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Executive Summary

The Team that said “Yes”; Reduction in the Average Length of Stay (LOS) for elective hip/knee replacements.

This project began with a Utilization Management meeting where the LOS for elective hip/knee replacement surgeries between facilities in the Veterans Integrated Service Network (VISN) 20 was discussed. I noticed Boise had the shortest LOS in the VISN by almost a day with an average LOS of 3.6 days to Portland’s 4.5 average. This led me to explore our local processes to identify barriers impacting LOS in Portland for this population. I reviewed post-operative orthopedic patients who had undergone elective hip and/or knee replacements and noticed a delay in getting patients to post-acute rehabilitation. Medically stable patients frequently spent an additional weekend prior to discharge due to a lack of advanced discharge planning. In addition, I randomly started looking at LOS around the country and found two VA hospitals with a three day LOS, Denver and San Diego. This raised the question, what are Boise, Denver and San Diego doing that we were not?

It just so happened we had a group of RN’s visit from the Denver VA around this time and I ask for a contact in their orthopedic department. Per conversations with the Denver orthopedic team and the UM manager of Boise, it was found that both programs focused on setting the expectation for discharge prior to surgery. This approach was supported by my literature review which revealed three trends. One, if you set the discharge expectation to home, a patient is more likely to discharge to home. Two, Using the Risk Assessment and Prediction Tool (RAPT), you can identify patients who will need post-acute rehabilitation prior to surgery with a 90% accuracy rate. And three, patients who live alone, and do not have caregiver support are likely to need rehabilitation following surgery.

Chart reviews revealed that patients often stayed an additional 2-3 days waiting for rehabilitation placement. The chart reviews supported the idea that LOS could be reduced with pre-operative discharge planning. Boise referenced using a discharge letter to set expectations for community rehabilitation placement post-surgery. I worked with the Orthopedic team to tailor this letter to patients at the Portland VA and it was reviewed by the Education Department for health care literacy. The first portion of the letter focused on setting the expectation of discharge to home on post-operative day two or three. The second portion focused on discharge to a community skilled facility if the need for rehabilitation was identified pre-operatively. The RN Care Coordinators met with each patient at their pre-operative appointment where the letter was reviewed, discussed, and discharge expectations were reinforced for this elective procedure.

The project began on February 1, 2017, and within the first quarter results were noted. February achieved a reduction in LOS by a half a day and in March one and half days. The average LOS (FY17 to date) dropped from 4.5 days to 3.9. This downward trend has continued in April and May.

As the Orthopedic team and I continue to work together, I have learned the power of when a team says “yes” to choosing a collaborative process to create, implement and sustain change.