

Promoting Patient-Centered Care: A Protocol to Increasing Hospital Capacity

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Introduction: Advancements in surgical and anesthesia techniques enable total joint arthroplasty (TJA) surgery to be performed on an outpatient basis, reducing hospital length of stay (LOS) and healthcare costs. However, certain perioperative factors contribute to postoperative complications, leading to prolonged LOS with significant implications on capacity, further straining already burdened healthcare resources (Chua et al., 2020). To address the financial burden and improve patient outcomes, patient-centered care that includes early ambulation and rapid recovery protocols has been implemented and has shown promising results in improving functional mobility and LOS, addressing the capacity constraints and improving patient flow.

Identification of the Problem: The facility lacks a standardized protocol to mobilize patients in the early recovery phase. TJA patients remain in bed for an extended period of time, failing to ambulate early for potential early discharge. This is further complicated by an increasing hospital census, posing concerns on potential treatment delays.

QI Questions/Purpose of the Study: Does patient-centered care consisting of early ambulation and rapid recovery protocols for TJA patients reduce unnecessary inpatient surgical admissions and increase hospital capacity?

Methods: The Outpatient Stay Unit (OSU) functions as a hybrid post-anesthesia care unit (PACU), providing Phase I perianesthesia care until discharge or transfer to an inpatient unit (Phase II). OSU receives outpatient and inpatient TJA patients directly from the operating room. This new workflow allowed patients to receive standardized care protocols that included early ambulation and rapid recovery, focused staff education, and defined patient education and expectations. Through a successful partnership with the Department of Orthopedics and the Anesthesiologists, the OSU safely transitioned patients from the perianesthesia area to home or an inpatient bed.

Outcomes/Results: Providing patient-centered care to TJA patients in OSU prevented unnecessary surgical admissions to the inpatient areas. From April 2022 – April 2023, the OSU has prevented a total of 27,000 hours (1,100+ EPD/bed days) from occupying inpatient beds, translating to an estimated \$8.2M in net revenue.

Discussion: The OSU successfully assisted the organization with increased overall capacity. A reduction in the average LOS of 28.94 - 24.05 hours from April 2022 - April 2023 was noted.

Implications for Perianesthesia Nurses and Future Research: Expanding the pathway to other surgical populations would maximize the benefits of a patient-centered care approach.