

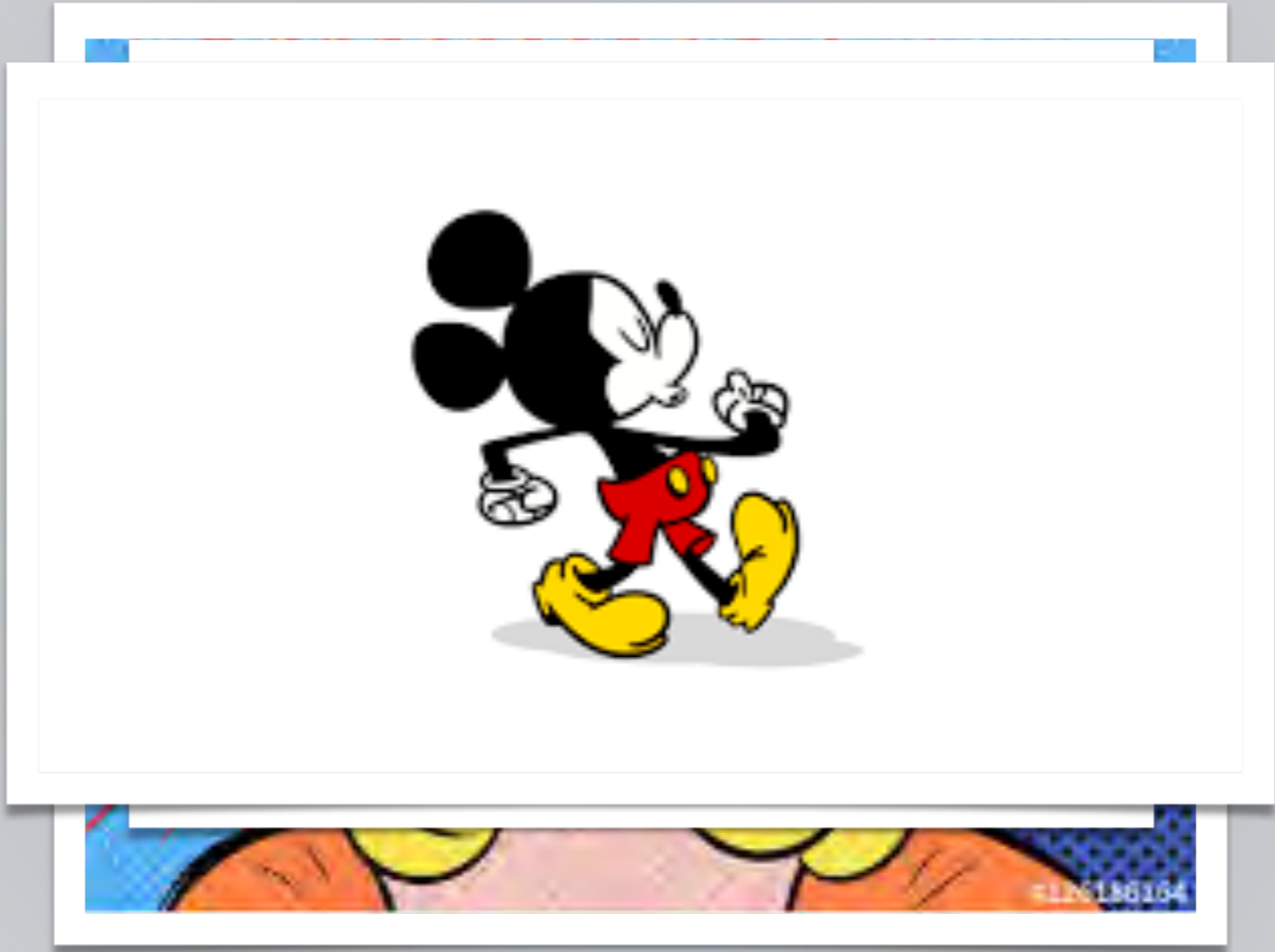
**La prothèse de hanche
en chirurgie de jour. Une
bonne idée?**

**Total hip arthroplasty in
an outpatient setting, a
good idea?**

One Day Hip : le trajet de soins pour la prothèse de hanche en chirurgie ambulatoire

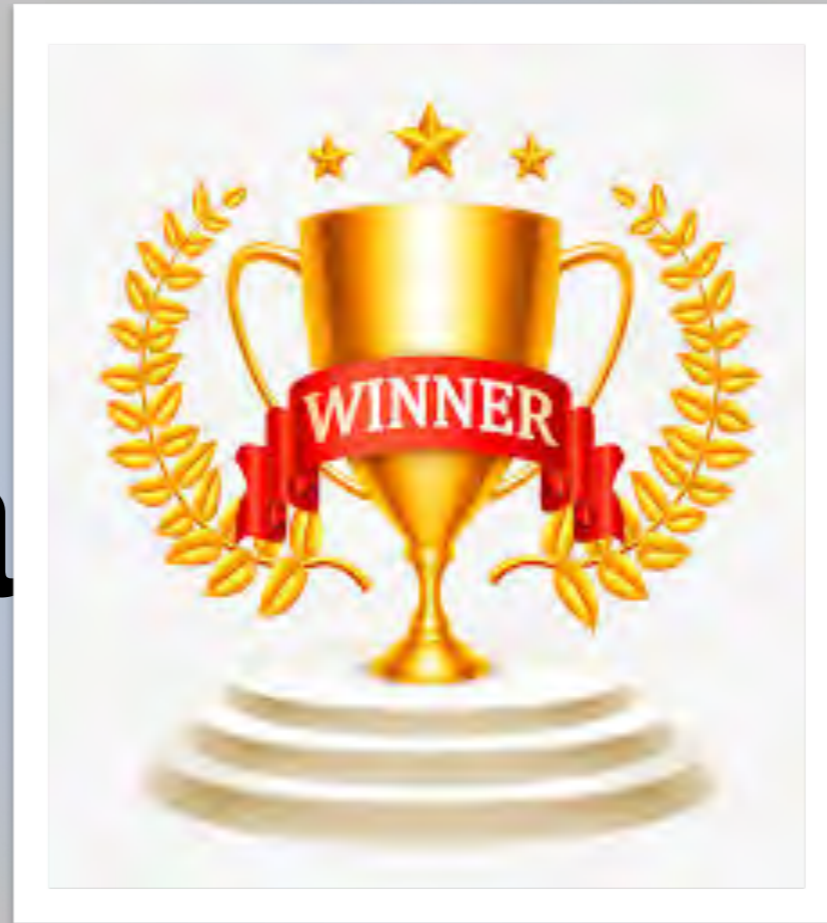
ODH : le quizz

- Vous aussi?
- Vous voudriez bien?
- La basse variabilité?





Ca way



Definition

- complex intervention
- mutual decision making
- organisation of care process
- well defined patient group and period

Goal

- enhance the quality of care
- improving patient outcome
- improving patient satisfaction
- promoting patients safety
- optimising use of resources

Care pathways

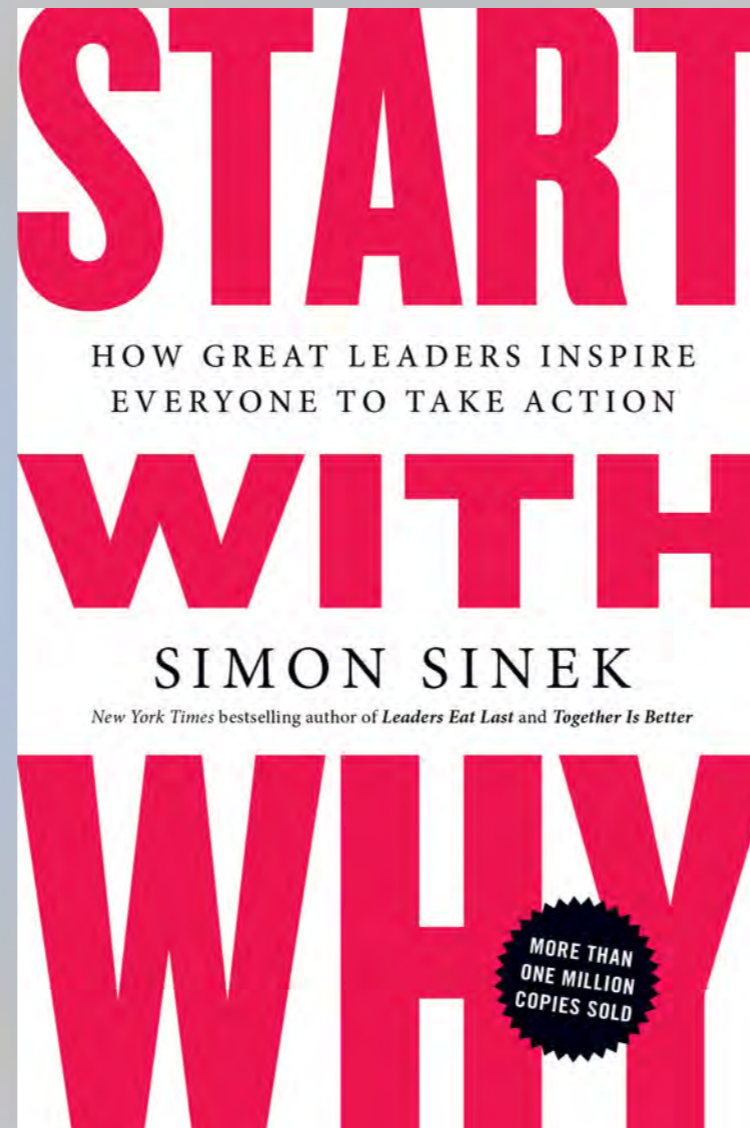


- Literature seems to support the use of CP
- BUT.....
- Are these data valuable ?
 - no clear definition of CP
 - publication bias
 - limited number of studies

Care pathways



- easy way to standardise a care process
- future direction thanks to the low variability prospective fixed funding mechanism ?

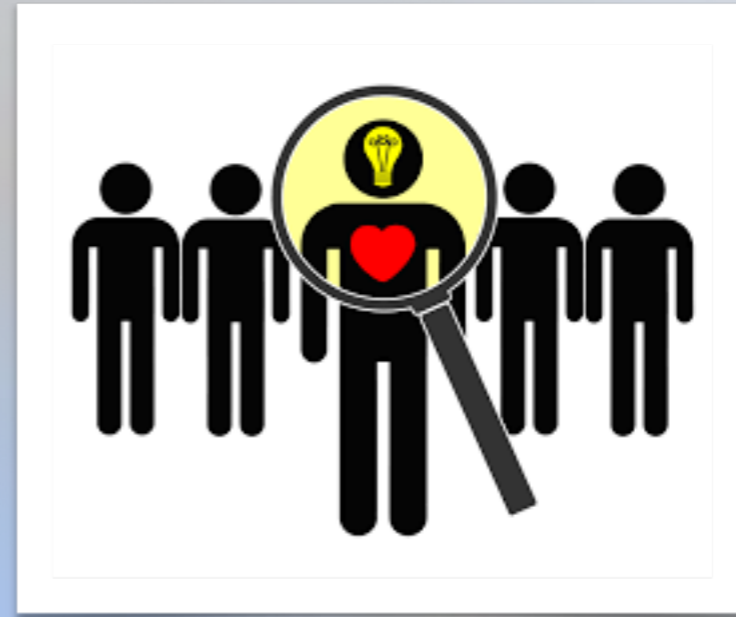


One Day Hip : the care pathway for ambulatory total hip arthroplasty

The 7-phase method to design, implement and evaluate care pathways

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Phase 1: screening phase



- starts at demand
- is a CP the *right answer*
- willingness of the team
- gain insight into the *existing* organisation

Phase 2: project management phase



- define the patient *population*
- define the time *period*
- bring the *multidisciplinary team* together
- *inform* the team
- calculate the *resources*

Phase 3: diagnostic- and objectification phase

- Evaluation of the current situation



organisation and team

patient and family

available evidence and legislation

external partners

Phase 4: development phase



- Based on phase 3
- list of key interventions, based on the literature, to achieve the objective of the process
- list of goals of the process
- communication between all the stakeholders
- available resources

Key interventions anaesthesia

- Rapid recovery
- Fasted
- PONV
- Discharge criteria
- Pain protocol
- Phone call

Phase 5: Implementation phase



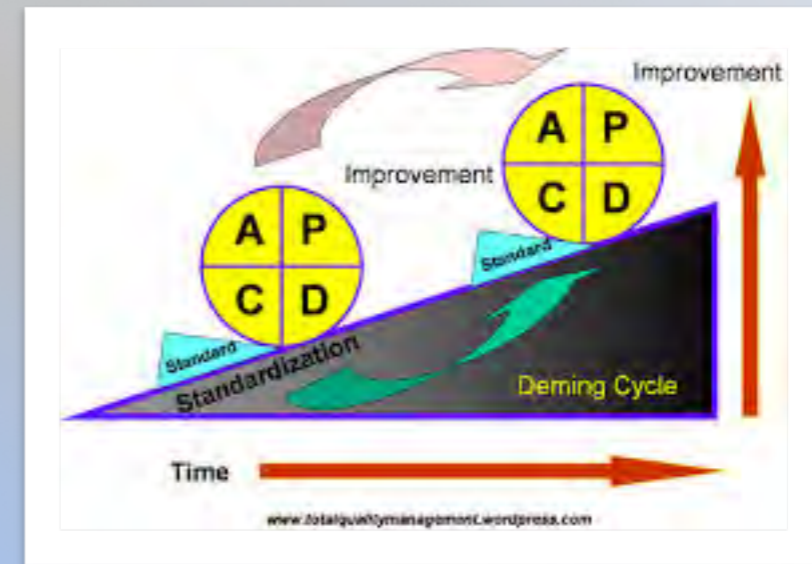
- Information for every (extended) team member
- implementation plan
- role of every core team member
- feedback and adjustment

Phase 6: Evaluation phase

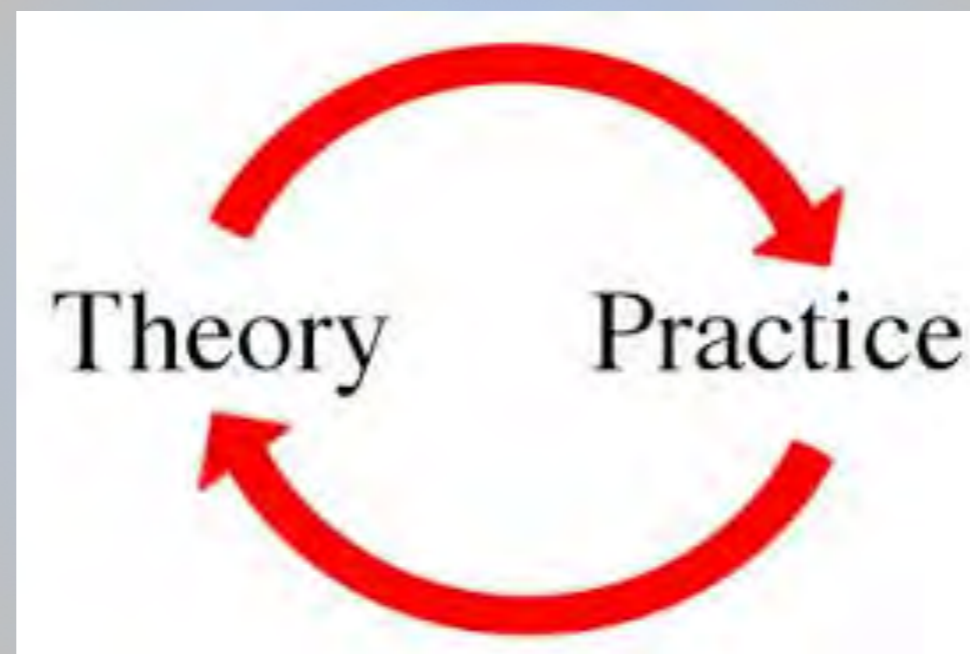


- compliance with the care process (indicators)
- outcome indicators
- diagnostic evaluation

Phase 7: Continuous follow up



- yearly evaluation of outcome and process indicators
- every six months meeting of the core team



In practice

- ▶ kick off + core team meetings
- ▶ detailed evaluation of the actual pathway
- ▶ improvements = homework
- ▶ more meetings
- ▶ implementation and evaluation

In practice



Same process for everyone

In practice

- ▶ Rapid Recovery
 - Information
 - Patient selection
 - informed consent + protocol
 - preoperative evaluation

In practice

- ▶ day of surgery
 - according to the protocol
 - focus on a fast rehabilitation
 - ▶ anaesthesia
 - ▶ surgery
 - ▶ postoperative period

In practice

- ▶ days after surgery
 - GP, phone call
 - analgesia, (anti-thrombotic, antibiotic and exercise) protocol

	6h	8h	10h	12h	14h	16h	18h	20h	22h	24h
Paracetamol 1g 1 Co	x			x			x			x
Vimovo® 500 1 Co			x						x	
Oxycontin® 5 mg 2 Co		x						x		
Oxynorm® 5 mg 1 Co si nécessaire	(X)		(X)		(X)		(X)		(X)	
Clexane® 40 mg 1 inj sous-cut							X			
Lansoyl® (en vente libre)	Si constipation, 3 x 1 cuillère à café									

Literature

- Care pathway (clinical, critical, ...)
 - ▶ pre-operative evaluation
 - ▶ pre-operative education
 - ▶ pre-emptive analgesia

Literature

- ▶ peri-operative protocol
 - type of anaesthesia
 - anti-emetic treatment
 - multi-modal analgesia
 - discharge criteria
- ▶ enhanced rehabilitation program

Literature

- reasons for delayed discharge
 - ▶ hypotension
 - ▶ nausea
 - ▶ pain
 - ▶ sedation
 - ▶ no safe mobilisation

Literature

- reasons for delayed discharge
 - ▶ peri-operative blood loss
 - ▶ position on the OR list
 - ▶ > 75 years
 - ▶ $\text{BMI} > 35$

Literature

- readmissions
 - ▶ no increased readmission rate
 - fracture
 - anaemia requiring blood transfusions
 - infection (pneumonia)

ODH - 55 patients

- failed discharge
 - One : foot extensors blocked
- readmissions on day of surgery
 - blood loss (no consequences)
- Satisfaction
 - one patient dissatisfied
- Pain (POD1)
 - from 2/3 light to 1/3 moderate (with movement)

ODH

- No medical contra-indication if good patient selection and protocol, care pathway
- No financial incentive
- No advantage (at this stage) for low variability prospective fixed funding mechanism

THANK YOU
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