Communique 1:
TOTAL JOINT REPLACEMENT GUIDELINE IMPLEMENTATION

Toronto Central LHIN
MSK/Stroke Implementation Group
IN DECEMBER 2012, THE TORONTO CENTRAL LHIN ESTABLISHED THE MSK/STROKE IMPLEMENTATION GROUP TO SUPPORT THE IMPLEMENTATION OF NEW CARE PATHWAYS FOR TOTAL JOINT REPLACEMENT, HIP FRACTURE AND STROKE. ONE OF THE IMPLEMENTATION GROUP’S PRIORITIES IS TO KEEP STAKEHOLDERS INFORMED AND ENGAGED THROUGHOUT THE PROJECT.

THE PURPOSE OF THIS COMMUNIQUÉ IS TO PROVIDE AN UPDATE ON SOME OF THE KEY ACTIVITIES THAT ARE SUPPORTING IMPLEMENTATION OF NEW PRACTICE GUIDELINES FOR PRIMARY, ELECTIVE, UNILATERAL TOTAL JOINT REPLACEMENT (TJR). SUBSEQUENT UPDATES WILL FOLLOW THROUGHOUT 2013/14.

Goals of New Guidelines for TJR

- Maintain or improve quality of care across the continuum of care
- Improve patient flow and continuity of care
- Reduce reliance on inpatient rehabilitation and replace with outpatient rehabilitation

Based on experience across the health system in the province and research in the field, the Provincial Orthopaedic Expert Panel recommended new care pathways for primary, unilateral hip and knee replacements. The new guidelines provide for an average length of stay of 4.4 days in acute care with 90 per cent of patients who receive either a primary unilateral hip or knee replacement being discharged home with post-acute rehabilitation provided in outpatient or community-based settings.

Additional Funding Allocated to Support Costs Associated with Establishing Outpatient Rehabilitation Services

In 2012/13, the Toronto Central LHIN invested $1.9 million to support further implementation of the orthopaedic/stroke best practices. Based on advice from the Implementation Group, this funding was allocated to rehabilitation hospitals in the Toronto Central LHIN providing TJR, hip fracture and stroke services. The funding was targeted at supporting costs associated with transitional and/or one-time expenses that were incurred by hospitals to advance implementation of orthopaedic and stroke rehabilitation best practices.
RECENT ACTIVITIES & MILESTONES

Hospital-Based Outpatient Rehabilitation Programs Accepting External Referrals

Patients can access outpatient rehabilitation programs in the community or at one of the hospital-based programs that are now open in the Toronto Central LHIN.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Outpatient Rehab – TJR</th>
<th>Inpatient Rehab - TJR</th>
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</thead>
<tbody>
<tr>
<td>Bridgepoint Active Healthcare</td>
<td>New Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Providence Healthcare</td>
<td>New Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Sunnybrook Health Sciences Centre St John’s site</td>
<td>New Facility Existing Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Holland Centre*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Health Network – Toronto Rehab Institute</td>
<td>New Location</td>
<td>Yes</td>
</tr>
<tr>
<td>West Park Healthcare Centre</td>
<td>New Program</td>
<td>No</td>
</tr>
</tbody>
</table>

For a listing of outpatient rehabilitation programs in GTA hospitals that accept external referrals, please see www.gtarehabnetwork.ca

Most of these programs accept external referrals. All of these programs focus on providing outpatient rehabilitation services based on the standardized models of care described below.

<table>
<thead>
<tr>
<th>Standardized Rehabilitation Model for Total Knee Replacement</th>
<th>Standardized Rehabilitation Model for Total Hip Replacement</th>
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<tbody>
<tr>
<td>✓ 90% of patients discharged home will require:</td>
<td>✓ 80% of patients discharged home will require:</td>
</tr>
<tr>
<td>• 1 assessment visit (1 hour)</td>
<td>• 1 class: the first 45 minutes to provide education and in the second 45 minutes patients are seen individually (2 hours including documentation time has been allotted)</td>
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<tr>
<td>• 2 hour class, 2x per week for 6 weeks</td>
<td>• Class format, run by PT/PTA</td>
</tr>
<tr>
<td>• Class format, run by PT/PTA</td>
<td>✓ 20% will need 1:1 assessment in lieu of the class (1 hour plus 15 minutes documentation time per assessment) and additional 1:1 treatment, up to 8 visits.</td>
</tr>
<tr>
<td>✓ 10% of patients will require 1 assessment visit plus 1:1 treatments instead of a class format and will need, on average, up to 15 treatment visits (30 minute treatment visit plus 15 minute documentation time)</td>
<td></td>
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<tr>
<td>✓ Of the patients who first received CCAC, some will require additional outpatient treatment.</td>
<td></td>
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</tbody>
</table>

Consolidation of Inpatient Rehabilitation Services

Discharge to inpatient rehab should only be considered where there is a combination of concerns that precludes a safe discharge to the community. For example, poor overall pre-operative functioning/mobility; post-operative risk/complications; and/or social concerns that cannot be modified to support a safe discharge home.1 To maintain quality and efficiency, inpatient rehabilitation services are being consolidated at fewer centres. In 2013/14, Baycrest Centre for Geriatric Care, West Park Healthcare Centre and Toronto East General Hospital will be transitioning out of providing inpatient rehabilitation for primary, elective, unilateral hip and knee replacements.

1 GTA Rehab Network. Discharge Triage Considerations for Patients Following Elective Hip/Knee Replacement.
Supporting Patients in the Community

In the Toronto Central LHIN the majority of patients will have their rehabilitation needs met in an outpatient clinic located in a rehabilitation hospital or in the community. However, clients may be referred and assessed for in-home rehabilitation services if they are home-bound due to overall functional status and/or an underlying medical condition. In addition, clients receiving care at an outpatient rehabilitation clinic may still be referred and assessed for other CCAC services, such as personal support. The Toronto Central CCAC is working with other CCACs in the Greater Toronto Area to ensure better transition for clients across LHIN boundaries.

Standardized Tools to Support Implementation of TJR Guidelines

The GTA Rehab Network, in collaboration with key stakeholders, have developed a number of standardized processes and tools to ensure patients experience a smooth transition from acute care to outpatient rehabilitation following elective total joint replacement. Examples of these tools include:

- **Standardized triage/ pre-admission guidelines that support the TJR care pathway.** The guidelines support the need for early pre-planning and communication with patients to help them prepare for their surgery and discharge home.

- **Standardized outpatient rehab process map.** The map clarifies and standardizes the processes involved in arranging post-acute rehabilitation to ensure patients experience a smooth transition from acute care to outpatient rehabilitation following elective total joint replacement.

- **Standardized referral form** for hips and knees to be used both pre-and post-operatively. This form complements the new guidelines and process map.

- **List of transportation options** across the 5 GTA LHINs including Toronto Central, Central East, Central, Central West, and Mississauga Halton LHINs. The list is accessible at http://www.gtarehabnetwork.ca/uploads/File/tools/FINAL-TJR-Guideline-(Rev--Jan-2013).pdf

For further information please refer to the GTA Rehab Network’s website http://www.gtarehabnetwork.ca/triage-admission-guidelines-tjr

Note: Home-bound does not include those that can not access transportation to attend outpatient services.
Patient Education Materials

Most hospitals have developed preoperative guides and other education materials specific to their services. There are also patient education materials on the website of the Canadian Orthopaedic Foundation that are generic and have been developed with support from Bone and Joint Canada. Sunnybrook recently released an excellent YouTube video on hip and knee replacement by Dr. Mike Evans accessible at the following link sunnybrook.ca/holland/hipknee.

Patients manage their hospital stay and recovery better when they are prepared for their surgery. The following are some of the key messages that should be included in patient information/education materials.

Pre-Hospital Planning & Preadmission Programs

- Early planning and education is a critical step in preparing for your surgery and discharge home. Your health care provider will discuss discharge planning at the time of your initial planning for surgery and preadmission assessment.
- Information about your stay in the hospital and care after discharge will be assessed and reviewed by your care team. It is essential that you take an active role in preparing for your surgery, and participate in your recovery. This will ensure the best outcome for you.

Discharge Arrangements & Rehabilitation Care

- You can expect to go home by day 4 after your total knee or hip surgery. You will have a discharge plan in place following your surgery. This should include assistance in your home (round the clock), a family or friend’s home, or assistance in a short stay bed in a retirement home. A list of locations and their associated costs can be provided to you.
- You may be referred to an outpatient rehabilitation program depending on the type of surgery you have had. If you have:
  - Hip Replacement Surgery: You will be given information that will allow you to do your own exercises and recover at home. You may be asked to attend therapy classes in an outpatient rehabilitation program as recommended by your surgeon and the care team.
  - Knee Replacement Surgery: You will be referred to an outpatient rehabilitation program to begin physiotherapy within 1 week after your discharge home. Therapy will usually be a group program for up to six weeks in length. A list of transportation options can be provided to you.
- A number of hospitals have established outpatient rehabilitation services. If you have hip or knee replacement surgery you will be supported in facilitating convenient access to outpatient care close to home.
- Please be aware that there will be additional costs associated with your post-surgical care (e.g., equipment, medications, and services)

Next Steps: Pilot Project Planned to Test Minimum Dataset for Outpatient Rehabilitation Data

The Toronto Central LHIN MSK/Stroke Implementation Group is currently working on the development of a standardized minimum dataset for outpatient rehabilitation data. Plans are under way to launch a pilot project to test the use of the dataset at Bridgepoint Active Healthcare and Sunnybrook Health Sciences Centre – St. John’s site in 2013/14.
Toronto Central LHIN
MSK/Stroke Implementation Group

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