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Purpose: Within the acute care setting, reimbursement for elective surgery is now linked to quality measures and patient outcomes due to the implementation of accountable care organizations. The purpose of this project was to enhance care for patients admitted for elective orthopedic procedures to decrease length of stay and direct cost while improving patient satisfaction.

Description: To enhance care provided (i.e., decreasing length of stay and cost, improving patient satisfaction) on the orthopedic unit of a large urban hospital, a multidisciplinary team of acute care providers developed a program for patients 50 years of age and older admitted for a total hip or total knee replacement. Providers were encouraged to identify areas within their individual scope of practice that impact length of stay, cost and patient satisfaction. Each provider then implemented a change to their plan of care with the intent to decrease length of stay and cost and improve patient satisfaction. Four of the initiatives implemented included: 1. pre-habilitative physical therapy, 2. a pre-operative informational class, 3. intra-operative pain modalities, and 4. aggressive physical therapy initiated the day of surgery. Data was collected during a 6 month pilot and was compared to 6 months of baseline data.

Summary of Use: Data collected before and after program implementation indicated that length of stay was decreased from an average of 2.84 days to 2.38 days for patients undergoing total hip replacement surgery. This equated to a total reduction of 117.41 patient care days over 6 months. The direct cost to the institution decreased from $11,220 to $10,681 per total hip replacement leading to a cost reduction of $107,261 over 6 months for this patient population. Following program implementation, data collected for total knee replacements indicated that length of stay decreased from an average of 2.82 days to 2.23 days during the pilot. This equated to a total reduction of 60.72 patient care days over 6 months following total knee replacements. The average cost reduction for a total knee replacement decreased from $11,746 to $10,726 per patient during the pilot. Over 6 months, the total cost reduction was $134,620 for all total knee replacements. For all orthopedic patients, overall patient satisfaction improved from
87.8 to 96.8 during the pilot. It is important to note that we recognize other factors (e.g., concurrent initiatives) may have impacted results.

**Importance to Members:** As the nation moves toward an accountable care model for healthcare, it is important for healthcare providers of all disciplines to work together to improve outcomes for patients and hospitals. Results from our multi-disciplinary efforts suggest that length of stay and cost can be decreased and patient satisfaction increased in both total hip and total knee replacement patients. These outcomes result from interventions made possible by collaborative and focused care in which physical therapists play a key role.