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continued

Multidisciplinary Teams Care Approach: A Successful Collaboration Model for Comprehensive Joint Replacement Center

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October 24th 2019

continued

Learning Outcomes

- After this course, participants will be able to define a multidisciplinary model.
- After this course, participants will be able to describe the value of multidisciplinary team model as it relates to a comprehensive joint replacement surgery center.
- After this course, participants will be able to discuss strategies to develop a collaborative practice with other disciplines such as physical therapy, nursing and physician's assistants across the continuum of care.

continued

Background

- By 2030, primary THR is projected to grow 171 percent and primary TKR is projected to grow by up to 189 percent,
- By 2060, primary THR is expected to reach 1.23 million (330 percent increase), primary TKR is expected to reach 2.60 million (382 percent increase)

Centers for Medicare and Medicaid Services (CMS), 2019.

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Comprehensive care for Joint Replacement (CJR) model



Centers for Medicare and Medicaid Services (CMS), 2019.

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continued

Fast Track Joint Replacement

Regional
Anesthesia(Spinal) With
nerve block

Opioids sparing pain
management

Fast Track Joint
Replacement

Early mobilization

Length of stay < 3 days

Feng, Novikov, Anoushiravani, & Schwarzkopf, 2018

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continued

Multidisciplinary Team approach

- Definition: Multidisciplinary team approach is when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's needs as possible (Mitchell, Tieman, & Shelby-James, 2008)

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Common goals of the multidisciplinary team

- To improve client function or maintain maximum client independence.
- To enhance client well being.
- To increase client satisfaction.
- To reduce use of hospital services.
- To reduce health care costs.
- To optimize work satisfaction of all team members.

Prouty et al., 2006

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continued

Clinical Care Pathway (CCP)

- The Clinical Care Pathway identifies processes and steps that can impact care in four categories:
 - Safety and reliability;
 - Effectiveness;
 - Efficiency;
 - The patient and family experience of care.

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continued

CCP Stages

Stage 1

- operative surgical visit
~ 4-6 weeks

Stage 2

- Pre-operative preparation and planning
~4-6 weeks

Stage 3a

- Preparation, operation and PACU
~6 hours

Stage 3b

- Inpatient stay & Discharge process
~ 3 days

Stage 4

- Post D/C rehab & Follow up care
• 12 months

Mitchell, Tieman, & Shelby-James, 2008

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Preoperative Surgical visit

- Orthopedic surgeon
- Scheduler
- Joint replacement care coordinator
- Pre-op education class

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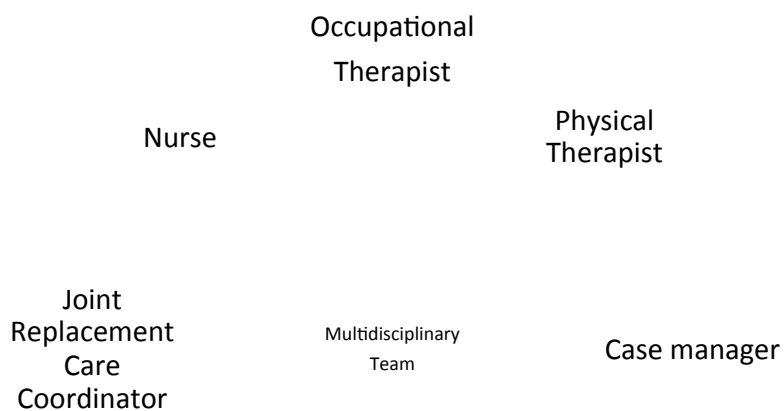
Pre-operative preparation and planning

- Joint replacement care coordinator
- Pre-op education class

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continued

Preoperative Education Class



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Role of Joint Replacement Care Coordinator

- Link between the patient and healthcare professionals
- Arrangement with the hospital to schedule a pre-op education class

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continued

Pre-op Class Joint replacement care coordinator

- | | |
|--|-------------------------------|
| ▪ Education on | ▪ Education on |
| ▪ Review of the anatomy of the hip, knee, shoulder | ▪ Surgical procedure |
| ▪ Indication & contraindication | ▪ Types of anesthesia |
| ▪ Sample prosthetic device | ▪ Medical devices |
| ▪ Preoperative preparation | ▪ Pain management |
| ▪ Medications | ▪ Potential complications |
| | ▪ Prevention of complications |
| | ▪ Discharge planning |

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Role of OT in Pre-op class

Exercises for
strength, ROM,
and endurance

Diet and
nutrition

Alcohol and
smoking use

Post-surgery
precautions

Mind and body
relaxation
techniques

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continued

Role of OT in Pre-op class

Use of adaptive
devices for ADL

IADL

Safety at home
Fall prevention

Discharge planning

Recommendations
for next level of
care

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continued

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Pre-op class

Role of Physical therapist

Role of Nursing

Role of Case manager

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continued

Outcomes of Preoperative Education Class

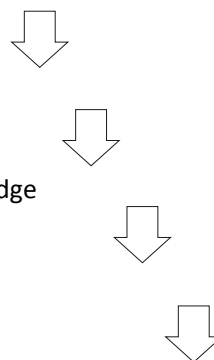
Better understanding of the surgery and outcomes

Reduced anxiety

Increased compliance and increased knowledge

Avoidance of post-op complications

Decreased length of stay



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Team members in Stage 3a Preparation, operation and PACU

- Surgeon
- Anesthetist
- Physician Assistant
- Anesthesia Nurse
- Operating nurse
- PACU/recovery nurse
- Volunteer

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Team members in 3b stage

- Inpatient stay & Discharge process
 - Surgeon & Physician Assistance
 - Nurse & Nursing aide
 - Joint replacement coordinator
 - OT & PT
 - Case manger/social worker
 - Pharmacist
 - Dietitian
 - Liaison from homecare/outpatient/acute rehab/Skilled nursing facility

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Team members in 3b stage

- Surgeon
 - During the course of an operation, the surgeon must make important decisions about the patient's health, safety, and welfare.
 - Furthermore, the surgeon must work to ensure cooperation among the other members of the surgical team, which typically includes another surgeon or qualified person who acts as the surgeon's assistant, the anesthesiologist, and operating room nurses

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Team members in 3b stage

- Physician's assistant
 - Surgical physician assistants (PAs) are highly skilled clinicians who have received didactic and clinical training to function in all areas of the peri-operative environment, including pre-admission, testing, intra-operative first assisting, PACU care, SICU care, step-down unit, outpatient clinic, office practice and even home care.

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Team members in 3b stage

- Nurse
 - Monitoring patients
 - Symptom management
 - Discharge instructions
 - Patient/caregiver education

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Team members in 3b stage

- Certified Nurses' Aide (CNA)
 - Take patient vital signs
 - Serve meals, make beds and keep rooms clean
 - Set up medical equipment and assist with some medical procedures
 - Answer calls for help and observe changes in a patient's condition or behavior

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Team members in 3b stage

- Joint replacement coordinator
 - Discharge planning
 - Coordinates services across the continuum of care

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Team members in 3b stage

- Physical Therapist
- May begin on the day of surgery- Post op day 0
 - In room
 - Education about precautions
 - Out of bed to chair
 - Short ambulation
 - Post-op day -1
 - AM: Individual session
 - Walking, Ascend and descend steps
 - PM: Group session
 - Home exercise program, family/caregiver training

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Team members in 3b stage

- Occupational Therapy
 - Post-op day 1
 - Education on precautions, Weight-bearing
 - Training on adaptive equipment
 - ADL & IADL
 - Patient/caregiver Education

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Team members in 3b stage

- Pharmacist
 - Home medication regimen
 - Newly prescribed medication after surgery
 - Medication reconciliation
 - Educations about
 - Effects and side effects of medications
 - Dosage, frequency, and time of consumption

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Team members in 3b stage

- Case Manager
 - Discharge planning
 - Transportation
 - Medical equipment
 - Home care
 - Inpatient rehabilitation

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Team members in 3b stage

- Liaison nurse
 - Provide health education
 - Evaluate the patient's home situation to determine what help is needed
 - Ensure the patient receives follow-up care and services such as RN, OT, and PT

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Post D/C rehab & Follow up care

- Continuum of care
 - Homecare/Acute rehab/SNF/outpatient
- Follow up at MD office
- Follow up by care coordinator

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Case study

- Mr. Smith is a 76- year old retired fireman who has been diagnosed with OA in his left hip since a year. His pain was managed by medications for few months however has been complaining of severe pain for past two months. The surgeon recommended THA.
- Living situation: Lives with a wife in a single level ranch home. 3 STE. Has walk-in shower in the bathroom.
- PLOF: (I) with ADL and IADL
- Enjoys swimming and playing golf

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continued

Case study

- Stage 1: Pre registered for Pre-op class
- Stage 2: Attended pre-op class, Followed the preoperative regimen, ordered FWW, hip kit, home modification, diet and nutrition, exercise, alcohol and smoking caseation
- Stage 3a: Posterior lateral approach.
 - Uneventful surgery and recovery
- Stage 3b: PT- Post-op day-0
- OOB, ambulated 50 feet
- Post-op day 1: 1 OT session, 2 PT session

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Case-study

- Education: Pharmacist, nursing, case manager and liaison nurse for homecare
- DME delivered
- OT- Car t/f
- Home care PT for 2 weeks
- F/u with surgeon
- Excellent recovery, staples removed
- Outpatient PT for 4 weeks
- Fit for life program

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Conclusion

- Creation of clinical and patient pathways
- A user-friendly patient education book
- A multidisciplinary patient education class
- Improvement in outcome measures and
- High satisfaction with their care,
- Significant fiscal and clinical benefits

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