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

Perioperative Services | Cedars-Sinai Medical Center, Los Angeles
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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.

Problem Identification
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 contributes to extended LOS which is further complicated by an increasing hospital census, posing concerns on potential treatment delays.

QI Question
Does patient-centered care consisting of early ambulation and rapid recovery protocols for TJA patients reduce unnecessary inpatient surgical admissions thereby increasing hospital capacity?

SMART Aim
- To provide patient-centered care to TJA patients from April 2022 to April 2023 and prevent unnecessary surgical admissions to inpatient, licensed beds
- To contribute to increased hospital capacity

Discussion/Conclusions/Implications
The Outpatient Stay Unit was successful in its goal of providing patient-centered care for TJA patients, assisting the organization with increased overall capacity. They were also able to decrease length-of-stay with the opening of this unit by demonstrating the below:
- Average number of hours after PACU until discharge in 2019: 59 hours
- Average number of hours after PACU until discharge from April 2022-April 2023: 44 hours

Methods/Implementation
The Outpatient Stay Unit (OSU) was opened on December 7, 2020. This unit functions as a hybrid post-anesthesia care unit (PACU), providing Phase I perianesthesia care until discharge or transfer to an inpatient unit. Nursing staff (both registered nurses and clinical partners) in the OSU are all trained in providing preoperative, postoperative, and post-surgical care. The unit was prepared to care for the majority of TJA patients, regardless of patient class. Not only did OSU provide care for outpatient TJA patients, but the inpatient TJA patients were also transferred to OSU directly from the operating room.

Results
Providing patient-centered care to TJA patients in our perioperative areas was successful in preventing unnecessary surgical admissions to the inpatient areas.

Source: CSMC Finance Decision Department
From April 2022 – April 2023, the Outpatient Stay Unit (OSU) has prevented 27,000 hours from occupying licensed beds.

- 27,000 hours = 1,100+ EPD/bed days
- bed days are estimated to bring CSMC about $8.2M in net revenue

References

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- Environmental services (EVS), inpatient orthopedic staff (7 North), LEJR Team, Nutrition, PACU staff, Pharmacy

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