



Zero Tolerance Campaign against ***Redundant Preoperative Stay*** by **AHNH Joint Replacement Centre**

Dr. Hung Yuk Wah; Associate Consultant: Joint replacement Centre



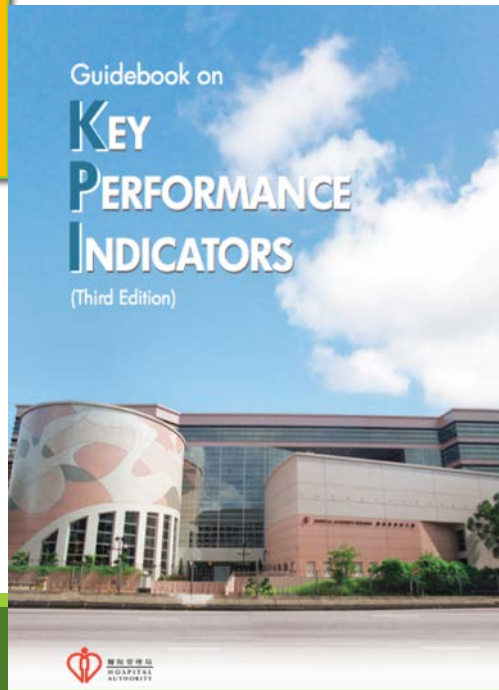
Simplest way to Length of Stay



Same day admission

Save One Day

Average LOS of TKR: 5 Days





Promotion Same Day Admission for Total Joint Replacement-1st year experience of Regional Joint Centre

YW Hung*, Christopher PW Chu**, Rosalina KL Ip***, Carson KB Kwok*, Jason CH Fan*, Carman KM Lo*, LF Wong*, CL Chow*

*Department of Orthopaedics and Traumatology, Alice Ho Miu Ling Nethersole Hospital
** Anaesthesiology & Operation Services, Alice Ho Miu Ling Nethersole Hospital and North District Hospital
*** Department of Pathology, AHNH & NTEC blood banks

Background

4th Joint Centre was established in Alice Ho Miu Ling Nethersole Hospital (AHNH) since October 2015. **Same day admission (SDA)** for elective surgery not only an important Key Performance Index in Hospital Authority (HA), it also significantly reduce Length of Stay and economic burden to health care system. We would like analysis SDA rate in HA and share our experience on how to promote SDA rate.

Objective

- Analysis Same day admission rate in AHNH after in year of 2016
- Analysis possible cause for fail SDA
- Compare SDA rate among HA hospitals

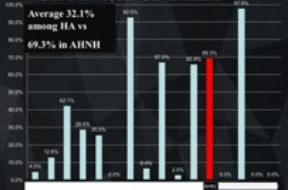
Methodology

- Data from Clinical Data and Reporting System
- Keywords: 'total knee replacement' and 'total hip replacement'
- From 1/1/2016 to 31/12/2016

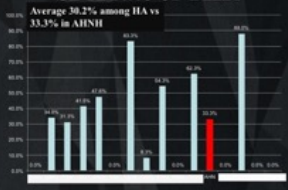
Discussion

- SDA rate of joint replacement varies a lot among HA hospitals (range from 0-96%)
- From AHNH experience, 49.3% fail SDA due to **Surgeon request** or for **Type and Screen**
- New policy (**Outpatient Type and Screen program and standardized Clinical Photo Documentation Progress**) was implemented since 2017
- Anticipate SDA rate after new policy will improve from 70% to **86%** in AHNH

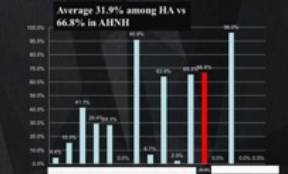
SDA rate of TKR



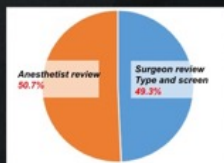
SDA rate of THR



SDA rate of TKR and THR



Reason for non SDA in AHNH



HA convention 2017

Assess

WHY

0% for SDA

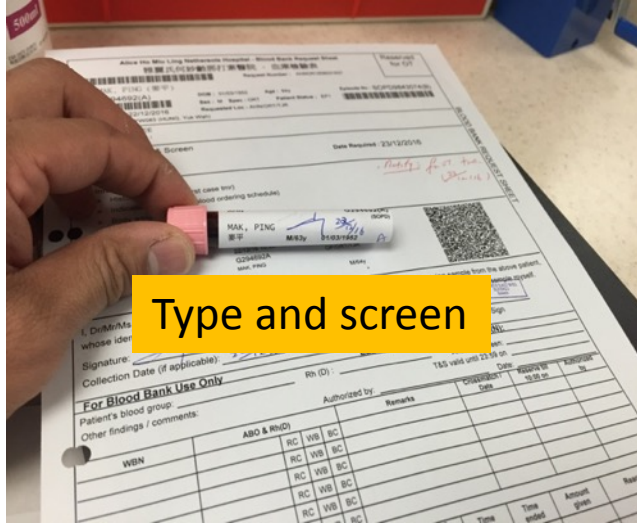
Reduce admission for surgeon review



New policy

Reduce admission for Type and Screen



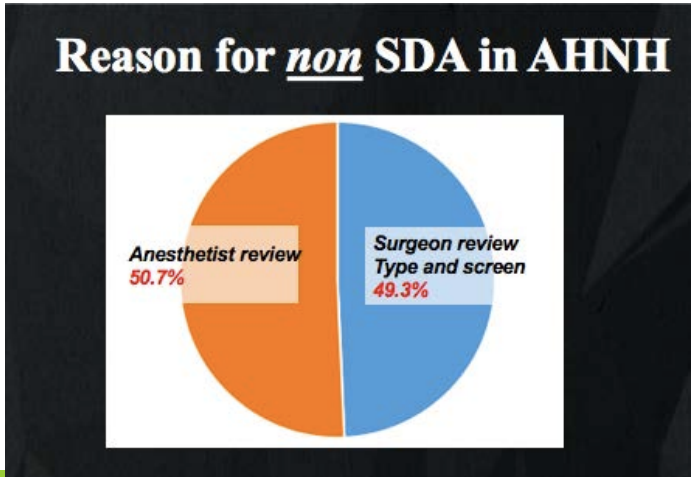


Type and screen

3 Major Reasons:



Surgeon



List anesthetist:



3 Phases Changes after JRC open



PHASE 1:
AFTER JOINT
REPLACEMENT *2015*
TO DEC 16



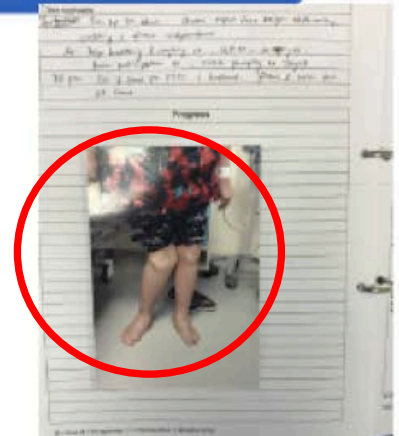
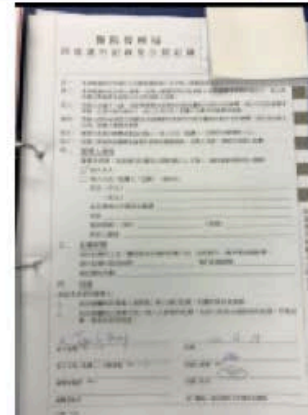
POAC for **team** preop assessment



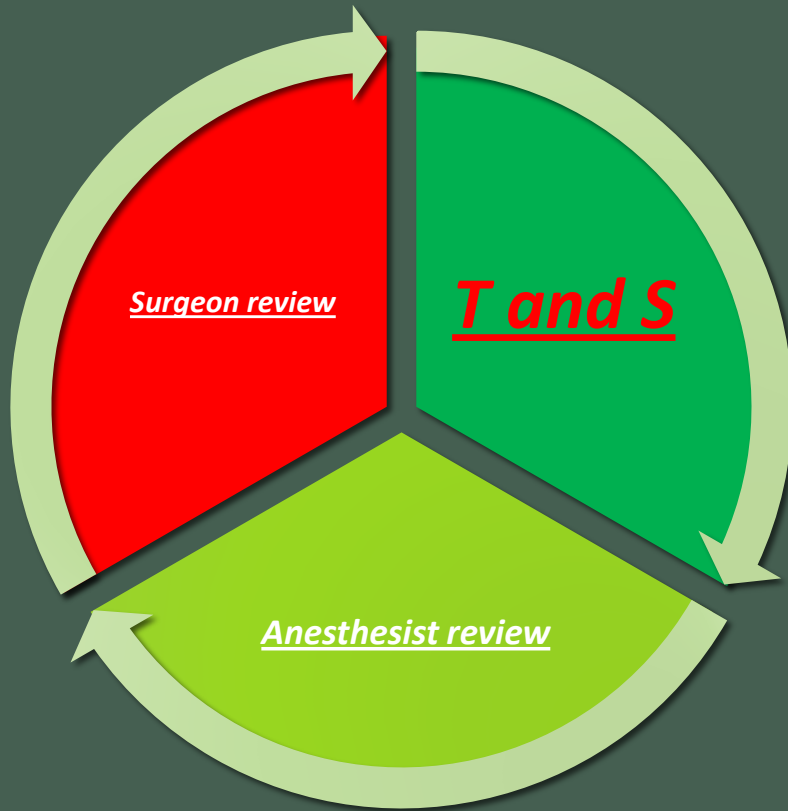
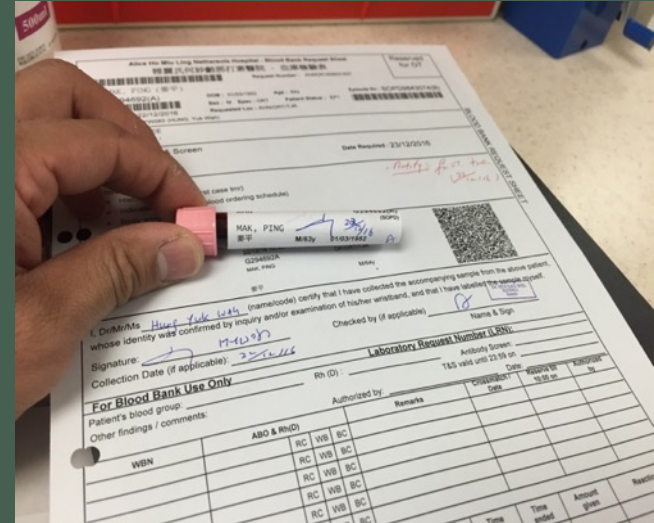
Standardize protocol for clinical record documentation for complex knee



No case admit for surgeon review



BLOOD MANAGEMENT



Protocol for unilateral knee replacement



NO need Type and screen ready before OT:
Low Transfusion risk case

Fast Track
Type and Screen

OT:
processing
T/S

SDA rate from **0 %** to **67%**



PHASE 2: JAN TO JUN 2017

Out patient type and screen program

high transfusion risk case:

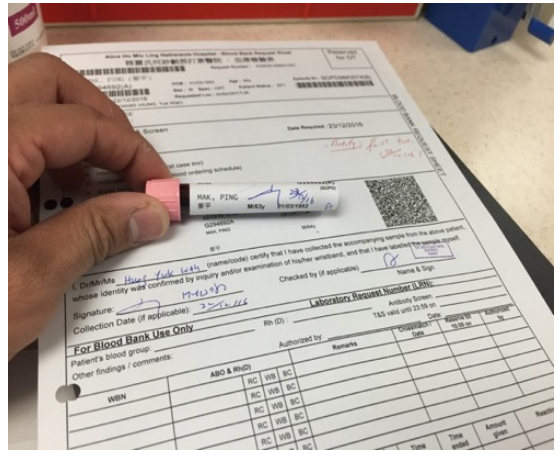
e.g. Total Hip replacement

Bilateral knee replacement

Complex case

Concept:

Type and screen:

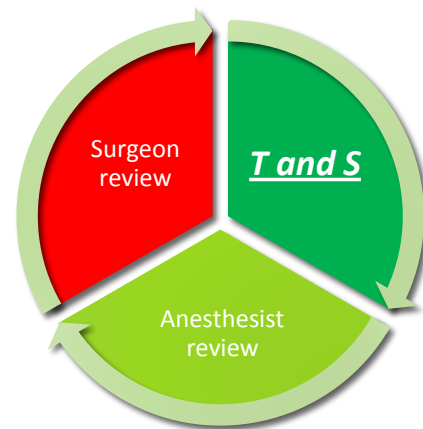


Conventional:
In patient admission for Type and screen

New: outpatient program



Protocol for **complex** condition:



Outpatient Type and Screen(Dec 2016)



SDA Rate from 0% to 66.8% to 80.2%

joint nurse call back

Blood taking
within 3 days
from operation

Double check
with nurse or
doctor

ID instead of
barcode for
cross check

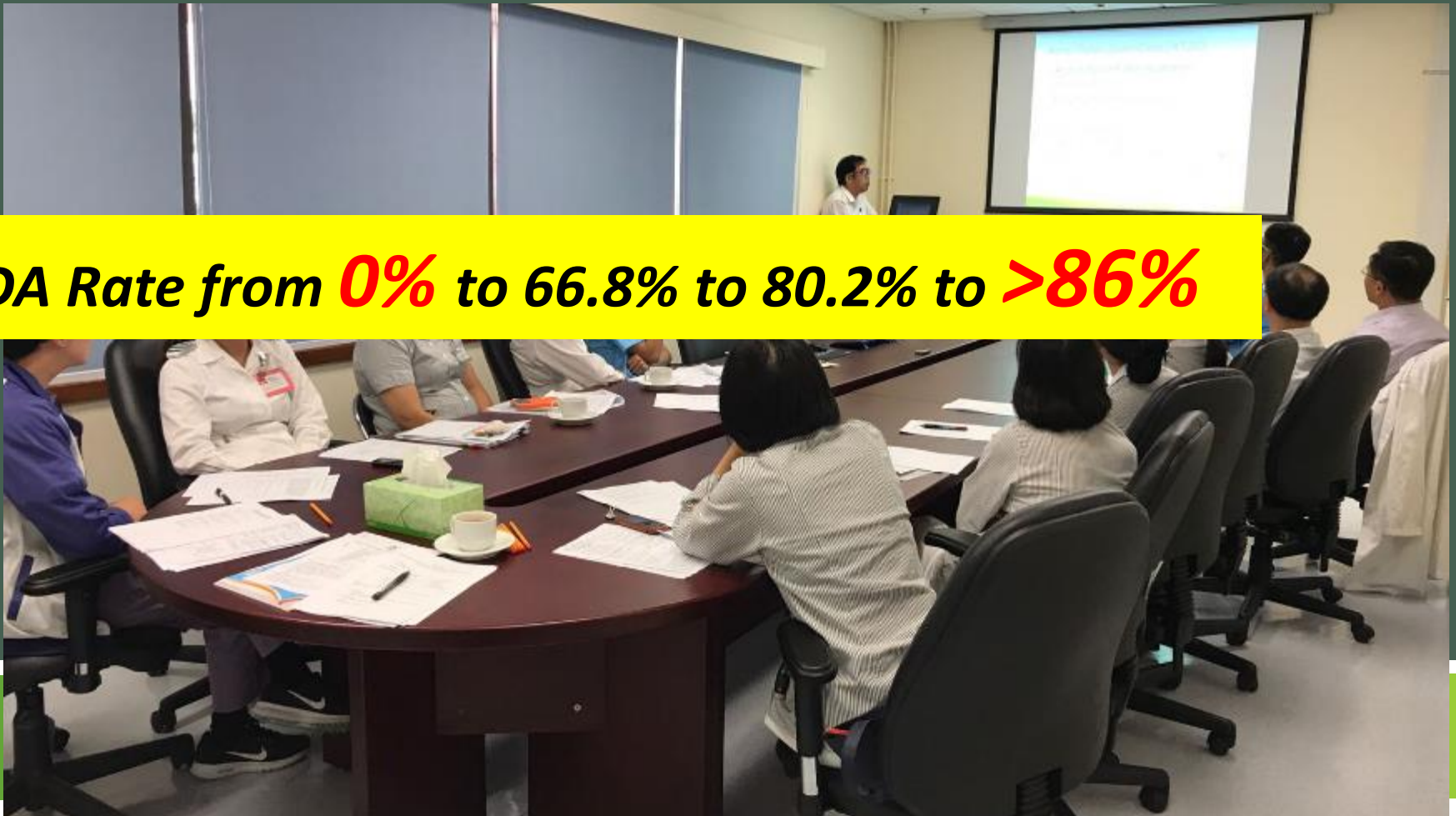
confirmation
and signature



PHASE 0. AFTER
AUG 17

Combine *Out patient T/s* and *anesthetist* review

SDA Rate from **0%** to 66.8% to 80.2% to **>86%**



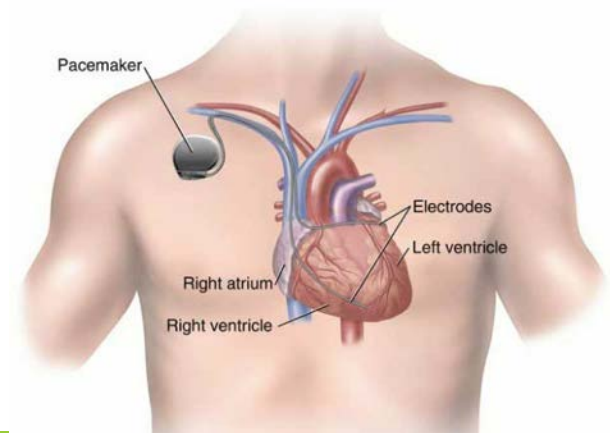
Pre-op Admission that we need to tolerate...

Poor control need DKI

DIABETES MELLITUS
TIPO 2



Absolute indication



Conclusion :

Happy Staff



Same Day Admission for elective joint replacement is **Achievable**

Happy Patient



balance



THANK YOU

