Improving Patient-Centered Care Through a Pre-Operative Total Joint Replacement Class

The Problem:

In 2004, 12 Reisman began admitting the Total Hip, Total Knee Joint Replacement Populations. After an assessment of what was available for educational materials for these patients, it was determined by our team that there was not adequate educational materials that would prepare patients for their inpatient experience and transition to discharge. Our mission was to evaluate the post-operative course, including areas of medication teaching, rehabilitation therapy, and discharge planning. Our goal was to develop a more collaborative interdisciplinary team, increase the quality and safety of care, and increase patient satisfaction and involvement.

Aim/Goal

By developing a pre-op Total Joint Replacement Class, we aimed to assist patients and their family members to become better prepared for surgery by providing education on:

- How to prepare for their scheduled surgery
- What to expect while in the hospital regarding nursing care and rehab therapy. This would include teaching around medications and pain management, rehab exercises, precautions, activity, incision care, diet, drains/equipment, pulmonary hygiene, and anticoagulation
- Available options for discharge
- Assisting patients and their families to become more involved in their care

The Team

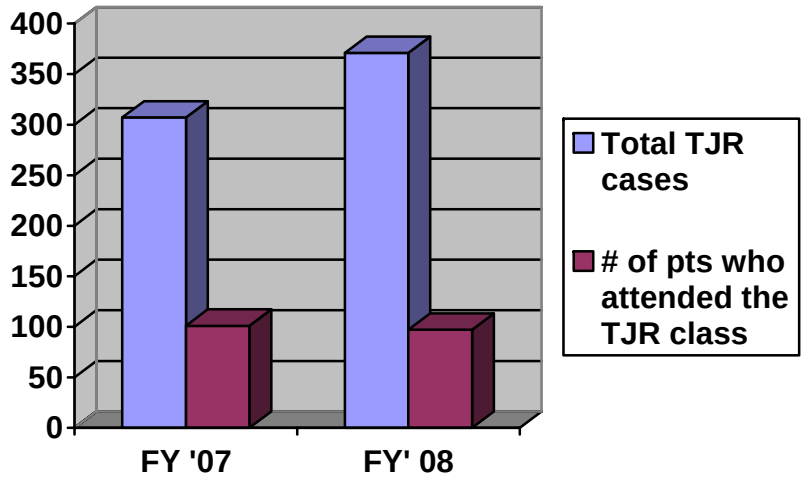
- Deborah Adduci, PT, Rehabilitation Services Supervisor
- Douglas Ayres, MD, Orthopaedic Surgery
- Ann Marie Grillo, RN, Unit Educator, 12 Reisman
- Caroline Kenney, RN, Case Management
- Regina Loschiavo, RN, 12 Reisman
- Gina Murphy, RN, Nurse Manager, 12 Reisman
- Anna Tateosian, RN, Case Management
- Phyllis West, RN, Director of Operations, East Campus

The Interventions

The Total Joint Replacement Class was implemented in October of 2006

- Each patient receives a copy of the TJR class schedule during their pre-op appt.
- Interdisciplinary team involvement includes Nursing, Physical Therapy, and Case Management
- Post-class evaluations are reviewed in order to re-evaluate the needs of the patients, including class size, learning needs, and participation rates
- Surgeons, PAT nurses, and schedulers were involved in order to provide consistent care throughout the pre-operative course
- Questionnaires completed by each patient during the class are given to case managers in order to assess any abilities/needs that may impact their discharge disposition
- Total Joint Replacement education binders are reviewed

The Results/Progress to Date



Lessons Learned

- Patient and family involvement is necessary in care and increases patient satisfaction
- Patient and family involvement pre-operatively has helped patients and their family members to feel more prepared for their post-operative recovery
- Interdisciplinary team collaboration improves both patient and staff satisfaction
- Additional interventions are needed in order to reach a greater population of these patients

Next Steps/What Should Happen Next

- Improve upon nursing post-surgical follow-up with patients who are discharged after TJR surgery
- Include educational tools and class registration information on the orthopaedic website
- Perform online booking for the TJR Class in conjunction with surgical booking so as to ensure better compliance with attendance rates
- Goal is for 80% of patients undergoing Total Joint Replacement surgery to attend the pre-operative class

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact

Ann Marie Grillo, RN, Unit Educator, 12 Reisman, agrillo@bidmc.harvard.edu