Continuum of Care
Total Hip / Total Knee Replacement

APPT Assessment (GP Referral) → Surgeon → Booklet →

ADAPT → MDC Pre-op → PAC → IP Ortho

Ward → Post Discharge Phone Follow-Up →

Physical Therapy Out-Patient follow-up →

APPT follow up (only if seen by APPT at start)
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

- Adopted from SPH Ortho Unit document 2004 and from current Discharge Care Plans SCH
- Form goes into chart in PAC
- Before discharge from Orthopedic Unit, consent obtained from patient by Nursing
- Called by Multi-Disciplinary Clinic RN or APPT 48-72 hours after discharge

11 questions
Algorithms for 7 of the questions – standard information and action plans
Post Discharge Phone Follow-Up Total Hip / Total Knee Replacement ADL Algorithm

Client able to perform ADL independently

YES

Remind client to continue with post-op precautions

NO

Is someone helping the client?

YES

NO

MDC PT will contact patient to discuss and advise. Community PT/OT referral if required or CPAS/Local Home Care contact # given to patient.

Remind client to continue with post-op precautions
Client/family concerned about incision and/or dressing

Do you have white or brown waterproof dressing?

White Dressing

Ask client to describe the dressing:
- drainage and amount
- time the change or concern began
- have client identify how they were instructed to care for the incision to allow you to assess their comprehension and current care of incision/dressing.

DRY TO SCANT SPOTTING

Advise Client to recover with a dry bandage.

INCREASE AMOUNT OF DRAINAGE

Is home Care changing your dressing?

YES

Home Care nurse will monitor.

NO

Advise them to call SHR CPAS Central Intake 655-4346 or their Rural Home Care office.

SIGNS OF INFECTIONS

Advise client to see GP and to call the surgeon immediately.
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Patient post discharge concerns are problem solved using the Algorithms.

• Collate results quarterly and look for trends, re: pain control, incision, ....

• In-patient incidents may be identified, re: question #11. Looked at individually.

• Linked back to the Ortho in-patient unit/therapies dept, re: discharge instructions pain control, incision concerns, equipment....
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Patients following the pathways are typically discharged in three to five days, so the phone call extends acute care from the hospital into the home.
• Check on the patient’s clinical stability
• Intervene with action plan
• Facilitates safe discharge.
• Enhances current practices.
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Started discharge phone calls Nov 2010.
• Collate results quarterly

Trends:
• Pain > 6 on a 0-10 scale – Nov 2010 - 23% and in Jan 2012 – 14%
• Dressing/Incision concerns – initially 20%, currently 10%
• Constipation – initially 29%, currently 14%
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Implementation of pathways in 2009
  – Standardizes and streamlines care
  – Meets Surgical Initiative (SKSI) goals of
    sooner, safer and smarter care

• Began Releasing Time To Care in 2010
  – Provided tools and processes to improve the
    patient experience and increase patient safety
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Initial pathway was 18 pages
• Developed a “forms committee”
• Utilized the joint replacement booklet, provided by the Saskatchewan Government
  – Provides information for the patient and coach/family
• Current pathway is 2 pages
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Areas of focus:
  – Pain management
  – Incision/dressing care
  – GI/GU Issues
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

- Pain Management
  - Patient education
    - Pain rating scale with happy faces
  - Staff education
    - Supportive measures
    - Pain algorithm
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• Incision/Dressing Care
  – Aquacel Dressing
    • Patient teaching
  • Staff teaching
  • Best Practice
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• GI/GU Issues
  – Routine Bowel Care
  – In & Out Catheter VS Indwelling
  – Patient teaching
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

Trends:

• Pain > 6 on a 0-10 scale
  – Was - 23%, Now - 14%
• Dressing/Incision concerns
  – Was - 20%, Now - 10%
• Constipation
  – Was - 29%, Now - 14%
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

• A patient’s personal perspective
  – “On Dec 1\textsuperscript{st}, 2011 I had a knee replacement surgery at City Hospital. The surgery went well, and I was discharged in three days. The subsequent physiotherapy under the supervision of Corrie was challenging and successful. Her expectations were high, but reasonable. As a result of her firm, but friendly approach, I now have full mobility on that knee and am able to participate even in Square Dancing!! We are fortunate to have the availability of skilled staff such as Corrie. In summary, my wife and I were really impressed with the entire process. The meeting in the auditorium was most informative. The subsequent meetings with the other health professionals were conducted in a carefully structured manner. We are blessed to have such good health care. This word of encouragement may be passed on to anyone who might be interested.”
Post Discharge Phone Follow-Up
Total Hip/Total Knee Replacement

?? QUESTIONS ??