

The
pathway
to a shorter
length of stay



**RAPID
RECOVERY**

Discharge on Day 3

Admission on day of Surgery

Joint School

Consultation & Pre-admission

References

1. The Journal of Arthroplasty Vol. 25 No. 4 2010 Patient Education Before Hip or Knee Arthroplasty Lowers Length of Stay. Richard S. Yoon, BS, Kate W. Nellans, MD, MPH, Jeffrey A. Geller, MD, Abraham D. Kim, BA, Maiken R. Jacobs, MA, OTR/L, and William Macaulay, MD
2. The Journal of Arthroplasty Vol 21 No 6 Suppl. 2 2006 The Effect of a New Multimodal Perioperative Anesthetic Regimen on Postoperative Pain, Side Effects, Rehabilitation, and Length of Hospital Stay After Total Joint Arthroplasty Christopher L. Peters, MD, Brayton Shirley, MD, and Jill Erickson, PA-C
3. Acta Orthopaedica 2008; 79 (6): 806–811 A compression bandage improves local infiltration analgesia in total knee arthroplasty. Lasse Ø Andersen, Henrik Husted, Kristian S Otte, Billy B Kristensen, and Henrik Kehlet
4. Acta Orthop 2008; 79 (2): 174–83. Local infiltration analgesia: a technique for the control of acute postoperative pain following knee and hip surgery. A case study of 325 patients. Kerr DR, Kohan L
5. J Bone Joint Surg Am. 2009;91:761–772. Cost-Effectiveness of Accelerated Perioperative Care and Rehabilitation After Total Hip and Knee Arthroplasty. Kristian Larsen, Torben B. Hansen, Per B. Thomsen, Terkel Christiansen and Kjeld Søballe

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To enhance the patient's experience, whilst more efficiently and effectively utilising resources, without compromising clinical outcome.

Bespoke Consultation Service

Assess

- Collect & analyse baseline data
- Current joint replacement pathway analysis
- Identify bottlenecks
- Develop Multidisciplinary cohesion
- Overview of Trust specific potential gains
- Identification and formalisation of trust specific goals related to Joint Replacement patient pathway
- Facilitate stakeholder involvement

Plan

- Provision of report
- Joint replacement pathway redesign using objective led, evidence based examples of best practice
- Project management & planning
- Support / develop change management strategy

Implement

- Efficient deployment of resources
- Programme implementation service
- Work group facilitation
- Embed new practises
- Develop clinical protocols
 - Internal training
- Service transformation
- Support practice change with best practice examples and evidence

Review

- Collect & analyse current data
- Review new pathway
- Facilitate dissemination of results to staff / patients

Adapt

- Modify new pathway to embed changes in to standard practice
- Continue service redesign & improvement
- Develop strategy for long term spread & adoption

Benefits

Pre-Rapid Recovery (2006)

Improvements in Volumes and Length of Stay

Patient Volumes

Primary	Revision	Table
249	50	299

Length of Stay

Group	Primary	Revision
Best (0-3)	1%	0%
Middle (3-5)	13%	1%
Worse (5+)	86%	99%

Annual Costs

Primary Cases

Annual Figures	Best	Middle	Worse	Total
Annual Income	-	£191,523	£1,253,602	£1,445,125
Annual Costs	-	£246,032	£2,363,928	£2,609,960
Annual Net Position	-	-£54,510	-£1,110,325	-£1,164,835

Revision Cases

Annual Figures	Best	Middle	Worse	Total
Annual Income	-	-	£543,315	£543,315
Annual Costs	-	-	£1,014,358	£1,014,358
Annual Net Position	-	-	-£471,1044	-£471,1044

Annual Totals

Total Annual Figures	Best	Middle	Worse	Total
Total Annual Income	-	£191,523	£1,796,917	£1,988,440
Total Annual Costs	-	£246,032	£3,378,286	£3,624,318
Total Annual Net Position	-	-£64,510	-£1,581,369	-£1,635,878

Post-Rapid Recovery (2009)

Patient Volumes

Primary	Revision	Table
625	50	675

Length of Stay

Group	Primary	Revision
Best (0-3)	65%	50%
Middle (3-5)	25%	40%
Worse (5+)	10%	10%

Primary Cases

Annual Figures	Best	Middle	Worse	Total
Annual Income	£2,317,859	£903,203	£287,219	£3,508,281
Annual Costs	£1,772,350	£955,970	£404,601	£3,132,922
Annual Net Position	£545,509	-£52,767	-£117,383	£375,359

Revision Cases

Annual Figures	Best	Middle	Worse	Total
Annual Income	£182,438	£147,450	£29,306	£359,193
Annual Costs	£241,593	£214,153	£51,152	£506,897
Annual Net Position	-£59,155	-£66,703	-£21,846	-£147,704

Annual Totals

Total Annual Figures	Best	Middle	Worse	Total
Total Annual Income	£2,500,297	£1,050,653	£316,524	£3,867,474
Total Annual Costs	£2,013,943	£1,170,123	£455,753	£3,639,819
Total Annual Net Position	£486,354	-£119,470	-£139,229	£227,655

208% Increase

400 x more Patients in Best Group

A reduction of 6.6 days to the primary mean LoS

The trust is now able to make an overall net profit on elective knee and hip replacements. Best case primary patients are the only cases that make a profit, and due to high volumes in that group, the losses in the other groups are offset.

Context

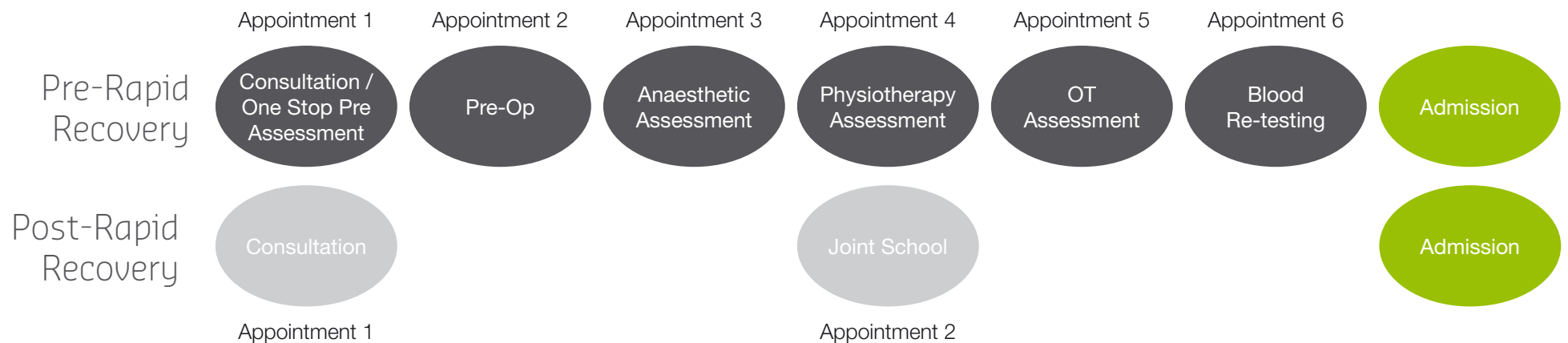
NHS Hospitals are facing a period of unprecedented change which demands efficiencies to be delivered through operational change whilst maintaining or improving quality outcomes and patient satisfaction.

Responding to these challenges, Biomet is delighted to offer the Rapid Recovery Programme to clinicians and professional staff across the healthcare community. Rapid Recovery is a harmonised suite of tools and processes implemented by an experienced delivery team to ensure that real benefits are achieved across the organisation. At this moment, no other orthopaedic provider can offer you the combination of benefits realisation delivered by a team of experts.

By auditing existing pathways and positively managing stakeholder's Rapid Recovery will embed optimised pathways and protocols across the organisation, and importantly encourages patients to share the responsibility for their own rehabilitation. A comprehensive inclusive approach to patient care combines education, pre and post operative exercise regimes and detailed planning of pain management to facilitate a prompt return to full mobility and the most efficient use of system resources.

With over 15 years of implementation experience the Rapid Recovery programme may provide the support and resources to turn the vision of delivering high quality, effective and efficient care into a reality.

Biomet Support



Patient Pathway



Pre-assessment

- Clear & comprehensive patient information¹
- Realistic patient expectations established
- Robust pre reassessment
- Patient optimisation
- Discharge planning
- Pre habilitation



Peri-operative

- Standardised care pathways sympathetic to early mobility
- Consistent anaesthesia protocols
- Multimodal analgesia protocols²
- Effective Local infiltration^{3,4}



Post-operative

- Mobilised in recovery & again 6 hours post operative
- Proactive pain management
- Self directed, Intense physiotherapy
- Patient independence
- Discharge day 3
- Post discharge support

Clinical Evidence

“our results indicate that preoperative education does indeed significantly reduce the LOS, by approximately 1.0 day, for those undergoing THA and TKA procedures.”

The Journal of Arthroplasty Vol. 25 No. 4 2010
Richard S. Yoon, BS, Kate W. Nellans, MD, MPH, Jeffrey A. Geller, MD, Abraham D. Kim, BA, Maiken R. Jacobs, MA, OTR/L, and William Macaulay, MD

- Increase in health related quality of life (0.05 QALYs)
- Cost saving with no significant or clinically relevant difference in patient income

J Bone Joint Surg Am. 2009;91:761-772
Kristian Larsen, Torben B. Hansen, Per B. Thomsen, Terkel Christiansen and Kjeld Soballe