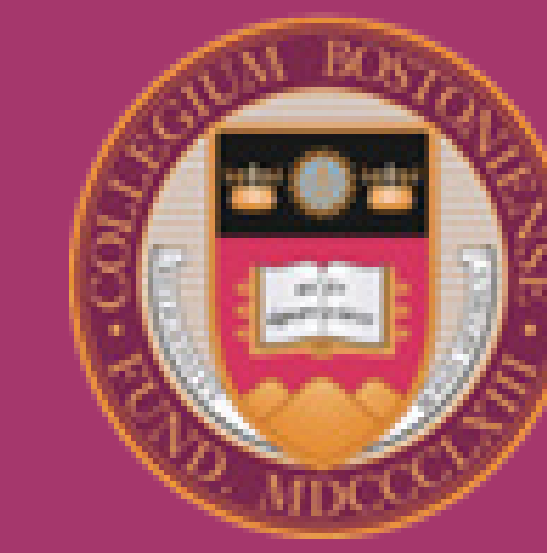
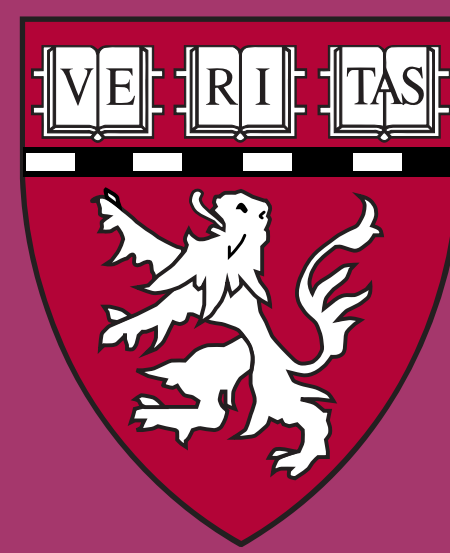


# Evaluation of Discharge Phone Calls Following Total Joint Replacement Surgery

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## Introduction

Joint replacement surgery extends beyond hospitalization. Successful recovery and prevention of complications is dependent on patient and family active participation in the discharge plan of care. This requires comprehensive patient/family education, including information on medication management, signs/symptoms of post-operative complications, and activity levels.

## Purpose

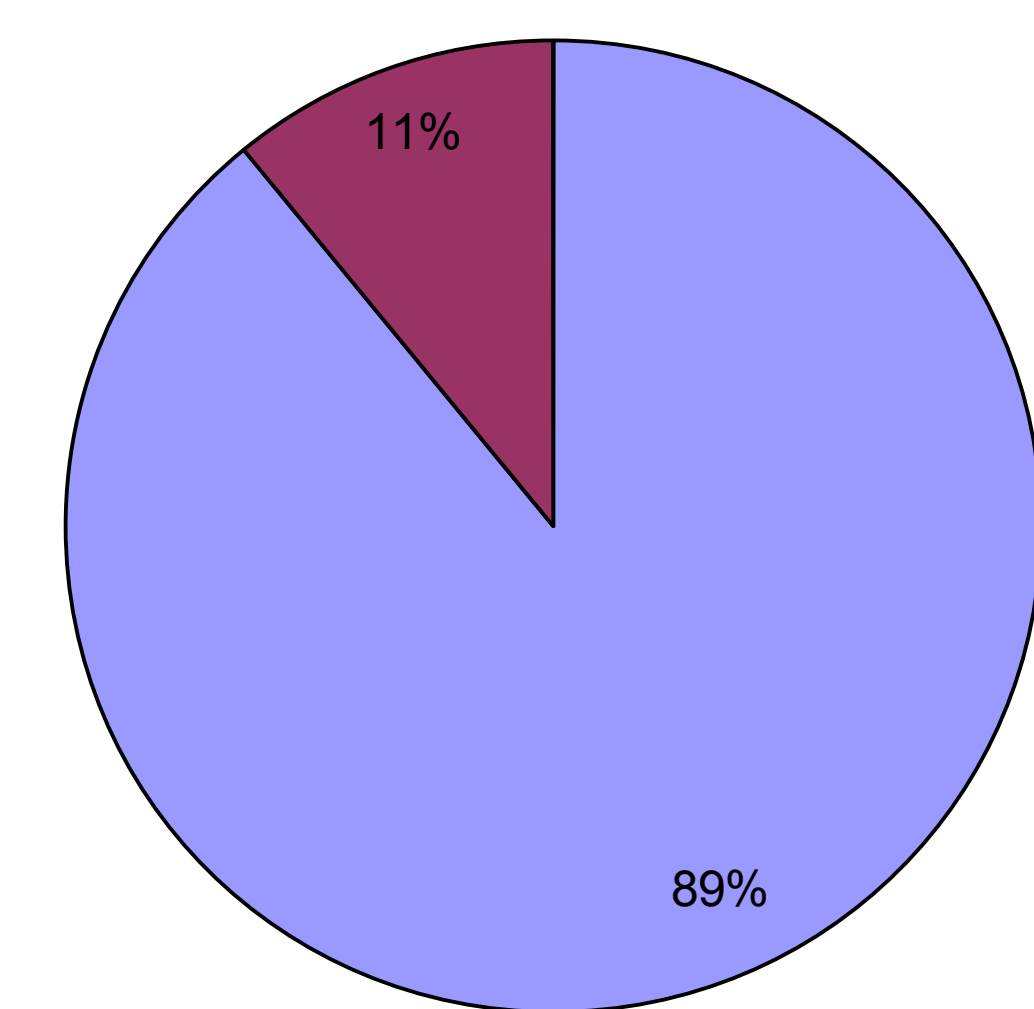
The purpose of this prospective quality improvement project was to evaluate patients' understanding of post-operative care at home, screen for post-operative complications, and identify inconsistencies or gaps in discharge teaching.

## Methods

- 1 year evaluation period (August 2010-August 2011)
- 89% (244/ 274) of patients who had undergone TJR surgery received a telephone call after discharge to home with or without services
- Created discharge questionnaire for phone calls that addressed general feeling, pain control, wound appearance, edema, anti-coagulation, and physical therapy
- Provided opportunity for clarification of questions regarding their post-op care and specific concerns were clarified

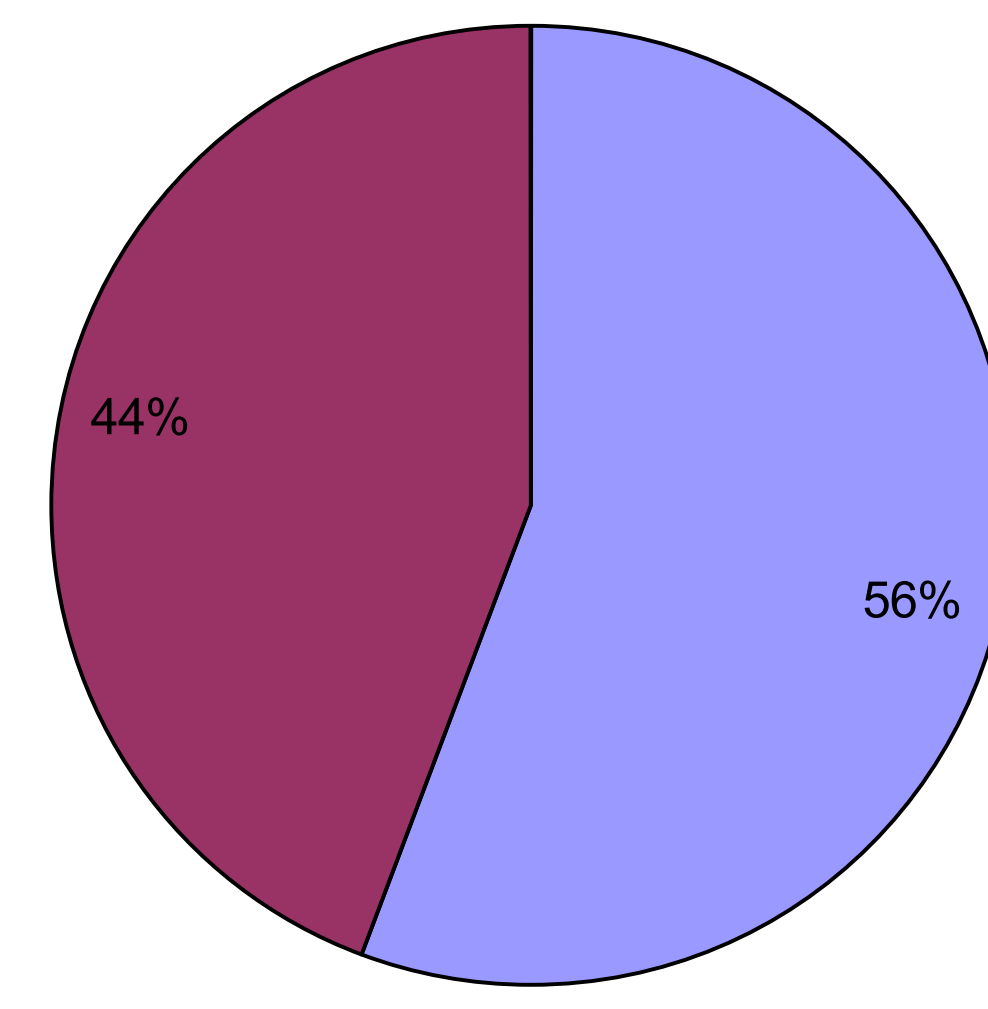
## Findings

Patients Discharged to Home s/p TJR Surgery



■ # of Patients Called  
■ # of Patients Not Called

Breakdown by Surgery Type



■ THR ■ TKR

### Demographics

		THR (n=148)	TKR (n=126)
Gender	Male	68 (46%)	50 (40%)
	Female	78 (53%)	76 (60%)
	Unspecified	2 (1%)	0 (0%)
Side/Site	Right	75 (51%)	66 (52%)
	Left	73 (49%)	60 (48%)
Length of Stay (LOS)	Range	2-8 Days	2-8 Days
	Mean	3.8 Days	3.6 Days
Time Called Since Discharge from Hospital	Range	1-9 Days	1-9 Days
	Mean	3.7 Days	3.3 Days

### Thematic Analysis

Overall Themes	
Medication Management 31% (side effects, prescription refills, resuming home meds) Bowel problems/concerns 25% Compliance with TEDs 18%	
Specific to THR	Specific to TKR
Activity 9%	Bruising 9%
Pain 5%	Skin altered 3%
	BP issues 2%
Patients who Required Follow-up	
Yes 9%	Yes 23%
No 91%	No 77%
Reasons included: Pain medication, bowel/bladder, medication side effects, resuming meds, increased drainage	Reasons included: Pain medication, mental status changes, leg swelling, s/s incision infection, resuming meds

### Response to Discharge Phone Call Questions

THR (n=115 called/data)	TKR (n=92 called/data)
How have you been feeling since you were discharged from the hospital?	
Great 13%	Great 20%
Good 73%	Good 58%
Concerns about bowels, low BP, pain, trouble sleeping, other 10%	Concerns about fall, pain, trouble sleeping 12%

Can you rate your pain on a scale of 0-10?	
0-3/10 29%	0-3/10 25%
4-6/10 19%	4-6/10 18%
7-10/10 6%	7-10/10 10%
What medication are you taking for pain?	
Dilaudid 31%	Dilaudid 24%
Oxycodone 24%	Oxycodone 26%
Tylenol 46%	Tylenol 35%
Other 4%	Other 16%
Other Pain Comments	
Pain worse at night 14%	Pain worse at night 4%
	Taking less than ordered 5%

Do you have a fever or chills?	
No 100%	No 92%
Yes 0%	Yes 3%

Do you have any redness or drainage from your incision?	
No 82%	No 90%
Yes 16%	Yes 2%

Do you have severe, increased swelling in your leg?	
None 53%	None 61%
Decreased 34%	Decreased 25%
Increased 7%	Increased 7%
Other factors reported	
Ice 18%	Ice 12%
Elevation 14%	Ecchymosis 16%
	Blisters 3%

What medication are you taking to prevent blood clots?	
Enoxaparin 97%	Enoxaparin 91%
Warfarin 2%	Warfarin 5%
Enoxaparin bridge to Warfarin 1%	Enoxaparin bridge to Warfarin 2%
	Wrong Warfarin dose, INR not followed/drawn (2%)

Are you able to do your exercises and walk around without difficulty?	
Exercising reported 85%	Exercising reported 90%
	CPM concerns 3%

## Conclusions

- Gaps in nurse-patient/family teaching after TJR surgery remained
- Patient and family participation in the discharge teaching plan is vital for successful recovery at home
- Discharge questionnaire needs revision to be more specific and better address concerns

## Nursing Practice Implications

- Identify specific areas for improvement in nurse-patient/family teaching
  - Teach importance of wearing TEDs, anticoagulation regimen, side effects of pain medication, icing/elevation of surgical extremity, bowel management, recognition of danger signs, what to expect at home
  - Begin discharge teaching on post-op day 1
  - Utilize the teachback method in order to recognize whether the patient and family have a complete understanding of the instructions
- Improve patient teaching handouts to target above themes
  - Involve patients and families in the development
  - Translate teaching handouts into other languages
- Educate nurses on themes to continuously evaluate discharge teaching while in the hospital
  - Continue to mentor staff nurses to make the discharge phone calls
  - Establish discharge class for patients and families during hospital admission

## Contact Information

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