

Reducing length of stay in patients undergoing elective arthroplasty at Walsall Manor Hospital

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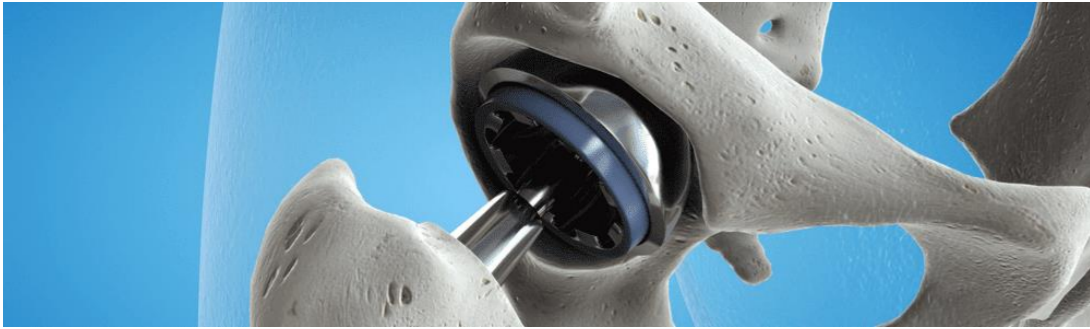


Quality Improvement Awards 2024



Introduction

Walsall Manor Hospital performs over 600 hip and knee replacements a year. Enhanced Recovery After Surgery (ERAS) protocols allow care to be standardized and have demonstrated benefits such as improved patient care and reduced length of hospital stay.



Aim of the project

Hip and knee arthroplasty can potentially be performed as a day-case procedure, but this has not previously been the case at Walsall Hospital. The goal of this pilot project was to reduce the length of stay of patients undergoing elective joint replacement.

Project stakeholders

Satisfy
Radiographers
Ward Manager
Physiotherapy manager
Anaesthetics Clinical Director
Orthopaedics Clinical Director
Orthopaedic booking team



Manage/Engage
Patient
Orthopaedic surgeon
Anaesthetist
Physiotherapists
Ward nurses
Pharmacists



Monitor
Quality improvement team
GIRFT Team involvement



Inform
Theatre team
Theatre managers
Hospital administration
Pharmacy managers



Methods

After the Booking team provided us with Mr Moores' theatre lists, we selected patients who met the following criteria:

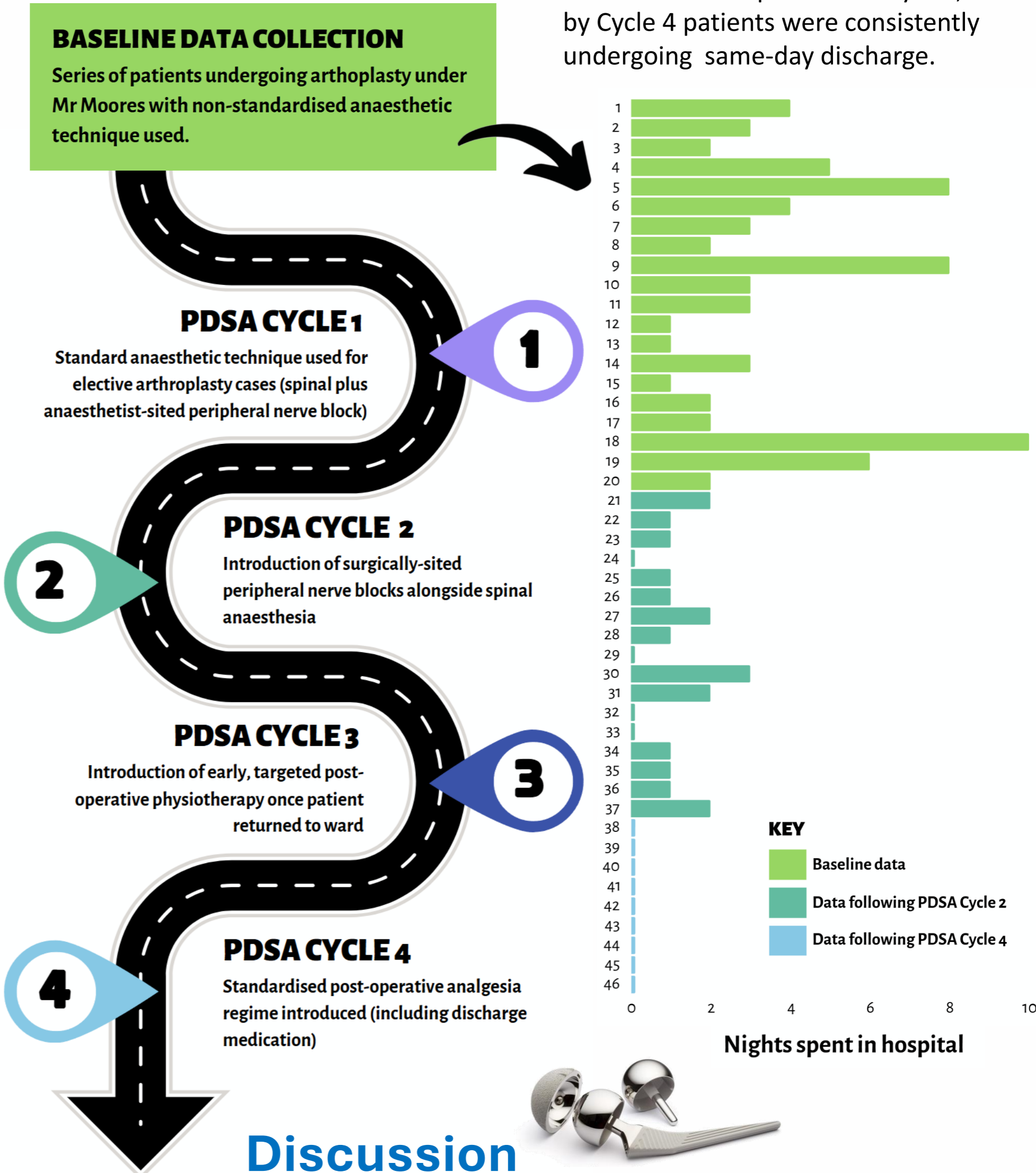
1. ASA 1 – 3
2. No comorbidities requiring a HDU stay
3. Operation finished before 14:00

Subsequent PDSA cycles were completed (see diagram), with a change implemented each time. We collected data prior to the implementation of the project and following subsequent PDSA cycles.

Prior to March 2024, elective hip and knee arthroplasty had never been performed as a day-case procedure at Walsall Manor Hospital. As a result of multidisciplinary stakeholder involvement and the introduction of focused, standardised care, we were able to successfully discharge patients on the same day of their surgery.

Results

This graph shows how patient length of stay differed following the various interventions we introduced. Each number along the Y axis represents a single patient. The length of stay reduces with subsequent PDSA cycles, and by Cycle 4 patients were consistently undergoing same-day discharge.



Discussion

Prior to our project, patients were staying for an average of 3.4 nights following elective knee and hip arthroplasty. Implementation of the interventions above have resulted in our hospital's first-ever same-day discharges. In addition, there were no patient readmissions. A reduced hospital stay is beneficial for patients and clinical staff, and we will continue optimising the elective arthroplasty pathway and hope to demonstrate improved patient satisfaction scores as a result.

