



Service Priorities and Programmes Electronic Presentations

Convention ID: 936

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Unplanned readmission following primary total joint replacement surgery. Is it preventable?

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Keywords:

Total Joint Replacement

Unplanned readmission rate

Introduction

Unplanned readmission rate within 28 days for general inpatients is one of the clinical service key performance indicator among HA hospitals. However, there is no study on the rate and reasons of unplanned readmission following the primary total joint replacement. Understanding the reasons of unplanned readmission rate may help us to improve the discharge planning and patient care.

Objectives

To determine the rate and causes for 28 days readmission after discharge following primary total knee and hip replacement surgery in Yan Chai Hospital.

Methodology

Data from the CDARS between 1st October 2011 to 30th November 2017 were reviewed. All patients having unplanned readmission within 28 days after discharges following primary total joint replacement were identified. Data reviewed included patient demographics, duration between discharge date and readmission date, reasons and rate of readmission.

Result

Results: During 1st October 2011 to 30th November 2017, there were 2770 patients (Female 1861, Male 909) who underwent primary total joint replacement surgery (2169 unilateral total knee replacements, 229 bilateral total knee replacements, 365 unilateral total hip replacements and 7 bilateral total hip replacements). Of these, a total of 123 patients (4.4%) were readmitted within 28 days of hospital discharge. There were 95 unilateral TKR (4%), 12 bilateral TKR (5%) and 16 unilateral THR (3.9%) readmitted after the surgery. The readmitted cohort comprised 59.3% female (73/123) and 40.7% male (50/123) with a mean age of 70.9 years (51 - 87) and a mean BMI of 27.1 kg/m² (18.6 – 38.6). The mean duration between discharge date and readmission date was 10.3 days (0-28). The most common reasons for readmission were lower limb pain (25.2%), limb swelling (7.3%), gastritis or gastrointestinal bleeding (6.5%), fall injury (5.7%). Only 2.4% and 0.8% were due to periprosthetic infection and DVT respectively. Conclusions: The rate of unplanned readmission following primary total joint replacement is similar to literature. Most

readmissions were due to pain and could be reduced by patient education and pain control. The role of nurse clinic in reducing unplanned readmission could be explored.