Outpatient Total Joint Replacement; It’s Our Future

Naomi Schneider, MBA, RN, ONC
Section Director, Orthopedics
Harvest the Fruits of Orthopedic Care
October 13, 2016

Objective

• Describe the clinical implications and pathway for outpatient total joint replacement

Conflict of Interest

• No conflicts of interest noted

Yes... Outpatient!!

Highlights:

• Approximately 40 ASCs across the country are currently performing outpatient joint replacements.
• St. Cloud Orthopedics (SCO) does more than 300 total joint replacements annually on an outpatient basis.
• Currently, CMS has limited Medicare and Medicaid payments to inpatient procedures only. CMS withdrew its 2012 proposed rule due to negative industry comments.
• Observers expect CMS to allow for payment for outpatient total joint procedures within a few years.

Why the shift from Inpatient to Outpatient?

• Quicker recovery
• Healthy/wellness model vs. sick model—healthy patients in a hospital?
• Payer driven—encourage quicker discharge, shorter LOS

Process

• PATIENT SELECTION
• PATIENT PREPARATION
• DAY OF SURGERY
Patient Selection

(EVALUATION BY PROVIDER)

- NO HISTORY MULTIPLE COMORBIDITIES; MI, DM, CHF, COPD
  (*MAY BE ASSESSED BASED ON CHRONIC OR ACUTE STATE OF CONDITION)
- NO HISTORY DVT/PE
- NO HISTORY OF STROKE WITH RESIDUAL AFFECTS
- HIGH LEVEL OF MOTIVATION, SOCIAL SUPPORT AT HOME
- BMI <40
- ASA CLASS OF I OR II
- AGE <70 (SOME PAYERS DICTATE)
- PATIENT AND FAMILY SUPPORT IT!

Patient Preparation

- PROVIDER DISCUSSION
- SCHEDULING OF PROCEDURE
- TEAM HUDDLE; WEEK PRIOR
- EDUCATION
- PRE-HAB AT CLINIC

Day Of Surgery

- ANESTHESIA TYPE
  - General anesthesia with adductor canal block
  - Exparel used often
- ORDER SET; RAPID RECOVERY TOTAL JOINT
- OUTCOME STANDARDS
  - Satisfaction with pain: Pain will be assessed every 1 hour and as needed, no IV narcotic within one hour of discharge
  - Hemodynamically stable and afebrile: Vital signs will be measured upon arrival and every 1 hour after until discharge
  - Ride present
  - Advance diet as tolerated
  - Complete recovery of motor block after spinal anesthesia/voiding (using general but if this happens, need to assess)

Day of Surgery

- STAFFING
  - charge RN; update nursing supervisor if needed, assign RN & assign break coverage
  - Set aside rooms to prioritize placement
- CONSISTENT RN COVERAGE, A DIFFERENT MINDSET
  - Home within 6-10 hours after surgery
  - One year on Bone & Joint Center as an RN
- BONE & JOINT CENTER
  - Physical Therapy within 2 hours; stairs if at home
  - 1:1 nursing care
  - Discharge criteria: tolerating Clear Liquids & crackers, transportation, voiding, pain controlled

Post-operative Process; Data

2016 Outpatient Joint Volumes

St. Cloud Hospital

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<tr>
<td>Total</td>
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Challenges

• Scheduling post-operative clinic appointment to ensure is the next day after discharge
• Scheduling the procedure as an outpatient
  — Unique to a hospital setting with recovery on a traditional inpatient unit
  — Scheduling process

Resources


*St. Cloud Hospital and St. Cloud Orthopedics were both quoted in these articles.*