Improving Care of Patients Status Post Joint Arthroplasty

The Problem
How to decrease patient’s length of stay following total joint arthroplasty and how to increase the number of patients being discharged to home instead of to rehabilitation facilities.

In analyzing best practice across the country, including current practice at NEBH as part of the Joint Venture, it was evident there was room for expansion of our services with pre-operative planning and initiating physical therapy interventions on the day of surgery.

- Pre admission testing (PAT) is required for all patients undergoing joint arthroplasty, therefore a Case Manager and a Physical Therapist were added to the PAT team to facilitate discharge planning, educate patients and set their expectations for surgery.

- To initiate physical therapy on the day of surgery, an evening shift was created 2 days per week given the high volume of operations on those days in comparison to the other 3 days of the week.

- Staff education was required to ensure the nursing staff and care team were also invested in the new interventions.

Aim/Goal
The aim of the program is to eventually show a decrease in length of stay with an increase in patients being discharged to home.

The Team
Corinne Fairweather, PT III
Deb Adduci, PT Clinical Manager Inpatient PT and OT
Caroline Kenney, RN, CM
Stacey Lewis Director of Ambulatory Operations

The Interventions
- In PAT patients meet with both a case manager and a physical therapist.
- Conduct the Risk Assessment Predictor Tool (RAPT) survey of all patients in PAT in order to help predict discharge post operatively in addition to conducting a clinical evaluation.
- Surgeons have worked with anesthesia and utilized a spinal anesthetic when appropriate in order to facilitate early mobilization of patients.
- Instituted an evening shift until 9pm for physical therapy Mondays and Tuesdays (6-8 cases) versus Wednesdays and Thursdays (2-3 cases) in order to evaluate more patients on the day of surgery.

The Results/Progress to Date

Lessons Learned
Facilitating that all patients are seen by physical therapy in PAT has been limited by scheduling and a 20 hour physical therapy position. Case management is a 40 hour position and has seen nearly 100% of patients preparing for joint replacement surgery.

Initial time studies indicated 60-70% of patients would be available on the floor to be seen on POD 0 during the 6-9 evening shift on Mondays and Tuesdays, but throughput issues from the PACU to the floor have allowed only 50% of the patients to be available for an evaluation on POD 0.

Implementing a program that involves a change in practice and variation from the prior clinical pathway involves a culture change for the entire care team.

Next Steps/What Should Happen Next
- Find a solution to double booking in PAT in order to improve work flow for case management and physical therapy.
- Consider if a spinal anesthetic is improving patient’s ability to participate in PT POD 0 in comparison with a general anesthetic; along with the use of femoral nerve blocks delaying time to ambulation. (In progress with orthopedic anesthesia lead.)
- Consider further multidisciplinary team education to improve buy in, facilitation of early and frequent mobilization and preference for discharge home.
- Examine PACU to floor throughput to facilitate more day of surgery evaluations.
- Ongoing examination of statistics.

For more information, contact:
Corinne Fairweather PT
cfairwea@bidmc.harvard.edu