Streamlining the Same Day Surgery work flow for Total Joints from a preoperative perspective
Amanda Hill BSN, RN
Wellstar Kennestone Hospital, Marietta Georgia

**BACKGROUND**

Over the past several months, there have been incidents where Total Joint patients show up for their surgery initially scheduled to be same day surgery (SDS) but end up having to stay as inpatient, and vice versa. These last minute changes can lead to delays in care, wasted/missed resources, patient/staff dissatisfaction, and/or errors. Even if the error never reaches the patient, it can create waste for the staff because of how resources and staffing differ between same day and inpatient surgeries.

**Current Condition:**
As of early 2018, only 60-70% of Total Joint SDS cases were being posted correctly. Multiple patients that are not ideal candidates are being labeled as SDS and after surgery, it is being determined that they should have been inpatient from the beginning causing multiple avenues of disruption.

**PROBLEM ANALYSIS**

1. Lack of standard criteria for determining which Total Joint patients are eligible candidates for SDS
2. Lack of importance by surgeon’s office and by posting/schedulers to identify surgical status when scheduling surgeries correctly.
3. PATT cannot locate scheduling information in EPIC
4. Patients not educated that SDS is a goal, not a guarantee
5. Provider not communicating to staff regarding SDS status
6. Lack of clear/open communication between PATT/anesthesia
7. Lack of clear communication in surgical area (nursing)

**TARGET/GOAL**

1. Have 100% of charts labeled correctly at posting when case is scheduled.
2. Have 100% of correctly identified candidates for SDS
3. Increase the amount of SDS for the Total Joint Program, as consistency is developed.
4. Decrease the amount of cases that reach pre op that are changed from inpatient to SDS or need clarification (exception: pt changed due to medical condition after surgery that was not anticipated).

**TEAM**

This was a large collaboration from various departments and offices. Without everyone working together, there is no way for this process to have worked:

- Paula Gibbs RN, Kimberly Reed RN, Ann Hanover RN, Barbara Rivera RN,
  Karis Franks RN, Marquita Justice RN, Marjorie Whicloud RN, Tara Moore RN,
  Jessica Algor RN, Amy Daniel NP, Anjel Adiga, Dr. Mark Dhali,
  Dr. Matthew Grabowski, Dr. Margaret Holtz, Dr. Stanley Dysart,
  Vanessa Ellington NP, Carol Schmekel RN, Pinnacle Staff: Lu Hill RN,
  Janis McClure RN, Brittany Coverford, Jennifer Blank, Roseanna Staff: Andrea Naci RN,
  Noburu Katsume, Jenna Reinthal, Samanah Williams, Ashley Mitchum,
  Amanda Terrell, Jamie Cash, Kelli Glosson, Lynn Espiritu, Ashley Prettyman,
  The staff of the following departments: Pre op, PACU, Phase II/Discharge,
  Kennestone Hospital Posting staff... and everyone who impacts our total joint patients on a daily basis.

**IMPROVEMENT PROCESS**

<table>
<thead>
<tr>
<th>Problem/Issue</th>
<th>Action/Solutions</th>
<th>Owner</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>Lack of urgency of knowing if patient is SDS or not</td>
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<td>1. Add SDS question to Resurgens’ work flow. 2. Edit MA template at pinnacle to include if patient is SDS. 3 Education in offices</td>
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**RESULTS**

**Monetary Savings**

Predicted annual savings:
- Perioperative nursing: $17,500+
- Patients’ savings: $82,500+

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