

A Quality Improvement Project: Improving Value in Total Joint Replacement Care: The Effect of Perioperative Education on Patient Quality of Care

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ABSTRACT

Problem: Legacy Silverton Hospital, a rural access hospital, Total Joint Arthroplasty (TJA) program has been negatively affected by loss of ortho surgeons, inadequately trained pre/postop staff, and inadequate TJA pre/postop program.

Background: It is predicted that total knee arthroplasty will increase by 56% in 2020 and by 182% in 2030 while hip arthroplasty will increase by 34% in 2020 and up to 129% by 2030. The residents in the Silverton hospital area do not have the same access to services as in other parts of Oregon.

Method: Mixed method design was used to address early discharge home, patient and staff satisfaction, reduce readmission rates and post-op complications. Orem's self-care deficit theory frames the intervention and the PDSA cycle was the process framework.

Intervention: Quality Improvement 3-month project had following components: pre/postop education program about TJA expectations; postop follow-up call to assess progress; home visits to assess patients at high risk for complications; patient and staff satisfaction surveys; time to discharge; and readmission rates

Results: Twenty-five charts surgeries in 2021 verse 115 in 2020. Outcomes results with new TJA program had improvements in preventing DVT, ED admission, post-op infections, and nursing assessment of extremities. Press Ganey scores relect patient dissatisfaction with COVID policies on limiting family presence and reduced surgical access.

Conclusion: Though some improvements in care were noted, the program needs to run a longer period of time and reassess the outcomes to determine true effectiveness. Further it has been identified that a surgical risk calculation program should be implemented.