

Victoria Enhanced Recovery Arthroplasty (VERA) Protocol

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Rebalance^{MD}

Disclosure

Speakers:

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- ▶ No relationships with commercial interests

Objectives

1. Background on outpatient arthroplasty programs
2. Generating interest/mobilizing the Victoria team
3. Protocol development and execution
4. Next steps
5. Any questions?

Background



Total joint replacements remain highly successful operations



With increasing demand, financial pressures become considerable



Advancements in surgical technique and perioperative pain protocols can improve the patient experience



Must not affect quality of care or increase post operative complications

Enhanced Recovery Programs/Same Day Arthroplasty

- ▶ Studies support the use of day care programs without increased complication rates
- ▶ Momentum building in Canada: Newspaper articles, patient requests
- ▶ Symposium COA Victoria 2018 (Montreal, Western, Ottawa, Toronto)
- ▶ High TJR case volume in Victoria with LOS > 2 days

Progression of interest in Victoria



Multidisciplinary Team Approach

SURGEONS, ANAESTHESIOLOGISTS, INTERNISTS

NURSES (NAVIGATORS, SURGICAL DAY CARE, OR, PACU, WARD, CNLS)

PHYSIOTHERAPISTS

MOA'S, SURGICAL BOOKERS

HEALTH AUTHORITY ADMINISTRATORS

VERA Protocol

- ▶ Address all elements of the pathway that contribute to barriers to discharge
- ▶ Requires multidisciplinary approach for success (cultural change)
- ▶ Decrease hospital length of stay (cost savings, sustainability of arthroplasty program)

VERA Protocol

- ▶ Improve the patient experience so that they feel like they want to leave (not forced to leave)
 - ▶ Benefits for all patients, not just same day discharges
 - ▶ Rebalance/Victoria arthroplasty program already amongst the best in the country
- Opportunity to take it to the next level

Standardized Protocol - Key areas for development:

- ▶ Patient Selection, Pre Op Assessment and patient navigation
- ▶ Inclusion/exclusion criteria
- ▶ Patient Education
- ▶ Operating Room: surgical technique
- ▶ Anesthesia and pain management
- ▶ Post Op Recovery: early mobilization, physio
- ▶ Discharge planning
- ▶ Post Op follow-up and home monitoring
- ▶ Evaluation – key metrics


Patient Selection

- ▶ Build on current streaming process A+
- ▶ Estimate 30-40% patients would qualify
- ▶ Potentially flagged by surgeon when put on list
- ▶ Further assessment by navigator at intake
- ▶ Additional patient education



Day of Surgery

- ▶ 1st or 2nd case of the day
- ▶ Arrival at Surgical Day Care:



PATIENT CARE ORDERS

Prohibited Abbreviation	Correct Term	Prohibited Abbreviation	Correct Term	Prohibited Abbreviation	Correct Term
U, IU, U or iu	unit	cc	mL	> or <	greater than or less than
QD, QO or qd	daily	mg	mcg	trailing zero (X.0 mg)	never use zeros AFTER decimal
QOD or qod	every other day	@	at	lack of leading zero (.Xmg)	always use zeros BEFORE decimal
drug name abbreviations	do not abbreviate	OS, OD, DU	left eye, right eye, both eyes	Dis	discharge

Key: Req – Requisition		MAR – Medication Administration Record	K – Kardex	Dis – Discontinued	P – Drug Profile	KEY
DATE	TIME	MEDICATION – DOSE – ROUTE – FREQUENCY – DURATION – INDICATION				
		VERA (Victoria Enhanced Recover Arthroplasty) KNEE Replacement				
		PRE-op Loading doses:				
		1. As discussed with MRP, HOLD all other pre-op analgesia orders except as below:				
		2. Acetaminophen 1000mg po				
		3. Hydromorphone IR 2mg po				
		4. Celecoxib 400 mg po (if GFR >60)				
		5. Pregabalin 75 mg po				
		6. Ondansetron 8 mg po				

Anaesthesia

- ▶ Epidural (2% Xylocaine, T6-8)
+/- regional anaesthesia
- ▶ IV antibiotics
- ▶ IV tranexamic acid
- ▶ Propofol sedation
- ▶ Phenylephrine infusion
- ▶ NO Narcotics, NO benzos



Intraoperative

- ✓ Surgical technique
 - Importance of joint stability
 - Ideally no hip precautions post op
- ✓ Suture selection
- ✓ Watertight skin closure and dressing
- ✓ Hip x-rays



Recovery

- ▶ Reduced time spent in PACU
- ▶ TKR: knee flexed at 60 degrees on positioning pillow for 3-4 hours
- ▶ Medication regime
 - ▶ IV narcotics avoided



Discharge Protocol

- ✓ Physiotherapy assessment & review
- ✓ Extensive patient education
 - ✓ Medication diary
- ✓ Patients D/C from SDC
- ✓ Next day follow-up phone call
- ✓ Extensive team case review



VERA - Patient Experience

- ▶ “The morning I woke up at home, it was like I hadn’t had an operation....I didn’t need a cane...it was amazing...we did an epidural...I had less restrictions” (patient post THR).
- ▶ Improved experience for patients with contralateral TJR using VERA protocol

VERA Metrics

- ▶ 8 patients
 - ▶ 5 TKR; 3 THR
 - ▶ Average LOS 0.74 days
 - ▶ No complications, returns to emergency, no readmits, or infections at 30 days post-op

Next Steps

1. Expansion of pilot to additional surgeons/anaesthesiologists
2. VERA protocol for all patients
3. Ongoing review of complication/readmission rates
4. Funding models/resource requirements

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