

## #InfluenceTheCulture: Reframing the Status Quo to Effect Change

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**Background and Significance:** The global population is aging. According to The World Health Organization (n.d.), the number of individuals over age 60 is on track to nearly double by 2050. As the population ages, the need for care to treat age-related ailments increases. Along with pharmacologic treatments, total joint arthroplasty (TJA) is an available treatment option (Shinde et al., 2022). Perioperative techniques and interventions are contributing factors to exponentially increasing the number of same-day discharges (SDD). While SDD was trending, out-of-date views of the treatment teams were not in step, these dated beliefs fostered an environment of ambiguity and leniency in the actual discharge date and time of TJA patients.

**Clinical Question:** In total joint arthroplasty patients (P), what is the effect of changing the discharge expectation on the operating room schedule (I) compared to no change (C), influencing the rate of SDD (O) over a ten-week period (T)?

**Evidence:** A review of the literature was performed, and the evidence-based articles support the need for organizational change. Not only is there a payor source drive to decrease primary TJA length of stay, but the literature also identifies the ongoing trend as safe and in line with providing quality and cost-effective care following TJA.

**Intervention Implementation:** Organizational data and dashboards data revealed a ten percent increase in the number of SDDs after primary TJA from the first and second quarters of FY22 compared to the same period FY23 (43.7 percent to 54.5 percent) – this provided the evidence to approach the stakeholders and leadership to authorize making a change. Using the daily procedural list as a communication tool, the Orthopedic Clinical Liaison identifies the patient's discharge expectations as a free text message for all care team providers. The implementation plan changed the communication from 'same-day discharge' to 'overnight'.

**Evaluation:** Data was retrieved from an organizationally managed total joint dashboard to measure the results.

**Results:** To influence providers' perceptions of the new normal, the intervention was a small change, and the goal was met simply by reframing the situation. There was an increase in the percentage of SDD: 54.7% (Q2 FY23: 128 SDD/234 total) pre-implementation to 72.9% (Q3-6/16/2023: 148 SDD/ 203 total) post-implementation.

**Significance and Conclusion:** The project's significance is one that seeks to accomplish the tenets of the quadruple aim, focusing on quality, cost, and on patient and provider satisfaction (Hickey & Giardino, 2022). By providing the same quality of care with clear guidance to patients and providers at a reduced cost and utilization of scarce resources, this project supports achieving these principles.