in the patient's stay and revised our blood transfusion criteria guidelines using best practice. An early assessment of patients' planned discharge disposition, utilizing evidence based tool, the Risk Assessment & Predication tool (RAPT) was implemented. Clinical nurses developed criteria for an accelerated patient (discharge home or rehabilitation center in 2 days) vs. standard patient (discharge home or rehabilitation center in 3 days). A pain management regimen was developed through a collaborative approach to best meet the needs of the patient population and achieve positive outcomes.

Statement of Successful Practice: Implementation of the perioperative surgical home program from 2Q14 to 3Q16 resulted in: 1) patients discharged to home doubled (22% to 44.6%), 2) number of patients transferred to a rehabilitation center decreased (78% to 55.4%), 3) average LOS decreased (3.51 to 3.02 days), 4) overall pain management improved (88.3 to 89.2 mean score) and 5) number of blood transfusions decreased 30%.

Implications for Advancing the Practice of Perianesthesia Nursing: This systematic collaborative approach facilitates discharge-planning starting on the day of admission. Overall, the success and outcome of the orthopedic patient relies on the expertise of the clinical nurse with participation and collaboration of the different disciplines.