TOTAL JOINT SPECIALTY SERVICE
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ELEMENT 1: PURPOSE
CSS staff began expressing concerns regarding the current Total Joint Program towards the end of 2018. After evaluation of current processes and procedures, it became apparent that CSS staff were not fully trained/educated on current Total Joint processes which could prove to be a patient safety concern. In addition, the committee found several areas within current processes needing improvement and lacking a set protocol. These findings do not embrace CSS’s mission of providing exceptional quality care for the Total Joint patient.

Purpose: To provide an organizational infrastructure that supports excellence in staff training, planning, and preparation of CSS Total Joint Cases.

ELEMENT 2: PERFORMANCE GOAL
Total Joint Specialty Service surveys have a 1-10 rating scale in most categories. For each of these categories, we will receive 90% of submissions answered 8 or better out of the 1-10 rating scale. The remaining categories are answered with yes/no. For these, we will receive 90% of responses with a favorable “yes”. 100% of total joint cases will meet the new Total Joint process as outlined on the CSS Total Joint Protocol. We will decrease the number of indicator tracking forms received for Total Joint Cases by 90%.

ELEMENT 3: DATA
Survey goal fell short by at least 75%. Committee received 7 Indicator Tracking forms reporting deficiencies/issues with the Total Joint program process.

ELEMENT 5: DATA ANALYSIS
The following is a list of the committee’s findings:
- Patients were being canceled the day prior to surgery due to incomplete pre-op intake information.
- Pre/Post staff did not have a clear process to ensure that a timely pre-op intake was being completed.
- There was a communication gap between surgeon’s clinic staff and Pre/Post in regard to collecting pre-op information.
- OR staff was consistently asking for clarification from reps for Open vs. Hold Items.
- Patient sizing templates were not being provided prior to surgery day, causing question regarding what is needed for each patient.
- CSS staff members were consistently staying overtime to process late arriving loaner trays.
- Vendors were not on site prior to surgery start time.
- Staff members were not comfortable pulling total joint instrument trays. Currently, there is only one CSS staff member proficient in pulling Total Joint cases, with all other staff members relying on this individual to complete pulling the correct trays. If this staff member was not available, it was being left for the vendor/rep to organize and sort the morning of the total joint case.
- Implant storage was not optimal as it posed risk of contamination/damage.
- Post-op orders were unclear.
- Patients were experiencing incontinence post-operatively.

ELEMENT 6: ASSESSMENT
Survey goal fell short by at least 75%. Committee received 7 Indicator Tracking forms reporting deficiencies/issues with the Total Joint program process.

Pre-Operative Total Joint Coordinator (TJC)
- Communicates with patients, anesthesia, and medical assistants
- Color code cases on surgery schedule
- RED—attempted to contact (Left Message)
- YELLOW—pending pre-clear Information/Lab/EG
- GREEN—cleared and sent to front desk to be saved for the day of surgery

Operating Room Staff
- Materials manager will attach coded template to the surgeon’s preference card
- Staff will use code to pull total joint trays for the case by 1am the day prior

Vendor
- Vendors will gather implants and take them to the operating room
- Vendors will arrive 30 minutes prior to the start of total joint case

Operating Room 11C
- Case confirmation
- Templates mailed prior to surgery
- Implants delivered to equipment room
- Representatives will gather implants for each case and transfer into assigned OR
- Tag trays with patient name
- Take pictures and document
- Verify all trays are on site by 11pm the day prior to surgery
- Document on template attached to preference card for staff communication

Central Sterile
- Verify all trays are complete after the decontamination/wash cycle & pictures will be taken of completed trays
- Document return of total joint trays to vendor/rep on the coded template

ELEMENT 7: CORRECTIVE ACTIONS
Post Operative Calls
- All total joint patients will receive post-op calls after surgery on:
  - 24 hour, 48 hour, 1 week, 30 days, 60 days, 90 days
- Inquiring information about:
  - Pain rating, medications, diet, following PT plan, follow-up appointment scheduled, etc.

ELEMENT 8: RE-MEASUREMENT
We met our performance goal during our re-measurement period. Surveys showed significant improvement over initial measurement.

ELEMENT 9: ADDITIONAL CORRECTIVE ACTIONS
The QAPI Committee did not need to implement any additional corrective actions at the end of the study.

ELEMENT 10: COMMUNICATION OF FINDINGS
Reported To:
QAPI Committee
Administration
Governing Body