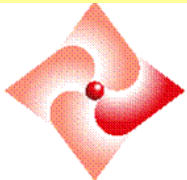


**2018 HA Convention**  
**F-P1.8 Service Enhancement Presentation 1**  
**‘Better Manage Growing Demands’**



**2-year Experience of Adopting a**  
**Safe, Efficient & Cost-Effective Care Model**  
**for Post-operative Orthopaedic Patients**  
**at Day Unit**

By Anthony Cheng  
Nurse Consultant (O&T)  
PYNEH, HKEC



# Collaborative Care Model in O&T , PYNEH

**~300**  
Cases  
per year

## OBJECTIVES:

PROVIDE A **SAFE, EFFICIENT & COST-EFFICIENT** WAY OF MANAGEMENT TO POST-OPERATIVE O&T PATIENTS AT DAY UNIT AFTER EARLY DISCHARGE



Total Knee Replacement (TKR)



Total Hip Replacement (THR)



Lumbar spine surgery



Cervical spine surgery

1/2016

6/2016

7/2016

3/2017

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# Methodology

Less than 1 week  
in-hospital stay

Post  
discharge



Visit 1



Protocol driven care

Visit 2

Visit 3

Visit 4

Visit 5



Visit 6

Week 1

Week 2

Week 3

- O&T doctors only **act as gatekeeper** to ensure quality & safety
- Subsequences visits were **taken-over by nurses & therapists**

# 2-yr Outcomes

(1/2016 ~ 12/2017)



In the past!

Now

Collaborative Care Model



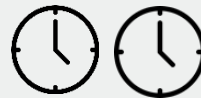
Long waiting time for consultation by doctors



Patient's waiting time for consultation was **shortened ~ 60 minutes**



Relatively long rehabilitation period  
~ 4.5 months



Total rehabilitation period was **shortened to 2.4 months**



Delayed detection of post-operative complications e.g. deep vein thrombosis, wound infection...etc.

Early detection of post-operative complications was achieved:

**8 cases for 2 years**



Might feel helpless / insecure at home after early discharge & rushed to AED x Medical advice

The unplanned re-admission rate was **maintained at 0%.**



Understanding of the overall rehabilitation journey was fragmented

Patient's satisfaction was **V. high (~9/10)**



2 years outcomes :

- **421** patients / **2302** attendance
- Average attendance was **6.5 in 2.5 weeks**

### **Conclusion:**

The Collaborative Care Model  
was proved to be

**safe, efficient &  
cost-effective !!!**

