

#1174 - Nurses

Going Home The Day After Total Hip Replacement – Are The Patients Still Satisfied?

Orthopaedics / Pelvis, Hip & Femur / Joint Replacement - Primary

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Introduction

Since 2002 patients having a Total Hip Replacement (THR) at Vejle Hospital have followed a fast-track concept. From 2009 to 2013 patients were informed of an expected length of stay (LOS) between 2 and 4 days. The information was given by all staff members involved in the patient treatment and care (Surgeons, physiotherapists and nurses). In addition the patients received the same information in a leaflet.

Organizational changes in January 2013 resulted in a reduction of the number of beds at the ward and this called for new interventions to meet this challenge.

In 2013 466 patients had a THR in our department. Median LOS was 2,0 (1-25) days. 20 % (93) were discharged the day after surgery (day 1) and 45,7 % (213) were discharged day 2. To examine whether there was a difference between patients discharged at day 1 and day 2 after surgery, we used data from our local database. Data showed no difference between the 2 groups regarding gender, age, civil status, ASA, BMI, preoperative hemoglobin, preoperative pain score or number of patients calling the ward after discharge.

Studies comparing short and long LOS in patients undergoing THR have found equal or better patient satisfaction in the patient group with short LOS.

The overall aim of this study was to find whether it is possible to move some of the patients discharged at day 2 after surgery till day 1 by changing their expectations to LOS.

Objectives

To investigate if a change in the preoperative information about expected LOS from 2-4 days till 1 day can reduce LOS and maintain high patient satisfaction.

Methods

A prospective comparative study on patients undergoing elective, primary unilateral THR carried out at a Danish hospital. Patients were consecutive included in the control group: April - August 2014. After that period patients were consecutive included in the intervention group: October – December 2014.

All patients received the same standardized fast-track treatment and care including: anaesthesia, surgery, pain treatment and rehabilitation. Both groups received identical information except the information related to expected LOS: The control group was informed about an expected LOS between 2-4 days and the Intervention group 1 day. Hence, all patients in both groups stayed at the hospital till they meet the discharge criteria.

All patients were asked to fill in a questionnaire one week after surgery. It contained questions about expected LOS, readiness to discharge, satisfaction with duration of LOS and overall satisfaction. Outcome categories were: Do not agree at all, slightly agree, somewhat

agree and strongly agree. A numerical rating scale (NRS) 0-10 was used for assessment of overall satisfaction

Results

Results here are only presented from control group since data are still being collected in the intervention group.

In the control group 122 patients out of 135 answered the questionnaire, response rate 90.4 %. 50 % women, mean age 69,9 (40-95) years. Median LOS 2.0 (1-7) days. 26.2 % were discharged day 1 after surgery and 39.3 % were discharged day 2. Readiness to discharge: 70.5 % (86) agreed very much, 28.7 % (35) agreed somewhere, 0.8 % (1) didn't agree at all. Satisfaction with LOS at the hospital: 90.2 % (110) answered yes, 6.6 % (8) would have liked to stay longer and 1.6 % (2) answered "don't know. Overall satisfaction (NRS): Median 10 (1-10).

Conclusions

Data from both groups will be presented at the conference including conclusion on whether it is possible to reduce LOS and maintain high patient satisfaction.