Post–Operative Care Program
“POCP”

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- Orthopedic specialty hospital performing 30,000 inpatient and ambulatory surgeries annually
- Part of the NY Presbyterian Health Care System
## Best Practices for Inpatient Care

### People & Culture
- Culture, roles & responsibilities
- Leadership
- Values, behaviors, mindsets
- Skills & career ladders, continuing education

### Management & Systems
- IT systems
- Formal communication forums (ID rounds)
- Interdisciplinary plan of care
- Flow management & governance

### Clinical Best Practices
- Bedside care
- Clinical pathways
- Physical Therapy
- ID Round Topics
- Metrics & goals

### Interdisciplinary Care
- Building strategic partnerships with transporters, other care settings
- Setting expectations with patient & family
- Discharge decision accountability & responsibility

### Discharge Planning
- Systems to enable communication, coordination, internal transport
- Tool for communication with family
- Coordination of discharge procedures
- Delay Resolution
- Follow up with patients
- Appropriate discharge time (expected LOS, patient goals)

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**Successful implementation of best practices results optimal patient outcomes and in low number of readmissions**

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Discharge Process

Inpatient Stay

Discharge Approvals
- Surgical Attending
- Primary Team
- Medical Attending
- Primary Team
- Case Manager
- Physical Therapist
- Patient
- Surgeon

Day of Discharge

Discharge Decision
- Surgically Ready?
- Medically Ready?
- Insurance Approved?
Next Care Setting ready?
- Physically Ready?
- Personally Ready?

Discharge Actions
- No
- Labs OK?
- Discharge Order Written
- Equipment Delivered
- Transport called
- Med Rec written
- RN Instructions
- Patient Dressed & Fed
- Patient Discharged
HOSPITAL FOR SPECIAL SURGERY

- HSS readmission rates are approximately half of expected readmission rates

- Hip infection rates statistically lower than State x 5 years

- We have achieved a successful discharge program process and have the unique opportunity to focus on extending our patient care beyond the immediate discharge phase.
Readmissions

- Partnerships for Patients (PFP), data verified readmissions both internally as well as outside hospitals.
- Discharged patients often present to nearby emergency departments outside the physicians availability.

- The most common readmission diagnoses associated with orthopedic surgery include:
  - Post-operative infection
  - Malfunction, reaction or complication of device/procedure, including joint dislocation
  - Other: Injury to nerve, blood vessels including venous thrombosis
Post–Operative Care Program Goals

- To Provide centralized care in an alternative site to an overcrowded emergency department
- To Minimize delay in treatment
- To Promote continuity of care
- To Assure treatment at appropriate level of care; avoiding unnecessary diagnostic testing
- To Prevent over or under prescribing of antibiotics
- To Reduce prolonged wait times in a heterogeneous population of patients
- To Reduce financial costs
- To Prevent hospital readmissions
Post–Operative Care

Interdisciplinary team collaborated and designed the program with the intention of addressing the specific needs of the post–operative orthopedic patient.

- Surgery, Internal medicine and Infectious Disease
- Administration
- Nursing
- Radiology
- Pharmacy
- Visiting Nurse Services
- Physical Therapy
- Information Technology
Care Beyond Discharge

- Patients and families discharged from HSS are presented with the information and resources available for the care of their post-operative problems
- Referrals to the program:
  - Surgeon’s Office
  - Internal Medicine Office
  - Post-discharge nursing phone calls
  - Other disciplines: Radiology, Visiting Nursing Services, Physical Therapy
Post–Operative Care Program

The program is designed to treat four common post–operative conditions seen within the first 6 months after surgery:

- Unilateral Swelling (r/o VTE)
- Joint Dislocation
- Pain Management
- Wound Care
Post–Operative Care Program

- Staffed by Board Certified Nurse Practitioners
- Monday–Friday, Hours: 9AM–8PM
- The nurse practitioner takes ownership of the patient and collaborates with a multidisciplinary team to address the unique needs of the post–operative patient

Ortho Surgery  Perioperative Medicine
Administration Nursing
Radiology Visiting Nurse Services
Pharmacy Patient’s PCP/Specialists
Post–Operative Care Program

• Transitional care to include post–discharge instructions along with a well delineated plan of care
• Patient and family education of diagnoses and treatment plan in preventing admission
• Communication of plan of care with homecare agencies
• Re–evaluation of patient status and plan of care through a phone call 24–72 hours post–discharge
• Cost of the Program: DRG, “Surgical umbrella”
POCP 2013 Statistics
July 15 – December 31

- Pain: 38%
- Swelling: 22%
- Wound: 34%
- Dislocation: 6%

129 patients total
13 admissions
Post-Operative Care Program
Day of the Week
Post-Operative Care Program

Time of Arrival

- 9 am–1 pm: 44%
- 1 pm–5 pm: 33%
- 5 pm–9 pm: 23%
Future Goals

- Marketing
  - Medical Staff conference
  - Surgeon's Office Staff
  - Residents/Fellows/staff nurses
- Introduction of program in Pre–Op Education Class
- Include POCP info in patient education booklet
- Patient Brochure to be distributed upon discharge
- Needs assessment and re–evaluation for possible expansion of program to weekends
- Pre–operative risk stratification to identify high risk patients. Collaborate with service–based NPs/VNS for early recognition of potential issues
- Emergency Room assessment and transfer
- Collaboration with bundled care programs in communicating patient post discharge problems
Questions