

Outpatient Total Joint Arthroplasty at a High-Volume Academic Center: Analysis of Failure to Launch

Logan Radtke, Claire R Kapron, Brenna Blackburn, Jeremy Gililand¹, Lucas Anderson², Christopher L Peters¹, Michael J Archibeck, Christopher Earl Pelt¹

¹University of Utah, ²Univ of Utah Dept of Ortho

INTRODUCTION:

Unanticipated failure to discharge home (failure to launch, FTL) following scheduled same-day discharge (SDD) total joint arthroplasty (TJA) is problematic for the surgical facility with respect to staffing, care coordination, and insurance concerns. The aim of this study is to review rates, etiology, and contributing factors for FTL in SDD TJA.

METHODS:

All patients who underwent primary TJA between February 2021 to February 2023, were retrospectively reviewed. Patients scheduled for SDD were identified and compared to patients who successfully discharged. Of those scheduled for SDD, risk factors for FTL were compared with successful SDD patients using chi-squared, t-tests, and multivariable logistic regression.

RESULTS:

During the study period, there were 3,093 consecutive primary joint replacements performed, of which 2,840 (92%) were scheduled as a SDD. In the SDD group, the average age was 63 years, the average BMI was 30.6 kg/m², and 57.6% were female. Overall, SDD was successful in 94.6% (n=2686) of patients with an FTL rate of 5.4%. SDD was successful in 92% of THA (n=1,130), 96.1% (n=1413) of TKA patients, and 98.7% of UKA patients. Surgical factors that significantly increased the risk of FTL included the use of general anesthesia versus spinal anesthesia (p<0.0001), later surgery start time (p<0.0001), longer surgical time (p=0.0046), and higher EBL (p=0.0002). Demographic factors that significantly increased the risk of FTL included female gender (p=0.0019), younger age (p=0.0385), and lower preoperative mental health patient-reported outcomes scores (p=0.0039).

DISCUSSION AND CONCLUSION:

With a comprehensive multidisciplinary approach dedicated to the goal of improving same day discharges at an academic medical center, we have seen successful SDD in over 90% of all primary TJA, with a FTL of less than 5%. Interventions to help decrease FTL include the use of spinal anesthetics and earlier scheduled surgery times.