



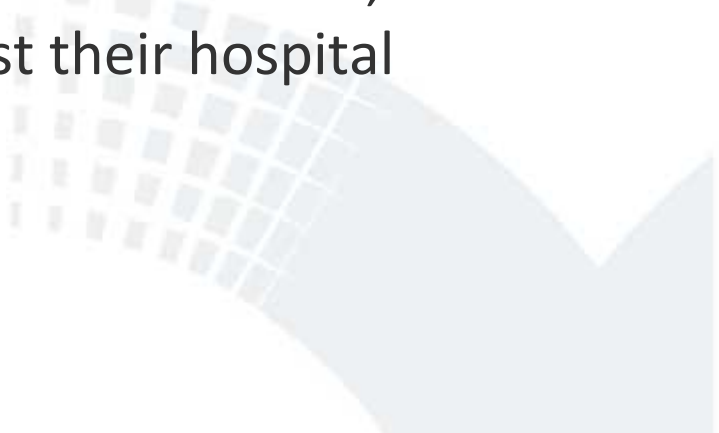
Elective Joint Replacements

Redesign of Care Pathway

Presented by Laura Bowman



Introduction

- South West Healthcare recognised our extended length of stay (LOS) compared to other health services.
 - Significant wait list for elective hip and knee replacements (up to 2 years).
 - Implemented an 'enhanced recovery' program to improve the patient's journey through the elective joint replacement process.
 - A multidisciplinary approach was used to ensure a patient centred, holistic management plan was delivered pre, during and post their hospital admission.
- 
- A decorative graphic in the bottom right corner consisting of a grid of light blue squares that transitions into a solid light blue shape.

Implementation Progress

Pre-operative

- Initial education booklet
- “Prehab” appointments
- Pre-operative clinic redesign
- RAPT scores
- Early referral to OT
- Ability to escalate surgery

Inpatient Stay

- Twice daily Physio including weekends
- Mobilised day of surgery
- New AHA roles (1.4 EFT)
- Increased OT
- Daily Ward Huddle
- Standardisation of surgeon orders eg CPM
- Aim 4 day LOS
- Revised MDT pathway

Post-operative Outpatient

- Improved access to follow-up Physio (within 10 days)
- Individual and group options
- New orthopaedic Physio group

Feedback from patients:

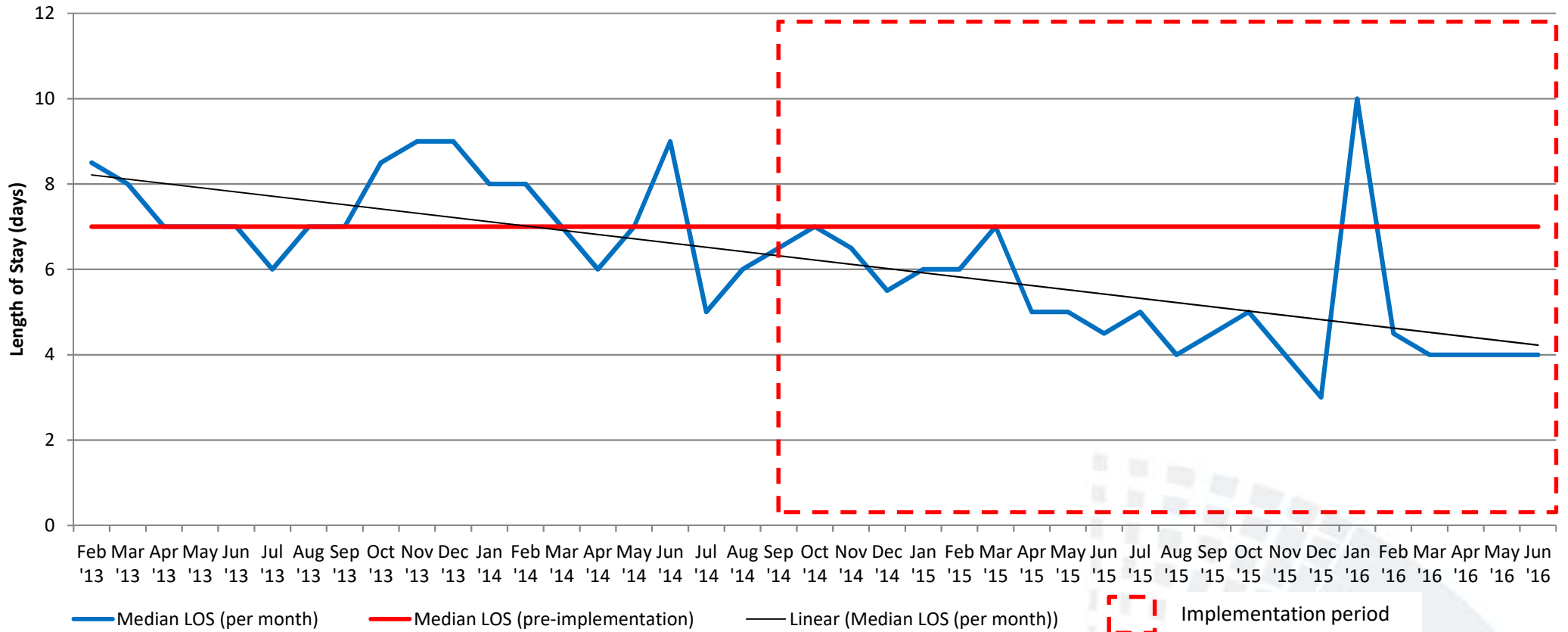
“The ‘new system of getting out of bed on the day of surgery’ is marvelous! 2 months down the track I wouldn’t even know that I have had my knee replaced! I had reservations about the new process of getting moving so quick, given that I had the other side done 5 years ago and knew what I was in for, but I can’t believe the difference between the two!”



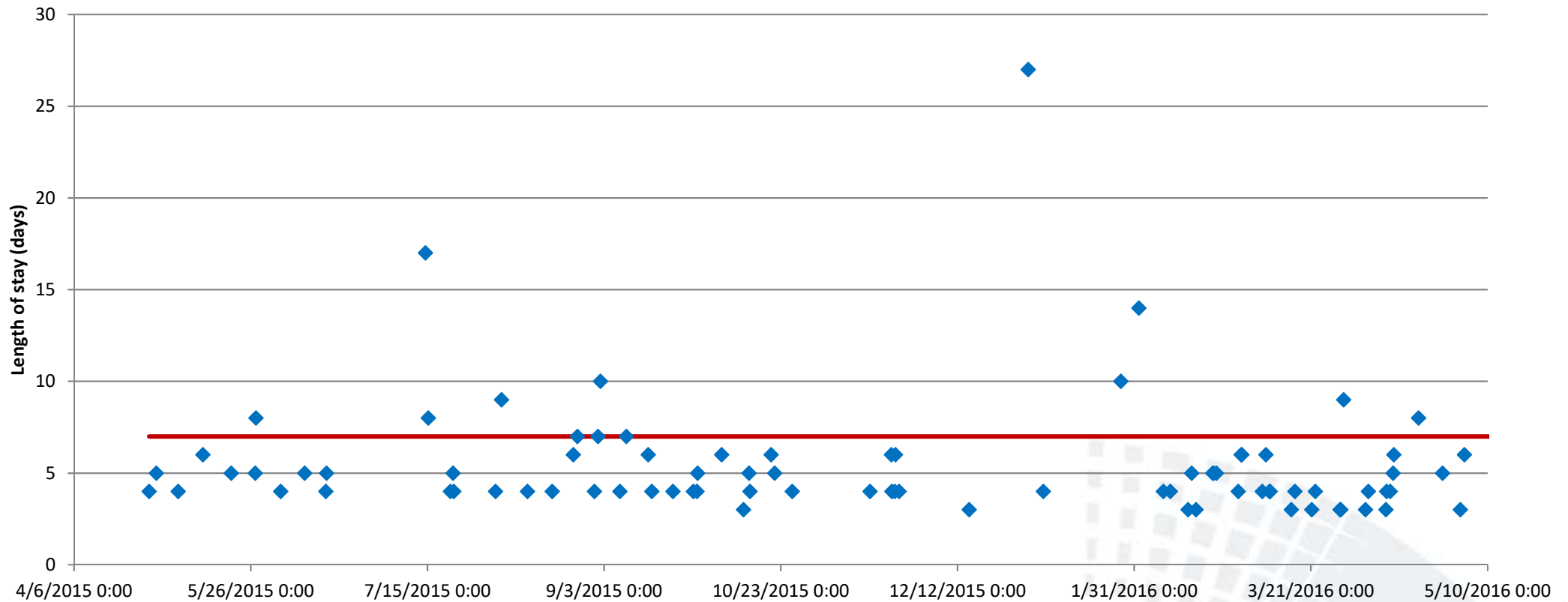
Length of Stay Trend 2013-2015

Routine Elective TKR

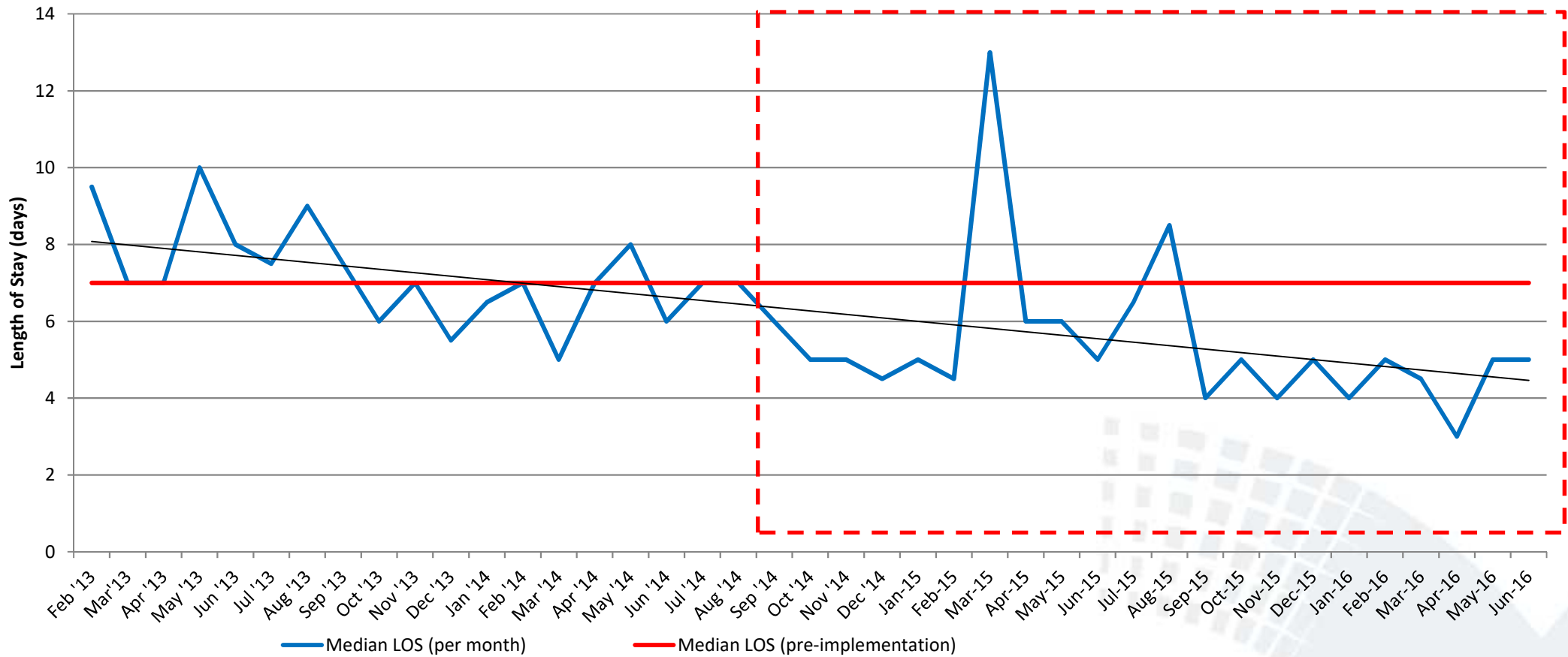
Median LOS for Routine Elective TKR



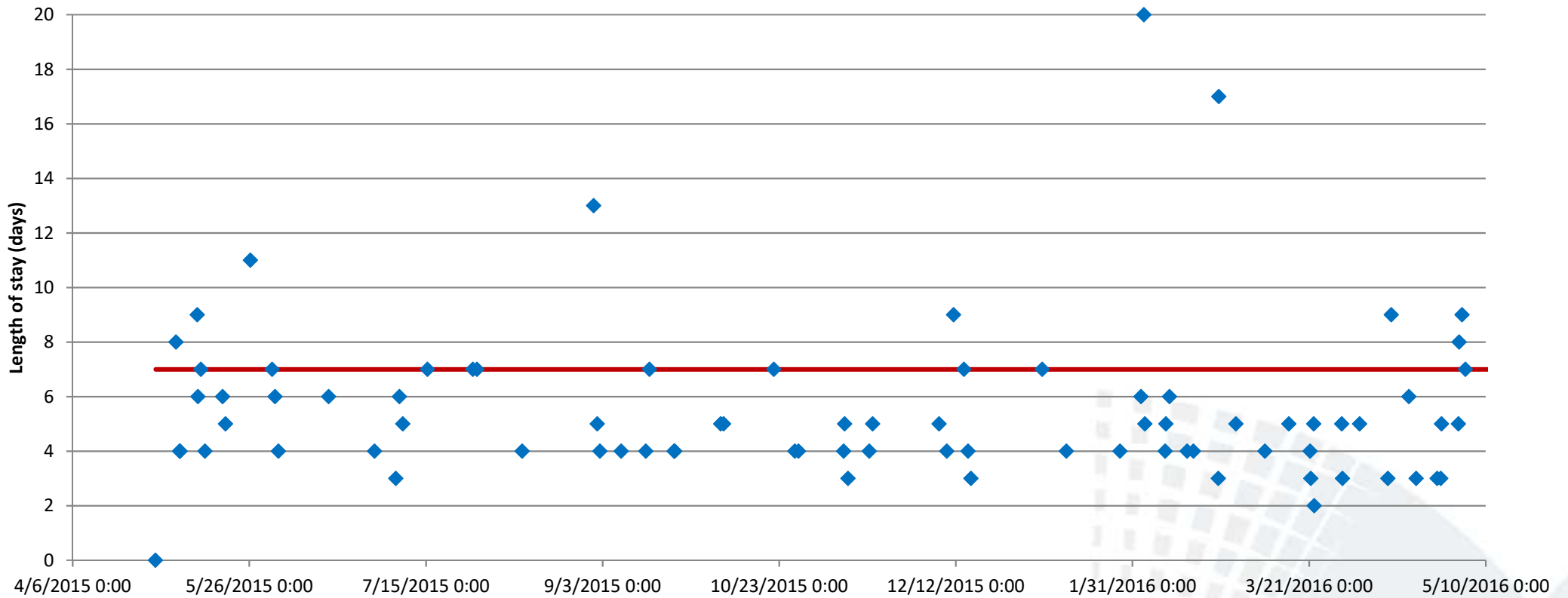
Length of stay for Routine Elective TKR: May 2015 - June 2016



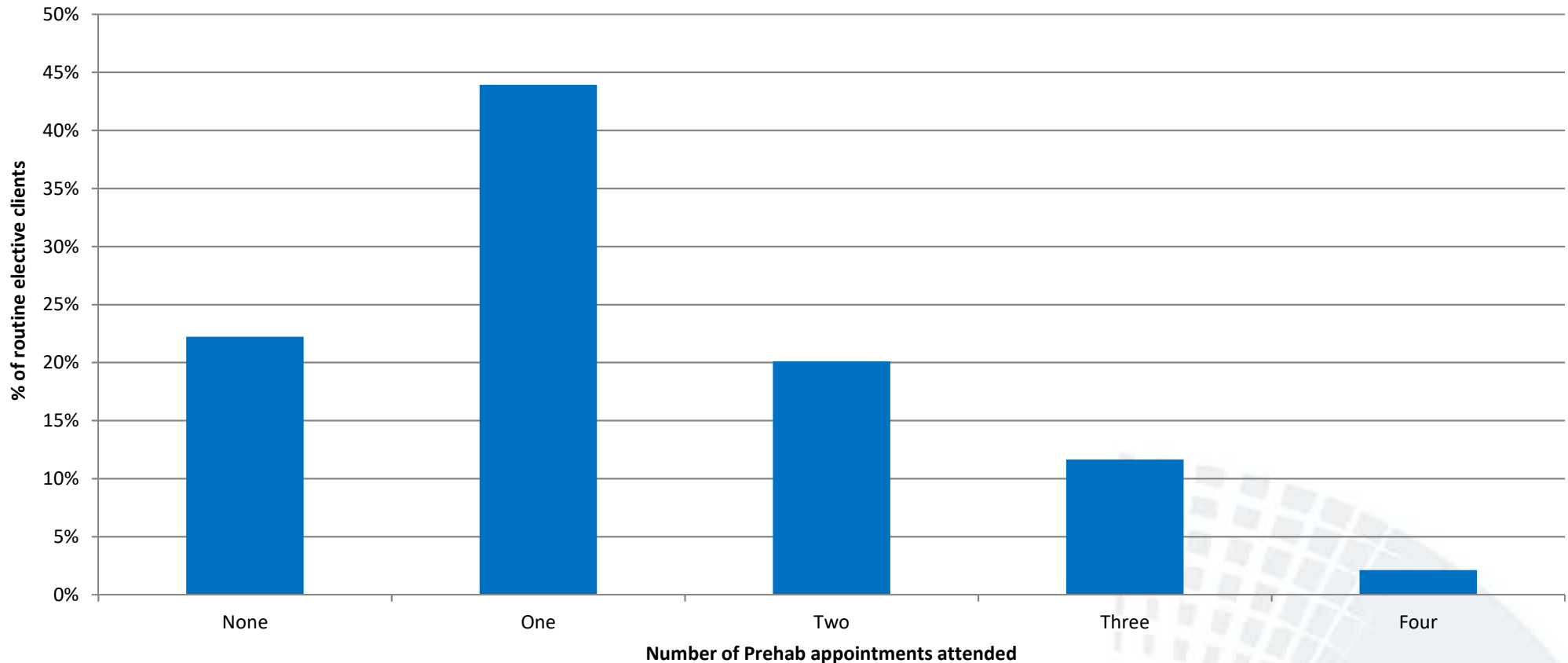
Median LOS for Routine Elective THR



Length of Stay for Routine Elective THR: May 2015 - June 2016



Routine Elective Joint Replacements - Number of Prehab appointments attended



- Initially number of Pre-hab appointments attended increased as patients were placed on the program
- As the surgery wait time shortens, the client attends less pre-hab appointments.

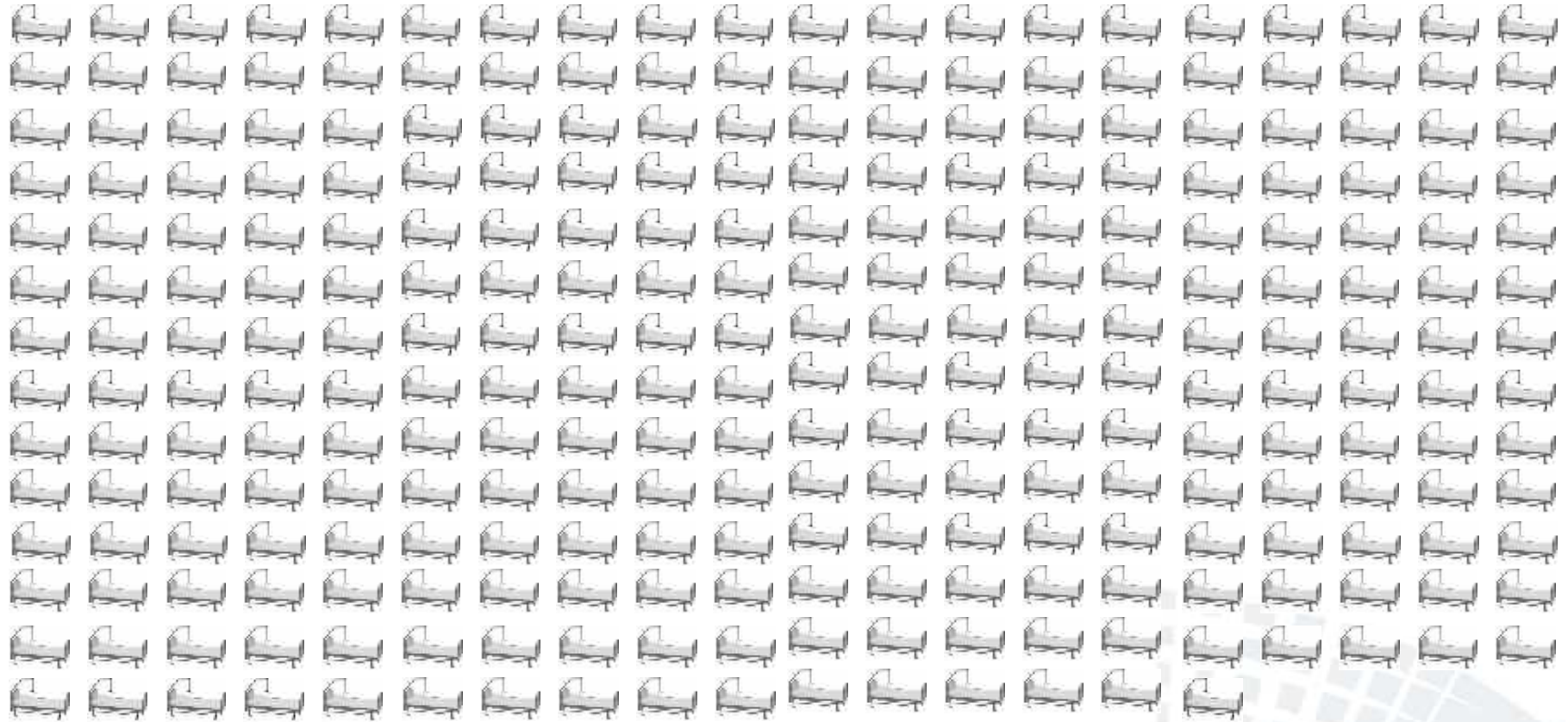
Reasons for extended length of stay:

	Number of patients
Slow progress / unsafe / delirium / cognitive impairment	6
Issues with wound, blisters	3
Low Hb / hypotensive episode / vasovagal episode	3
Urinary retention	2
Cardiac events eg. AF, Chest pain	1
Deep vein thrombosis / Pulmonary Embolus	1
Surgeon request	1
Intra-op fracture	1

Positive Outcomes

- Successfully mobilised around >80% of patients on day of surgery (morning surgery).
- Short Stay Ward multidisciplinary Huddle very effective in efficient discharge planning
- RAPT scores being used to aid planning of discharge dates/destination
- Improved intensity of therapy for patients
- Successful commencement of new multi-disciplinary AHA role
- Patient education commenced once on waiting list (booklet)
- Standardisation of surgeon's post-operative orders
- **Smooth experience and holistic care of patients!**





**276 bed days saved on routine
THR & TKR**

Summary of Results

Provides capacity for **61 additional joint replacement patients** per year, which could have a significant effect on waiting lists.

157 joint replacements July 15 – Jun 16

Therefore 39% increase



Areas For Improvement / Still To Implement

- Review pre-habilitation pathway given much shorter waitlist.
Include Occupational Therapy input.
- Continue to improve TKR/THR Length of Stay and maintain consistency
- Consistency of surgeon practice/discharge criteria e.g. educating new surgeon staff
- Redesign of pre-operative clinic
- 12 monthly evaluation (due July 2017)



Catherine Macmillan, Eddie Tasslman and Vicki Durston. *Orthopaedic clinical Pathway- Total Knee and Total Hip Replacement- Community rehab 2012.*

J.B Meding, M.A Ritter, K,E. Davis, and A Farris. *Meeting increased demand for total knee replacement and follow-up. The Bone & joint Journal: 2013:95-B 1489-9.*

Martin Kidd. *Effect of continuous passive motion following total knee arthroplasty on knee range of motion and function: A systematic review. NZ Journal of Physiotherapy: 2010 March. Vol. 38(1).*

Leonie Oldmeadow, MclinEducm Helen McBurney PhD, Valma J. Roberston, Lara Kimmel, & Barry Elliott. *Targeted postoperative care improves discharge outcome after hip or knee arthroplasty. Arch Phys Med Rehabilitation Vol 85, September 2004.*

Henrik Kehlet & Christoffer Jorgensen. *Patient safety in fast track total hip and knee replacement. European instructional lectures 2013 14. 147-149*

