Evidence indicates that the majority of patients can achieve comparable outcomes in community based rehabilitation post primary, unilateral hip/knee replacement versus inpatient rehabilitation provided that adequate therapy resources are available in a timely manner. The Orthopaedic Expert Panel has set a target of 90% ± 10% for the proportion of patients who are discharged home from acute care with an average length of stay target of 4.4 days.

Early planning and education with patients in the pre-admission phase is a critical step in preparing patients for their surgery and discharge to home by day 4 post-op. Recognizing that each organization will implement processes in the pre-admission process in accordance with patient needs and available resources, the components recommended in this guideline reflect ideal approaches for consideration to support achievement of the new targets.

The following outlines key elements

1. **PRE-OPERATIVE EDUCATION**

   There is a greater need for pre-operative education that is provided from a rehab perspective in light of the new direction to discharge the majority of patients directly home from acute care.

   Ideally pre-operative education should be offered 6-8 weeks before the date of surgery. While education has been typically offered on the same day as the medical pre-op visit, earlier education with patients has two important benefits:

   a) Patients have more time to prepare for the discharge to home from acute care, including mobilization of family, friends or other community resources to support a safe discharge home.

   b) Patients can begin to do exercises to improve strength and fitness in advance of the surgery and support post-surgical recovery.

[Pre-op Education]

Every effort should be made to make pre-operative education available to all patients as early as possible. Consider:

- Providing education 6-8 weeks before date of surgery
- Offering classes several times and at various times of the day (e.g. during business and evening hours)
- Partnering with external providers to provide classes for patients outside of the catchment area
- Developing a system where patients who are unable to attend a class are contacted by phone
- Providing information in a format that allows the patient to review the material more than once (e.g. DVD,

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2 If the wait time from the patient’s first consult with the orthopaedic surgeon to date of surgery is shorter than 6 weeks, pre-operative education should be provided as early as possible following the first consult to provide enough time for the patient to prepare for surgery and discharge home.


3 Authors of a randomized control trial reported: “Our findings suggest that the key to successful early discharge of THR patients may be adequate preoperative education, exercise and training in the use of devices for assistance, and also rehearsal of postoperative physical exercise.” Siggeirsdottir, K., Olafsson, O., Jonsson Jr., H., Iwarsson, S., Gudnason, V. and
Length of class:
Up to 1 ½ hours. Organizations that have been running classes have found that 1 ½ hours allows enough time to provide information and address questions.

Class Instructors:
The class should be co-led by rehab professionals, ideally by one occupational therapist and one physiotherapist, who can respond to the broad range of questions that patients may pose.
The class could also be co-led by one physiotherapist or occupational therapist and one rehab therapy assistant.
At a minimum, the class could be led by a rehab therapy assistant alone provided that (i) the rehab assistant has the appropriate knowledge and training (i.e. Certified OT/PT Assistant graduated from a Ministry of Colleges and Universities approved Community College) and (ii) the occupational therapist and physiotherapist are available for consultation to address any questions outside of the rehab assistant’s level of expertise.
It can be helpful to have a patient who has already undergone the surgery to participate in the information sharing part of the class.

Class Content:
Information on the acute care stay and expected length of stay
Information on preparing for a discharge to home by day 4 post-op (e.g. home safety, equipment needs, arranging for help with meal planning/preparation for 10 days and other household chores, daily phone contact with someone (friend, family member) to report daily status and follow up on exercises etc.)
Information on the recovery process including pain management
Written material to be provided

2. PRE-OPERATIVE MEDICAL WORKUP
Patients are typically seen approximately 2 weeks before the date of surgery for medical screening. The patient is typically seen by an RN, anaesthetist, other consultation services and has blood work and other tests done as needed.

3. **DISCHARGE DESTINATION TRIAGE**

At the pre-operative medical visit, the patient is also assessed to confirm the discharge destination of the patient post-surgery. While the target for discharge to home has been set at 90% for patients discharged from TC LHIN acute care hospitals, there are some patients who will likely require inpatient rehabilitation.

The triage assessment should be conducted by an individual with a rehabilitation, social work or nursing background. However, it is recommended that members of the MSK clinical team be available for consultation to pre-empt and resolve any potential rehabilitation or psychosocial barriers that could delay discharge or preclude a discharge to home.

To conduct the triage, see Appendix A: *Discharge Triage Considerations for Patients Following Primary, Unilateral, Elective Hip/Knee Replacement.*

4. **REFERRAL TO POST ACUTE REHABILITATION FOLLOWING TRIAGE DECISION**

a) For the majority of patients who are expected to be discharged home post surgery, a referral to outpatient/rehab is initiated in the pre-admission phase:

- Referral for the first outpatient rehab appointment for patients who will receive a total knee replacement is based on the date of surgery and anticipated date of discharge on day 4 post-op. The date of the 1st appointment is to be scheduled within 7 business days of the anticipated discharge date from acute care.

- Mechanisms should be in place to communicate the date of the outpatient rehab appointment to the patient and inpatient acute care team; appointment to be confirmed by the inpatient team prior to the patient’s discharge from acute care.

- Transportation options for outpatient rehab are discussed and provided to the patient including LHIN-subsidized programs. (See Appendix B for a list of GTA LHIN funded programs)

- A standardized outpatient rehab referral form has been developed: *Pre-op Outpatient Rehab Referral Form: Elective Knee Replacement.* (See Appendix C)

b) For patients who will likely require inpatient rehabilitation, an inpatient rehab bed is pre-booked using the “Rehab Pre-Admission Form: Elective Hip and Knee Surgery” (See Appendix D)

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4 The provincial target has been set at 90% ±10% and is to be negotiated by each organization with its own LHIN.

5 Referral to outpatient rehab, if required, for patients who will receive a total hip replacement is typically determined at the first hospital follow-up visit but may be initiated prior to discharge home from acute care.
APPENDIX A:

Discharge Triage Considerations for Patients Following Primary, Unilateral, Elective Hip/Knee Replacement

The first and foremost consideration when planning for discharge is to explore with the patient every option to support discharge to home.

The triage assessment should be conducted by an individual with a rehabilitation or nursing background. However, it is recommended that members of the MSK clinical team be available for consultation to pre-empt and resolve any potential rehabilitation or psychosocial barriers that could delay discharge or preclude a discharge to home.

REFERRAL TO OUTPATIENT REHAB OR CCAC REHAB:

All patients who do not meet the criteria for inpatient rehab as outlined below are appropriate for community-based rehabilitation upon discharge from acute care.

Determination of outpatient rehab versus a referral to CCAC is based on the following considerations:

- Patients who are able to access outpatient rehabilitation are to be referred to an outpatient clinic or private provider.
- Patients who are home-bound and unable to access rehabilitation outside the home (Refer to CCAC Admission criteria in Appendix D)

REFERRAL TO INPATIENT REHAB:

Discharge to inpatient rehab should only be considered where there is a combination of concerns in the following areas that precludes a safe discharge to the community:

1. Overall Functioning/Mobility:
   - Does the patient have poor pre-operative function as demonstrated by any of the following:
     o The requirement for significant family support or formal community support services
     o Limitations in upper extremities that can impact post-op recovery in the community (particularly in cases where there will be weight bearing restrictions)
   - Is there insufficient strength/tolerance in the non-operative leg to support the patient’s post-op recovery in the community?
   - Is the patient limited in his/her ability to understand information provided?

2. Post-op Risk:
   - Is the patient at high risk of developing postoperative complications that may require regular monitoring by healthcare providers?¹

3. Social Situation:
   - Are there any barriers in the home environment that cannot be modified to support a safe discharge home (e.g. stairs; bathroom set-up; type of home)?
   - Is the patient’s need for support post-op anticipated to exceed what is currently available through informal or formal community resources to support a safe discharge to home?

APPENDIX B:

GTA LHIN Funded Transportation Options

Central LHIN
- Etobicoke Services for Seniors www.esssupportservices.ca/Default.aspx
- Better Living Health and Community Services www.betterlivinghealth.org/
- Circle of Care www.circleofcare.com/
- Downview Services for Seniors www.downviewservices.com/
- North York Seniors Centre www.nyseniors.org/
- St. Clair West Services for Seniors www.servicesforseniors.ca/
- York West Active Living Centre www.yorkwestactivelivingcentre.ca/
- CHATS – Community & Home Assistance to Seniors www.chats.on.ca/

Central East LHIN
- Community Care City of Kawartha Lakes http://www.community-care.on.ca/
- Community Care Haliburton County http://www.communitycarehaliburton.com/
- Community Care Peterborough http://www.commcareptbo.org/
- Community Care Northumberland County http://www.commcare.ca/
- Momiji Health Care Society http://www.momiji.on.ca/
- St Paul’s L’Amoreaux Centre http://www.splc.ca/
- Carefirst http://www.carefirstseniors.com/websites/
- Transcare https://www.tcare.ca/
- Scarborough Centre for Healthy Communities http://www.schontario.ca/
- Yee Hong Centre for Geriatric Care http://www.yeehong.com/
- Community Care Durham http://www.communitycaredurham.on.ca/

Central West LHIN
- Dufferin County Community Support Services http://peel.cioc.ca/record/CWL0249?Number=5
- Canes Community Care http://www.canes.on.ca/services/seniors-ride-connect
- Caledon Community Services http://www.ccs4u.org/transportation.aspx

Mississauga Halton LHIN
- Canadian Red Cross Transportation Services. Contact person: Val Cook at Valerie.Cook@redcross.ca or CrossWheels Scheduling Center 1–877–848–0707.

Toronto Central LHIN
- Humber Community Seniors Services (http://humberseniors.org/Services.htm)
- Mid-Toronto Community Services (http://www.midotronto.com/web/programs_transport.php)
- Neighbourhood Link / Senior Link (http://www.neighbourhoodlink.org/seniors/)
- Senior Peoples’ Resources in North Toronto (SPRINT) (http://www.sprint-homecare.ca/Services.html)
- St. Christopher’s House (http://www.stchristhouse.org/older-adults/home-help-homemaking/InHomeServices/OacWelcomePage.php)
- Storefront Humber (http://www.storefronthumber.ca/program.html)
- Warden Woods Community Centre (http://wardenwoods.com/seniors.html)
- West Toronto Services for Seniors (http://www.silvercircle.ca/services/)
- Woodgreen Community Services (http://www.woodgreen.org/OurServices/Seniors.aspx)
**Pre-Operative Referral: Complete and submit before admission to acute care**

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<td>Interpreter required? ❑ Yes ❑ No ❑ Unknown</td>
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****If change in care plan (i.e. Surgery cancelled or date of surgery delayed)**

Acute Care to notify Outpatient Rehab to rebook first outpatient rehab appointment ****
Indicate risk factors that preclude safe discharge to community and necessitate inpatient rehab:

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Current Surgical Intervention:

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<td>Revision of Hip Implant</td>
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</table>

Primary Diagnosis: ☐ Unknown ☐ Osteoarthritis (right) ☐ Osteoarthritis (left) ☐ AVN ☐ RA ☐ Other: ____________________________

Secondary Diagnoses (check all that apply):

- ☐ Diabetes Mellitus
- ☐ Hypertension
- ☐ Cardiac (specify) ____________________________
- ☐ Respiratory (specify) ____________________________
- ☐ Other (specify) ____________________________

Language spoken (if not English): ____________________________ Interpreter required: ☐ Yes ☐ No ☐ Unknown

Living Setting:

- Prehospital: ☐ home ☐ community ☐ facility Have discharge plans been discussed? ☐ Yes ☐ No
- Discharge: ☐ home ☐ community ☐ facility

Past and relevant history:

- Psychiatric: ☐ Unknown ☐ No ☐ Yes (specify) ____________________________
- Medical: ☐ Unknown ☐ No ☐ Yes (specify) ____________________________
- Surgical: ☐ Unknown ☐ No ☐ Yes (specify) ____________________________ Y/ M/D/ ____________
- Other Notes: ____________________________

Date of Surgery: Y/ M/ D/ ☐ Date Unknown

Date of Referral: Y/ M/ D/ ☐ Date Unknown

Date Ready for Rehab/Self-Care: Y/ M/ D/ ☐ Date Unknown

Physician/specialists involved in care of patient:

- Name: ____________________________ Specialty: ____________________________ Phone: ( ) ____________________________
- Name: ____________________________ Specialty: ____________________________ Phone: ( ) ____________________________
- Name: ____________________________ Specialty: ____________________________ Phone: ( ) ____________________________
- Contact person: ____________________________ Phone: ( ) ____________________________
- Position: ____________________________ Pager: ( ) ____________________________