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Home in 16 Hours

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The goals of the program include:
- Providing a more comprehensive approach to the episode of care
- Minimizing surgical and metabolic stress
- Improving the recovery and convalescence processes for the patient
- Involvement of the patient and caregiver as active participants in the care processes
- Providing a same day of surgery discharge option for eligible patients
- Decrease overall length of stay for total joint arthroplasty patients

Background

The demand for total joint arthroplasty (TJA) is expected to grow 44% by 2020. (Sher, Keswani, Yao, Anderson, Koenig & Moucha, 2017). As demands for these surgeries increase, hospitals must position themselves to provide efficient, cost-effective, and safe TJA Utilizing the Institute of Health Care Improvement Triple Aim Approach to improve the patient experience, reduce costs, and improve the health of the patient population can assist hospitals in this endeavor (Institute for Healthcare Improvement, n.d., para 1). The average length of stay after TJA has decreased from two weeks to four days, however, enhanced recovery protocols have created an emphasis on decreasing the length of stay (LOS) further (Lovald et al., 2014).

Enhanced Recovery After Surgery (ERAS) for total hip (THA) and total knee arthroplasty (TKA) has become well established as a multidisciplinary approach, lessening patients’ LOS without increasing readmission rates as well as other endpoints such as patient outcomes and functional rehabilitation (Khan et al., 2014).

Medical complications such as thromboembolism, ileus and pneumonia are found not to be frequent using ERAS. Studies have shown reduced early mortality on patients under a well adapted ERAS program (Dwyer et al., 2012).

The ERAS “Home in 16 Hours” program:
- Starts with preoperative care and detailed patient education prior to admission to hospital, well defined discharge criteria, and a pre-arranged discharge plan
- Postoperative care includes early introduction of oral nutrition supplements, early mobilization, multimodal pain management, and restricted opiate use to minimize nausea and ileus (Dwyer et al, 2012).
- Redesign of the nursing process due to compression of LOS
- Nurses ambulating patients POD #0 to increase mobility
- Education provided throughout hospitalization
- Frequent reassessments of patient needs
- Patient and family as the unit of care
- Interdisciplinary approach to patient teaching and caregiver education

Discharge Criteria must be met prior to discharge:
- Tolerance of oral fluids and solids
- Achievement and maintenance of pain control with oral meds
- Orthostatic tolerance
- Absence of unusual bleeding or swelling at surgical site
- Both patient and caregiver express comfort with discharge plan
- Voiding without urinary retention
- Physical Therapy Criteria
  - Gait distance – ambulate at least thirty (30) feet
  - Stairs – independently negotiate six (6) inch step transfers – perform transfers to and from a chair and bed
  - Involvement of the patient and caregiver as active participants in the care processes
  - Increased time out of bed and accelerated rehabilitation

Nursing Implications

This multimodal rehabilitation program has enabled:
- Early restoration of gastrointestinal function
- Reduction of fatigue, and improved physical performance
- Reduced length of hospital stay (LOS)
- More comprehensive approach to the episode of care for this patient population
- Reduction of surgical and metabolic stress
- Improved recovery and convalesce processes for the patients
- Involvement of the patient and caregiver as active participants in the care processes
- Same day of surgery discharge option for eligible patients
- Increase in comfort by recovering in their own environment
- Increased privacy
- Less sleep interruptions and deprevation which aids in maintaining a healthy immune system, leading to a faster and safer healing process
- Nurses confident in ambulating post-operative patients leading to increased time out of bed and accelerated rehabilitation

References
