SET YOUR JOINT REPLACEMENT PROGRAM IN MOTION

Is your community up to speed in transitional care for total hip and knee replacements?
Introduction

As CMS implements the mandatory bundled payment for hip and knee joint replacements, hospitals and post-acute providers across the country, whether they are participating in the bundle or not, will be closely looking at their programs for opportunities to improve clinical and financial outcomes, reduce re-hospitalizations and improve successful discharges back to the community in anticipation of additional bundling in the future.

This tool has been developed for providers of post-acute nursing and therapy services. This could include both skilled nursing and rehabilitation providers as well as assisted living providers who are assisting residents with arranging services in their homes. The following questions are designed to help you gain insight and information into enhancing clinical competencies and capabilities to build or continue to improve a transitional care program for joint replacements.

Section I: Understand What’s at Stake

CMS estimates that the average cost for post-operative hip and knee replacements range from $16,500-$33,000. As hospitals look at post-acute care providers to partner with, they will be considering historical costs of care across the continuum.

According to 2012 and 2013 data analyzed by Avalere Health, data indicates the most costly are in-patient rehab facilities (IRF) and long-term care hospitals (LTCH). The least costly are providers of home health and home with family caregivers. Skilled nursing and rehabilitation providers are well-equipped to care for both simple and complex post-operative hip and knee patients but are at risk for seeing those patients bypass their centers to go directly home. Skilled nursing providers will need to look closely at their care models to find efficiencies that reduce cost and maintain or improve quality.

When payment for services is linked to quality outcomes, hospitals will look for post-acute care providers who will:

- Be good partners in providing quality care
- Prevent re-hospitalizations
- Implement efficient care delivery systems that can support safe discharge to home within an appropriate time frame
- Reduce costs associated with care
Some of the options for receiving post-acute care today include:

- Medicare post-acute care providers such as long-term care hospitals (LTCH), in-patient rehabilitation facilities (IRF), skilled nursing facilities (SNF) and home health agencies (HHA)
- Home with caregivers and Medicare outpatient rehabilitation
- Assisted living with nursing support and rehabilitation services

Post-acute providers that have experience with providing care and services to residents with post-surgical hip and knee replacements will need to evaluate their programs to determine where to create efficiencies without sacrificing care and outcomes.

**Section II: Define Your Role in the Community**

- Develop collaborative relationships across the continuum of care, including those with hospitals, rehabilitation services, home health agencies and physician providers, to share best practices, establish expectations and align on communication strategies to ensure smooth transitions of care
- Assess your readiness to provide nursing and therapy services within your community – use the checklists provided to identify opportunities to improve

**Section III: Outcomes, Outcomes, Outcomes**

Ultimately, it’s critical to define goals, monitor results and articulate performance to providers within your continuum of care. Outcomes are the currency and value you provide to both the systems you belong to and the patients you serve. Specifically:

- Rehospitalization rates
- Number of discharges to community
- Average length of stay

It’s also important to track the following against your care plans:

- Pain, at rest and with activity
- Infection rates
- Range of motion
- Gait, both pattern and use of aids
- Muscle strength
- Soft tissue flexibility and prevention of contractures
- Dynamic balance
- Stair-climbing
- Self-care
Reach for the (Five) Stars
Skilled nursing and rehabilitation providers will increasingly be recommended or selected as partners based in part on their Five-Star Rating. In the CJR final rule, starting in year two of the program, skilled nursing and rehabilitation centers with a consistent rating three or more stars will be able to apply for a waiver of the three-day hospital stay requirement. Waiving the three-day stay requirement allows hospitals to discharge to post-acute providers in three days or less, allowing Medicare beneficiaries to access their benefits to access post-acute nursing and rehabilitation services.

What is Your Average Length of Stay?
Each day spent in your facility adds additional costs to the overall episode of care. Evaluate your programs and processes to determine if it’s reasonable to reduce the ALOS for patients with hip and knee replacements. Consider a Performance Improvement Program (PIP) approach to objectively evaluate your program for improvements and efficiencies in care delivery systems, rehabilitation services, medication management, patient education practices and more.

Remember, it’s not just about discharging patients quicker. Patients who are not ready to go home or would be at increased risk for re-hospitalization if sent home too soon will ultimately negatively impact your quality ratings and reimbursement if they end up back in the hospital.

Section IV: Ready, Check, GO!
The following questions and prompts are not considered inclusive. Rather, they are meant to provide you and your teams with a base to build your transitional care program. Add and remove items as you see fit.

Program and Staffing
- Therapists on-site or readily available for patients to access seven days per week
- Access to nursing care 24 hours a day
- Access to physicians and/or nursing practitioners to provide needed assessments, monitor co-morbidities, help manage pain and monitor progress
- Assistance with personal care 24 hours a day
- Transitional care planning at time of admission
- Staffing to conduct follow-up phone calls or visits after patient goes home
- Patient and family communication and education
- Program policies, procedures and guidelines outlining staffing responsibility, care and expectations for managing changes in condition
Clinical Care
Evaluate programs, policies and guidelines with your Medical Director and Registered Nursing Leaders (Directors of Nursing, Nursing Educators, NPs). This list is not inclusive and focuses primarily on care needed for patients with post-op lower joint extremity. Older adults may have co-morbidities including diabetes, heart failure, arthritis and other conditions that will require close management and monitoring as well.

Nursing Care
- Assessing vital signs (frequency and type)
- Pain management (medication, ice, positioning, ROM)
- Respiratory assessment and management
- Warfarin management (dosing, monitoring, INR, nutrition counseling, patient education)
- Prevention of thromboembolism and bleeding (compression stockings, monitoring INR)
- Preventing/managing constipation
- Nutrition and hydration management
- Incision care
- Drain management
- Infection prevention
- ADL support
- Transfer
- Toileting
- Mobility
- Patient and family education
Rehabilitation Services

- Assessment and management of pain
- Therapeutic and functional exercises (ROM, strength training, stretching, dynamic balance, rising/lowering to chair, transfers)
- Gait training (walking aids, gait pattern, weight-bearing status, indoor, outdoor and variable surface)
- Cardiovascular training
- Electrical/thermal modalities (ice)
- Manual therapy (massage for scar mobility, swelling, passive stretching, joint mobilizations)
- Patient education (position/movement restrictions, monitoring for complications, return to driving, safety, long-term joint protection)
- Clinical competencies

Patient & Family Education

Preparing patients and families on admission is critical to promoting self-care and preparing them for discharge to home. Patients and families who demonstrate knowledge and skill in self-care are more successful at transitioning to home and preventing re-hospitalization. The following areas are important to focus on:

- Pain management, including medication plan, use of ice, positioning and exercises to improve ROM and reduce pain
- Warfarin management, including specific instructions on dosing, lab draws and frequent communication with physician on potential dosage changes; use a “teach back” method to ensure patient and family understanding
- Medication management (scheduled meds, stool softener)
- Exercises, including instructions written for patient understanding; engage the “teach back” method to validate understanding and ability
- Incisional care (signs and symptoms of infection)
- TED hose (tips for how to apply at home)
- Precautions (driving, getting around the house, in and out of the car, bathing, stairs)
- Follow-up labs (INR)
- Follow-up appointments
- Physical therapy appointments
For patients who are considering elective THA or TKA, evidence suggests the benefit of pre-rehabilitation care may be reducing overall use of post-acute care services (up to 30% less) and a reduction in costs associated with post-acute care of $1,215. Areas to consider focusing on in pre-rehabilitation include but are not limited to:

- Patient training on post-operative assistive walking devices
- Planning for recovery
- Managing patient expectations
Physical Plant

Many providers are evaluating their physical plants for opportunities to improve care and services and to improve the physical attractiveness of their community to improve census. Areas to consider evaluating for improvements include but are not limited to the following:

- Designating a distinct area of the community as a short stay unit
- Private rooms with dedicated bathrooms, raised toilet seats
- Gym equipped with required equipment for therapy (see list)
- Nursing units equipped with necessary equipment and supplies for nursing care (see list)

- Patient care rooms equipped with:
  - Adjustable height beds
  - Trapeze
  - Call light (with options for older adults)
  - Bedside tables
  - Appropriate height chairs for patient to sit in
  - Convertible chairs or cots for family members
Section V: Invest for Success

Post-acute providers are finding value investing in technology and equipment for better outcomes and enhanced marketability to both patients and physicians. Special considerations should be made for equipment that provides both effective treatment and captures data related to outcomes. This aids in monitoring patient care plans and outcomes as well as program development.

- **Room**
  - Adjustable-height bed
  - Trapeze
  - Bedside table
  - Call lights
  - Chair for patient, appropriate height
  - Convertible chair or cot for family
  - Wall whiteboard for information/communication
  - Lifts
  - Storage for personal belongings

- **Emergency Management**
  - AED
  - First aid kits
  - Emergency cart
    - Ambu bag
    - CPR board
    - Oxygen, nasal cannula, face mask
  - I.V. starter kits, normal saline

- **Personal Care**
  - Toileting (urinal, bedpan, commode, raised toilet seat with splash cover for men, as needed)
  - Water pitcher
  - Tissues
  - Lotion
  - Shampoo
  - Toothpaste/toothbrush
  - Wash basin
  - Emesis basin
  - Pillows for positioning
  - Cleaning wipes
  - Socks with grip
• Vital Signs
  □ Vital signs monitor/all-in-one BP, temp, HR, pulse oximetry
  □ Manual blood pressure cuffs/sphygmomanometer
  □ Stethoscopes
  □ Thermometer
  □ Pulse oximeter

• Pain Management
  □ Cold packs to reduce swelling
  □ Pillows
  □ Positioning devices (abductor pillow, wedges)
  □ Mattress choice (firm or hard)
  □ Secure medication storage for pain medications
  □ Medication administration supplies

• Respiratory Care, as Indicated
  □ Incentive spirometer
  □ Oxygen concentrator (portable or stationary)
  □ Administration tubing (nasal cannula or mask)
  □ Maintenance supplies (filters)

• Medication Management & Safety Considerations
  □ Patient education on medication risks and prevention of adverse effects (bleeding, fall risk, etc.)
  □ Secure storage for high-risk medications (locking movable carts, wall-mounted storage)
  □ I.V. supplies (I.V. catheters, start kits, needleless caps, pump)
  □ I.V. pole
  □ Sharps containers
  □ Nebulizer
  □ Medication administration supplies

• Preventing Thromboembolism
  □ Compression stockings (TED hose)
  □ Anticoagulant monitoring (INR)

• Laboratory Services
  □ Point of care testing for INR
  □ Test cartridges/strips
• Incision Care and Drain Management
  - Gauze dressings
  - Steri-strips
  - Staple remover
  - Disposable netting to cover dressings
  - ABD pads
  - Container to measure and empty drain

• Safe ADL Support
  - Transfer aids
    - Trapeze for the bed
    - Bed assist bars for transfer assistance
    - Walker
    - Cane
    - Sit-to-stand lift
  - Toileting aids
    - Urinal
    - Bedpan
    - Commode
    - Raised toilet seat
    - Incontinence products, as indicated
  - Mobility aids
    - Walker
    - Cane
    - Wheelchair with cushion
    - Socks with grip

• Infection Prevention
  - Hand sanitizer options (multi-location, wall-mounted)
  - Bed protector
  - Gloves
  - Incision care supplies (see previous)
  - Respiratory care supplies (see previous)

• Resident & Family Education
  - Transitional care kits: post-op hip and knee
  - Hip/knee education
  - ADL education
  - Balance and gait education
**Physical Therapy**

- **Strength**
  - Low-resistance weight machines
  - Sit-to-stand machines
  - Unweighting systems
  - Resistance bands
  - Dumbbells and cuff weights

- **Cardio**
  - Treadmills
  - Recumbent steppers

- **Recumbent and upright bikes**

- **Upper-Body Ergometers**
  - Elliptical
  - Rowing

- **Balance**
  - Assessment systems
  - Balance platforms
  - Balance pads

- **Gait Training**
  - Staircases
  - Parallel bars
  - Unweighting devices
  - Mobility aids (wheelchairs, walkers & canes)
Set your joint replacement program in motion
Pain Management
- Hot/Cold Pumps
- Hot/Cold Packs
- Compression Pumps
- Massage Gel/Lotions
- E-Stim, Ultrasound and Diathermy

Occupational Therapy
- Return to home
- Kitchen area
- Laundry area
- Half car
- Bathing Area (tub/shower)
  - Toileting area
- Dressing Aids
  - Reacher
  - Dressing stick
    - Shoehorn
    - Sock aid
- Mobility Aids
  - Wheelchair
  - Walker
  - Knee walker
  - Rollator
  - Canes
This assessment is not meant to be inclusive of all needs. We hope it serves as a useful tool for a multi-disciplinary team to use to generate a team conversation about overall readiness for improving clinical capacity to care for residents after a joint replacement surgery.

References


