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An Integrated Multi-disciplinary Patient Management Documentation for Total Knee Replacement Surgery

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Introduction

Yan Chai Hospital Total Joint Replacement Center, established in October 2011, provides an inclusive one stop treatment for hip and knee replacement. With an aim to provide a better quality of care and to reduce errors or unjustified variations in clinical practice, a comprehensive protocol for total knee replacement (TKR) had been adopted since its establishment. In order to support the effective use of the TKR protocol, an integrated patient management documentation was developed and implemented since August 2013.

Objectives

*To improve documentation of clinical findings and prescription of treatment *To facilitate implementation of TKR protocol *To standardize and provide guidance for each stage of patient management *To improve multidisciplinary communication, teamwork and care planning *To help discharge planning for patients *To improve clinical outcome *To serve as a tool for benchmarking, continuous quality improvement, clinical audit and clinical studies *To facilitate training

Methodology

The Integrated Patient Management (IPM) documentation is an interdisciplinary plan of care that outlines the optimal sequencing and timing of interventions for TKR patients. It is incorporated into the daily hospital progress notes and provides the guidelines for the healthcare professionals on care of these patients. The IPM team consists of physicians, nurses, physiotherapists, occupational therapists and medical social workers. Based on their professional contribution, the IPM was developed over a period of 6 months. The IPM was first pilot in early 2013 with trained staff. It was piloted again in mid-2013 after further modification. The final IPM was implemented in August 2013 with continued monitoring and evaluation in place.

Result

Result: After the application of the IPM, the process of care for TKR surgery had been streamlined. The IPM provided clear guidance on the staging of patient management, and the user friendly documentation was well appreciated by the staff. The average

length of hospital stay was shortened from 7.67 to 7.35 days without jeopardizing patient's outcome. Conclusion: The IPM is an effective medical management tool to improve the delivery of care without causing any adverse effect on the quality.