

## **Implementing an Enhanced Recovery After Surgery Joint Replacement Program in a Small Acute Hospital Using a Multi-Disciplinary Approach**

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**Introduction:** The facility began doing elective surgeries in 2017 without a standard joint program to regulate practice. To deliver highest standard of care, the need to systematize the process and develop a program was identified. This can only be done with the support of leadership while using a multi-disciplinary approach, implementing a program using the latest evidenced based practice (EBP) and clinical practice guidelines (CPGS). A joint program was created to initiate an Enhanced Recovery after Surgery (ERAS) program in a small acute care setting.

**Identification of the problem:** Without the structure of a formal joint program, several orthopedic surgeons were not standardizing their practices when it came to optimization of patients, spinal anesthesia, or ERAS medications. The program identifies these barriers that promote the need for change.

**EBP Question/Purpose: PICO question. Databases utilized.** In patients undergoing joint surgery, what is the effect of implementing ERAS in reducing length of stay visits, reducing post-operative complications? Research began using EBSCO host to find articles no later than 2010 for ERAS implementation and EBP. Current guidelines referenced from the American Academy of Orthopedic Surgeons, National Association of Orthopaedic Nursing, American Society of PeriAnesthesia Nurses, and the Association of periOperative Registered Nursing were used. Guidelines for the hospital program were created based on research findings.

**Methods/Evidence:** To initiate the program, EBP and CPGs were first used to support the rationale for the program. Key stakeholders and leadership used a multi-disciplinary approach to develop the program and explain the rationale for the program with each surgeon. Key stakeholders decided to then create a pre-admission testing clinic to screen patients appropriately. Education for hospital-wide staff for joint specific patients was implemented.

**Significance of Findings/Outcomes:** After three years, of implementing the joint program, the program has had 92% discharges on postoperative day one along with reduction in post-operative complications.

**Implications for perianesthesia nurses and future research:** Using EBP and CPG to standardize care ensure best practices, in which a majority of the ERAS bundle happens within the perianesthesia department. As ERAS is the gold standard, the next step is Advanced Certification.