IMPLEMENTING DAILY PATIENT GOALS RESULTS IN TIMELY AND SAFE DISCHARGE FOLLOWING TOTAL JOINT REPLACEMENT

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INTRODUCTION

Local and national health policy promotes patient centred care and increased patient involvement (NHS Q5 2005; NHS Tayside 2008). Research demonstrates the benefits of involving patients in their care and permitting them to take active roles in the planning and delivery of their healthcare (Hadistavropoulos et al. 2009). Within the orthopaedic ward it is essential for patients undergoing elective joint replacement surgery to feel engaged with the multidisciplinary team. The rehabilitation process relies on effective patient concordance with planned care.

Communication between medical and nursing staff, physiotherapists, occupational therapists and patients can be problematic. Confusion may arise when the individual members of the multidisciplinary health care team and the patient have different goals, as opposed to working collaboratively towards achieving a set of shared goals.

This quality improvement project was implemented on an orthopaedic ward for patients undergoing elective total hip or total knee replacements in March 2012. A daily goals checklist for patients was created and implemented. A collaborative approach to goal setting included the multidisciplinary team and most importantly the patient and their relatives. The model for improvement was used to plan, implement and analyse changes made (Langley et al. 2009).

PROJECT OVERVIEW

AIMS

By the end of March 2012 patients undergoing elective knee or hip joint replacement on ward 16 will know what their plan of care is and what they need to achieve prior to being considered safe for discharge

➢ Improve provision of patient and family centered care
➢ Improve patient understanding of the goals they must achieve before being discharged
➢ Communicate expected discharge dates with patients, normally 3-5 days after surgery
➢ Ensure patients have a better understanding of their progress following surgery

MEASURES

A survey will identify patients reported level of understanding and involvement in their care following joint replacement surgery. Staff will also be surveyed to identify any discrepancies between patient reporting and staff perception of patient understanding and involvement.

After implementation of the change staff will also be asked if it adds too much to their workload. If a change creates too much work staff compliance is likely to be low.

THE CHANGE

A checklist will be developed and implemented. The checklist will be for use at the patients bedside and visible to patients, relatives and the health care team. The checklist will detail the goals that the patient must achieve prior to discharge. Staff will review the goals with the patient and sign them off as they are achieved.

DEVELOPING THE CHECKLIST

A first draft was circulated amongst staff and changes made prior to the checklist being implemented for one patient. The checklist was updated following feedback from the first test of change before being used for three more patients. Feedback from patients indicating that they would like to know that they are making progress led to the next revision that was given to five patients. Final amendments were made following discussion with patients and staff. The sixth draft became the discharge checklist document that was to be provided to all patients undergoing hip or knee joint replacements.

Checklist must:
➢ Be easy and quick to use
➢ Clear language, no jargon
➢ Show estimated discharge date
➢ Provide the opportunity for patients to write personal goals

SURVEY RESULTS

The Survey

Patients and staff were asked to indicate their level of agreement with the following six statements. A five point rating scale was used to measure response.


1. Patients and relatives are involved in goal setting
2. Patients are aware of the goals they must meet before discharge
3. Patients expect to be discharged 3-5 days after their surgery
4. It is clear to patients, relatives and all healthcare staff when goals are achieved
5. It is clear to patients, relatives and all healthcare staff what the patient still needs to do before being safely discharged
6. The patient is at the heart of all communications

PROJECT FINDINGS

➢ Staff had been overestimating patients understanding of care and involvement in care planning following total joint replacement.
➢ Patients were not expecting to be discharged in 3-5 days as planned medical staff.
➢ Although patients had an understanding of what goals they had to meet before discharge they were less sure of when goals had been met and what they still had achieved.
➢ Following implementation of the checklist patients reported much better understanding of what goals they had to achieve prior to discharge and, importantly, that their relatives and themselves felt more involved in their care and that communication with the healthcare team was patient centered.
➢ All members of staff who completed the survey after using the checklist stated that the checklist did not add too much to their workload.

PROJECT FUTURE

Owing to the success of the pilot study the checklist is now to be implemented for all elective knee and hip joint replacement patients on ward 16. The checklist has also been recommended to the Senior Charge Nurse on an orthopaedic trauma ward with a view to implementing it with adaptations to promote patient involvement and nurse-led discharge.

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REFERENCES


Draft 6, approved for use by the Senior Charge Nurse on all patients undergoing hip or knee joint replacement surgery.