Improving Same-Day Orthopedic Surgery Discharges:
The Power of Early DME Needs Identification

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Abstract Background Information: Outpatient orthopedic care is continuously evolving, making it crucial to identify opportunities for improving the efficiency of the perioperative process. In a quaternary academic medical center located in Los Angeles, California, an Outpatient Stay Unit (OSU) that functions as a hybrid same-day PACU and a 23-hour unit has been experiencing issues with timely patient discharge due to delays in the delivery of durable medical equipment (DME). To address this concern, an early identification system for DME needs was implemented, reducing the length of stay (LOS) for same-day (SD) patients.

Objectives of Project: To reduce the average LOS for same-day discharges in a 6-week period and increase the total percentage of same-day discharges for post-operative total joint patients in OSU by early identification of DME needs during Preop admission.

Process of Implementation: The identification of DME requirements is required to communicate the needs to DME providers. Its assessment and documentation in Preop facilitate advanced notification and arrangement of necessary equipment. The Preop nurses were in-serviced and provided expectations. A SmartPhrase in EPIC allowed ease in documentation and improved compliance.

Statement of Successful Practice: The early assessment of DME needs contributed to enhanced discharge process. The pre-intervention average SD LOS was 6 hours and 25 minutes. Over a six-week period, a reduction in SD LOS was observed.

- March 5, 2025 to April 11, 2025, the average LOS was 5 hours and 58 minutes.
- April 14, 2025 to May 23, 2025, the average LOS decreased to 5 hours and 50 minutes.
- May 27, 2025 to July 11, 2025, the average LOS further decreased to 5 hours and 33 minutes.

This reflects a 7% overall reduction in average LOS.

Implications for Advancing the Practice of Perianesthesia Nursing: The intervention implemented has successfully reduced the LOS and increased the percentage of SD discharges for postoperative total joint arthroplasty patients. Future study will investigate other delay factors, further enhancing the perioperative process.