

Same Day Joint Process Improvement for Total Hip and Total Knee Arthroplasty Patients

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Introduction: Same day discharge after total hip and knee arthroplasty is increasingly adopted to improve recovery and reduce costs. Despite evidence supporting outpatient joint replacement, inconsistent management and communication often result in delayed discharges and prolonged hospital stays.

Identification of the Problem: Variability in patient selection, unclear discharge criteria, and fragmented interdisciplinary communication contribute to inefficiencies and lower rates of successful same-day discharge. These issues affect hospital flow, resource use, and patient satisfaction.

QI Question/Purpose of the Study: This quality improvement project aimed to standardize the same day discharge process through interdisciplinary collaboration, clear criteria, and enhanced communication to improve discharge success and reduce length of stay.

Methods: This quality improvement project was conducted at a tertiary care center engaged a multidisciplinary team comprising perianesthesia nursing, anesthesiology, inpatient nursing, care transition coordinators, therapy, and home health. The team developed discharge protocols, enhanced communication, and provided education to improve discharge outcomes for patients undergoing total joint arthroplasty.

Outcomes/Results: Same day discharge rates increased, and the average hospital stay decreased from over 20 to under 13 hours. Implementation of multidisciplinary team interventions addressed barriers like enhanced communication, mobility and readiness, presurgical planning, and resulted in more efficient care transitions and reduced total hospital time for total hip and knee arthroplasty patients.

Discussion: Standardized, collaborative discharge processes improved patient outcomes and hospital efficiency. Perianesthesia nurses played a key role in coordinating care transitions. Challenges persist, including limited perioperative discharge space, warranting continued efforts to enhance communication, education, and infrastructure.

Conclusion: Multidisciplinary standardization of same day discharge protocols improves discharge rates, reduces length of stay, and enhances care quality in total joint arthroplasty patients. Sustained focus on care transitions is essential for ongoing success.

Implications for perianesthesia nurses and future research: Successful discharge planning and patient education rely on effective collaboration among the multidisciplinary team to establish seamless care pathways for this patient population. Future research should explore direct perioperative discharge models, assess long-term outcomes, and

incorporate both patient and staff perspectives to optimize processes and support broader implementation.