Beth Israel Deaconess Hospital-Milton

Sustaining Success with Discharging Elective Joint Replacement Patients to Home Setting

The Problem

As part of a service line and patient disposition analysis performed in 2012, BID-Milton recognized that <20% of elective total joint replacement (TJR) surgery patients were transferred to the home setting at time of discharge. Available comparative data indicated that this rate was significantly lower than benchmark. Published outcomes data indicated that appropriately selected patients could achieve both improved outcomes and high patient satisfaction through a home discharge pathway, while eliminating ~40% of the cost of care incurred through preventable SNF/Rehab admissions.

In pursuit of the Triple Aim and following major TJR practice changes in 2012, team members monitored key patient outcomes in 2013 relative to the increasing % of patients discharged home, particularly all cause re-hospitalizations within 30-days following TJR surgery. This was a pre-emptive approach to CMS' 2015 VBP re-hospitalization measure that will be inclusive of such surgeries. Additional evidence-based clinical practices were implemented, including the elimination of autologous blood use in TJR surgery.

Aim/Goal

Sustain success achieved in 2012 and expand evidence-based practices (EBP) relative to elective TJR surgeries with the goal of eliminating barriers that would impede patients being discharged from the hospital setting to home. In addition, ensure practice changes did not adversely result in an increase in all cause re-hospitalizations within 30-days for this patient population.

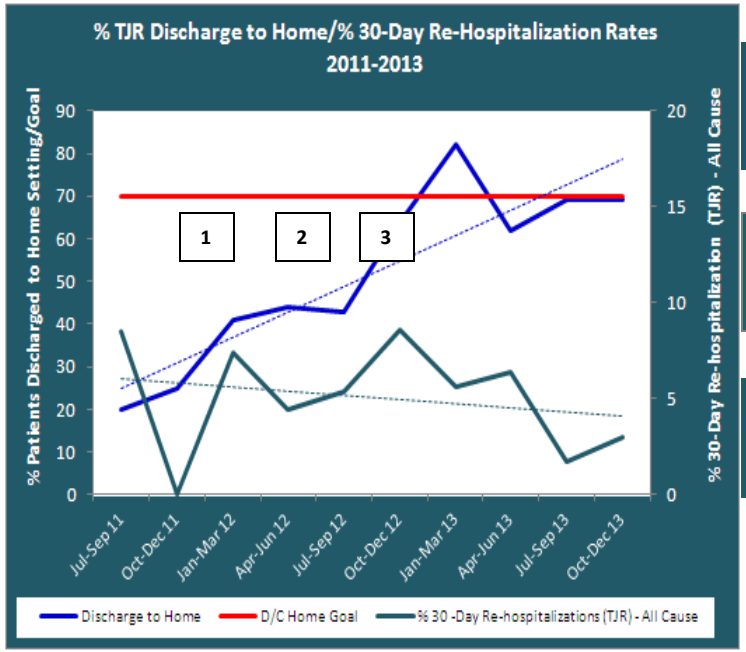
The Team

- Rehabilitation Services
- Nursing
- Case Management
- Pharmacy
- Blood Bank
- Surgical Services
- Orthopedic Surgery (Medical Staff)
- Administration
- Healthcare Quality

The Interventions

- Implemented the Risk Assessment Predictor Tool (RAPT): appropriateness for home discharge (EBP)
- Standardization relative to:
  - Pain management, early ambulation, VTE prophylaxis & home discharge planning. Implementation of BIDMC pre-surgery interdisciplinary patient education model (OP educational program) – incl. Rehab, Nursing & Case Management
  - Interdisciplinary review of EBP implemented in the newly opened Center for Specialty Care (Feb. 2013)
  - Elimination of autologous blood use for TJR patients

The Results/Progress to Date



February 2012
Home Discharge Pathway Introduced

August 2012
Revised Patient Education Focus

November 2012
Elimination of Autologous blood

Lessons Learned

- As discharges to the home setting continued to trend upward and in conjunction with the elimination of Autologous Blood use, re-hospitalization rates decreased, supporting an EBP approach to home discharge as a safe and appropriate disposition plan for TJR patients

Next Steps/What Should Happen Next

- Contrast outcomes based on disposition to home versus SNF.

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For More Information Please Contact: *Alex Campbell, MSN, RN, NE-BC, CPHQ, Director HCQ & PS*
alex_campbell@miltonhospital.org