CJRI Outpatient Total Joint Replacement (TJR) Protocol

Purpose and Indications:
The Connecticut Joint Replacement Institute (CJRI) offers an outpatient option for a select group of patients that are scheduled for either a: Primary Total Hip Replacement (THR), Primary Total Shoulder Replacement (TSR), Primary Total Knee Replacement (TKR) or Uni-Compartmental Knee Replacement (UKR). For this program to be successful strict requirements must be followed and patients must meet certain inclusion criteria.

Note: Outpatient TJR (also known as Same Day Total Joint Replacement) surgery is defined as a patient that will be discharged from the hospital the same day that the procedure is performed. These cases are scheduled as an outpatient procedure and will be certified by the insurance carrier as such.

Assumptions

- The surgeon, patient and “Healthcare Partner” agree to an Outpatient Total Joint experience. A “Healthcare Partner” is typically a family member, significant other or friend. This person is identified at the time the patient and surgeon decide that outpatient total joint surgery is appropriate and agrees to the expectations to support the patient for predetermined touchpoints pre/during/and post hospital stay (touchpoints noted throughout this protocol).
- The patient will not attend the CJRI TJR class, but instead will receive specific educational information that will provide an overview of their anticipated experiences including how to prepare for Out-patient TJR and exercises specific to their scheduled procedure. (coming soon: Outpatient TJR class will be developed)
- Patients will be scheduled, at minimum, two weeks in advance and will be the first or second case of the day. Preferably THR in the first room and TKR/UKR in the second room.
- Patients are certified by the surgeon’s office for an outpatient procedure.
- Patients have no medical or social exclusion criteria (see addendum A)
- To start, only patients of the CJRI, LLC surgeons are eligible to participate in this program.
- Only members of the Outpatient TJR Pilot team can care for this patient population.
- All patients scheduled for Outpatient THR/TKR/UKR/UKR will require, an “in-home” PT or OT evaluation. Post-acute rehabilitation will then be determined by the patient’s surgeon.
- Patients scheduled for TSR will follow a different therapy course and plan at home. Exceptions for this patient population will be noted in protocol.
Pre-Hospital Process:

- **Surgeon’s office:**
  - After the surgeon identifies a patient suitable for an outpatient TJR, surgeon or designee will provide educational material to patient and healthcare partner. Patient and healthcare partner must review this information.
  - Healthcare partner is aware that he/she must be present for all surgeon visits, hospital stay and at home with patient for, at least, 4 days after surgery. *(TSR patients should plan for healthcare partner to stay at home with patient for 1-2 days after surgery)*
  - Surgeon or designee will provide script for DME and review, if necessary, how to obtain raised toilet seat. Hip Kits will be given to all THR patients during their hospital stay.
  - Surgeon’s office will schedule case and complete booking sheet identifying patient as an “Outpatient THR/TKR/UKR/TSR”. The OR schedule will identify patient as a “Outpatient THR/TKR/UKR/TSR”

- **The PASS Outpatient Navigator:**
  - One nurse will manage the entire episode of care for the patient having Outpatient TJR. This will include preadmission screening, preadmission education with patient and healthcare partner, arrangement for pre/post-acute rehab needs, and a follow-up call to the patient/healthcare partner the day after discharge. The PASS Outpatient Navigator will be the primary contact for any other questions/needs the patient and/or healthcare partner may have during this process.
  - PASS Outpatient Navigator will medically screen the patient and determine if patient has any medical or social exclusion criteria that would prohibit them from participating in an outpatient experience. PASS Outpatient Navigator will review all cases with an Anesthesiologist. The Anesthesiologist will make final decision if patient is “medically” appropriate for outpatient TJR.
  - If it is determined that patient does not meet the criteria for outpatient TJR, the PASS Outpatient Navigator or Anesthesiologist
will notify surgeon. The surgeon will be responsible for discussing this outcome with the patient.

- PASS Outpatient Navigator will review “the expectations of the outpatient joint experience and how to prepare” with both the patient and healthcare partner.
- PASS Outpatient Navigator will instruct patient to drink plenty of fluids for two days before surgery. In addition, patient will be instructed to drink one-12oz of G2 (Gatorade) between dinner and bedtime the night before surgery and a second-12oz G2 the morning of surgery before leaving home.
- PASS Outpatient Navigator will arrange a pre-op PT/OT evaluation and at minimum a PT/RN visit POD 1. Other post-acute rehabilitation will be per surgeon preference. This should be done 1-2 weeks before surgery. Note: Outpatient TSR patients do not need a pre-op or post-op PT/OT evaluation scheduled by PASS Navigator.

**Outpatient Day of Surgery:**

- Pre-operative:
  - Patients scheduled for outpatient TJA will be placed in the appropriate pre-op bay depending on the procedure scheduled.
  - Patient will be prepared for surgery per the CJRI Outpatient TJR order set.
  - Patients scheduled for outpatient TJR may ambulate to OR if all parties are in agreement (patient, surgeon, anesthesia, nurse)
  - Meds 2 Go will be scheduled for delivery early afternoon.

- Hospital Stay/Intra-PACU Phase I:
  - Patient will be placed in stretcher (not bed) after surgery
  - Patient will be admitted to PACU bay 10/11 for both PACU phase I and II
  - Once patients meets “discharge criteria from PACU phase I” (see Addendum B) patient will be moved in EPIC to phase II or discharge phase.

- Hospital Stay/Phase II or Discharge Phase:
  - PACU RN will determine when patient is ready for egress test and first ambulation.
• If patient passes egress test, PACU RN and 2nd RN or NA will ambulate patient and then have patient sit in recliner chair until PT is available. If unsuccessful, PACU RN will continue to treat patient and re-try in ≤1 hour. **Note: In general, outpatient TSR patients will not need PT or OT in PACU. Nursing will be responsible for patient egress and ambulation prior to discharge.**

• PT will be consulted only if patient is successful with egress and standing or ambulation. **(Not applicable for Outpt TSR)**

• PT will provide a safety evaluation and stair training. The “healthcare partner” is required to be present during this time.

• PACU RN will provide light diet and begin reviewing discharge instruction with patient and “healthcare partner”

• PACU RN can continue to ambulate patient as needed until discharge.

• THR patients will be given hip kit.

• TSR patients will receive instruction on applying/removing sling & swathe by PACU staff

• Once patient meets all discharge criteria (refer to Addendum B) including but not limited to: voiding and tolerating diet, patient will be discharged home with “healthcare partner”.

• Healthcare partner is required to stay with patient, at least, the first 4 nights after surgery. **(Out-patient TSR 1-2 nights)**

• Patient and healthcare partner will be given Meds 2 go and discharge instruction paperwork. They will be instructed to remove Scopolamine Patch next day.

• Patient and healthcare partner will be instructed: “In the case of emergency, patients should go to the SFH Emergency Department”

**Night of Surgery and Day After:**

• Surgeon or designee will call their patient on the night of surgery.
• PASS Outpatient Navigator will call the patient the day after surgery to determine how patient is doing and answer any questions.

**Exceptions:**

• Patients that are in phase I or II for >six hours with minimal to no realized improvements will likely not be discharged.

• For patients that do not meet all discharge criteria patient will be admitted to the hospital

• For all exceptions, the care team including: Anesthesia, Surgeon and Nurse will decide best plan for patient
When decision is made to admit patient, PACU RN will call admitting to change admission status and approval from carrier will be required next day. Surgeon or designee will enter inpatient CJRI admission orders.

Addendum A: Exclusion Criteria

- Medicare for THR and TKR, but included for UKR
- Heavy ETOH (need to define)
- Chronic Opioid use
- Significant Anxiety /Depression
- Urinary retention or previous issues

Addendum B: Discharge Criteria

- Meet Modified Aldreti Score
- Acceptable Pain Control, inc. N/V
- Must Void
- Able to tolerate light diet
- Able to ambulate

Latest updates in blue.