

**National Healthcare Group** 

Achieve a reduction in the average length of stay (ALOS) after unicompartmental knee arthroplasty (UKA) in TTSH from 3.9 days to 2.5 days (stretch goals) < 2.5 days) within 6 months

# **Mission Statement**

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**Reduction in Average Length of Stay** 

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Tan Tock Seng after Uni-Compartmental Knee Arthroplasty



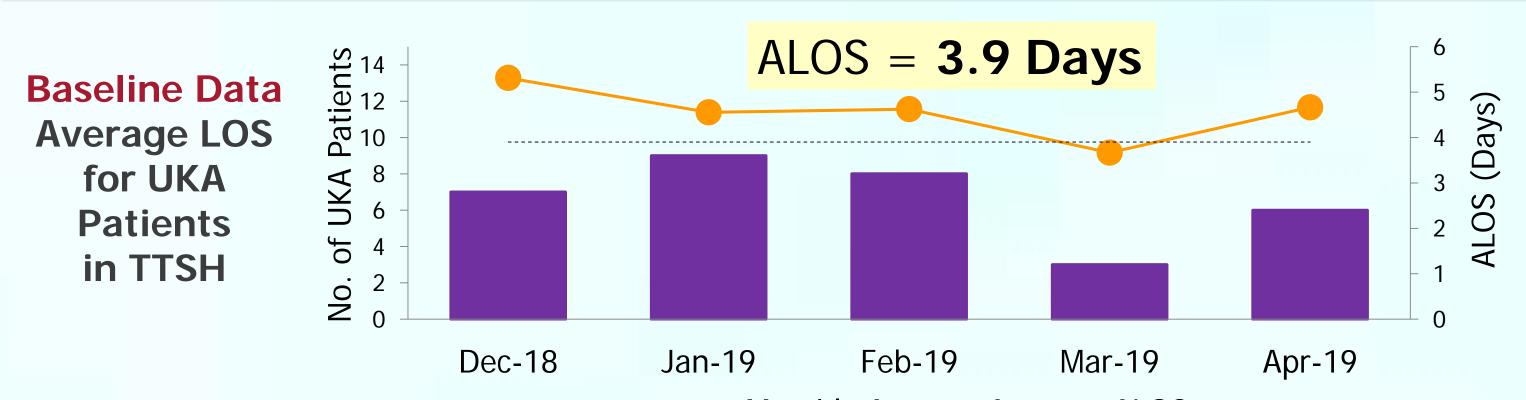
Adding years of healthy life

#### Pareto Chart

Root Causes of Delayed Discharge for UKA Patients Cumulative 100.0 % 109 83.3 91.7 90 80 7 62.5 60 5 4 30 2 0 1 0 0 0 0		Cause B Cause Cause C Cause D	endpoint Lack of co for Physio on POD 0 Patient ha ward Mob	ack of coordination of care or Physiotherapy to review	
Cause Cause Cause Cause A B C D	1 1 -	Cause E Abbreviation: A	<b>No Carer</b> DL = Activities of Dai	ly Living	
Implementation					
Root Cause		Intervention			nentation Date
Lack of defined discharge Coordinated of patients with endpoint guidelines		Ū.		16 N	lay 2019
Lack of coordination of care for Physiotherapy to review on POD 0		ysiotherapy		1 Au	ıg 2019
		ctice in ward - obilization after y review		4 No	ov 2019

Team	Ms Yap Yan Mei	Senior Physiotherapist	Physiotherapy		
Members	Dr Tan Tong Leng	Consultant	Orthopedic Surgery		
	Dr Terence Quek Jinlin	Consultant	Anaesthesiology, Intensive Care & Pain Medicine		
	Ms Adeline Tang Lai San	Nurse Manager	Day Surgery Ward		
	Ms Wong Luak Pak Justina	Nurse Clinician	Nursing Specialty		
	Mr David Zhang Jiancai	Principal Occupational Therapist	Occupational Therapy		
	Ms Tok Xue Hui	Senior Occupational Therapist	Occupational Therapy		
Sponsors	Adj A/Prof Lee Keng Thiam & Mr Christopher Ng Thong Lian				
Mentor	Adj A/Prof Tai Hwei Yee				

#### **Evidence for a Problem Worth Solving**



#### Results

Average Length of Stay after Uni-compartmental Knee Arthroplasty Surgery	
Period: Dec 2018 to Aug 2021	

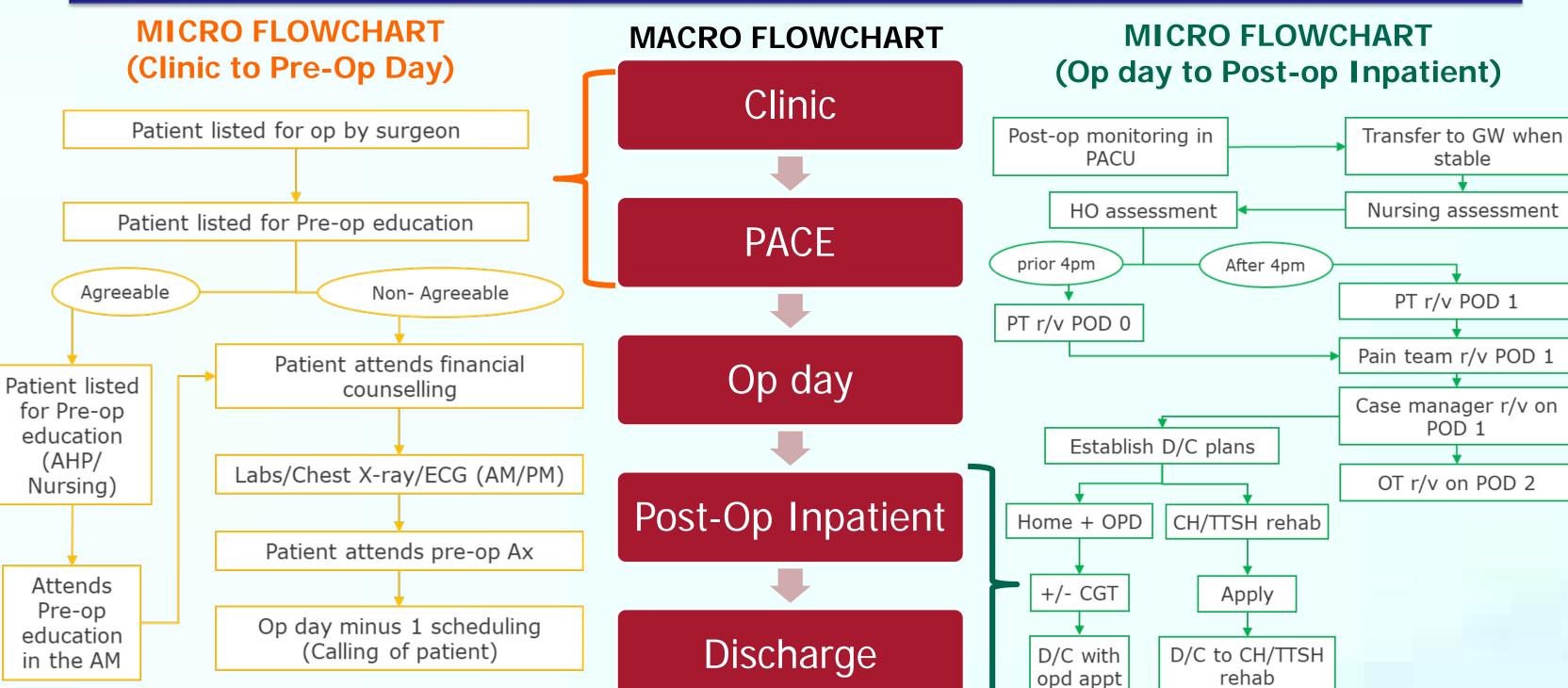
	Baseline	Post-Intervention	Sustainability Phase
6.0 -	Mean = 3.9 Days	Mean = 2.7 Days	Mean = 2.0 Days
5.0 -			
(s/t			
ġ 4.0 -			

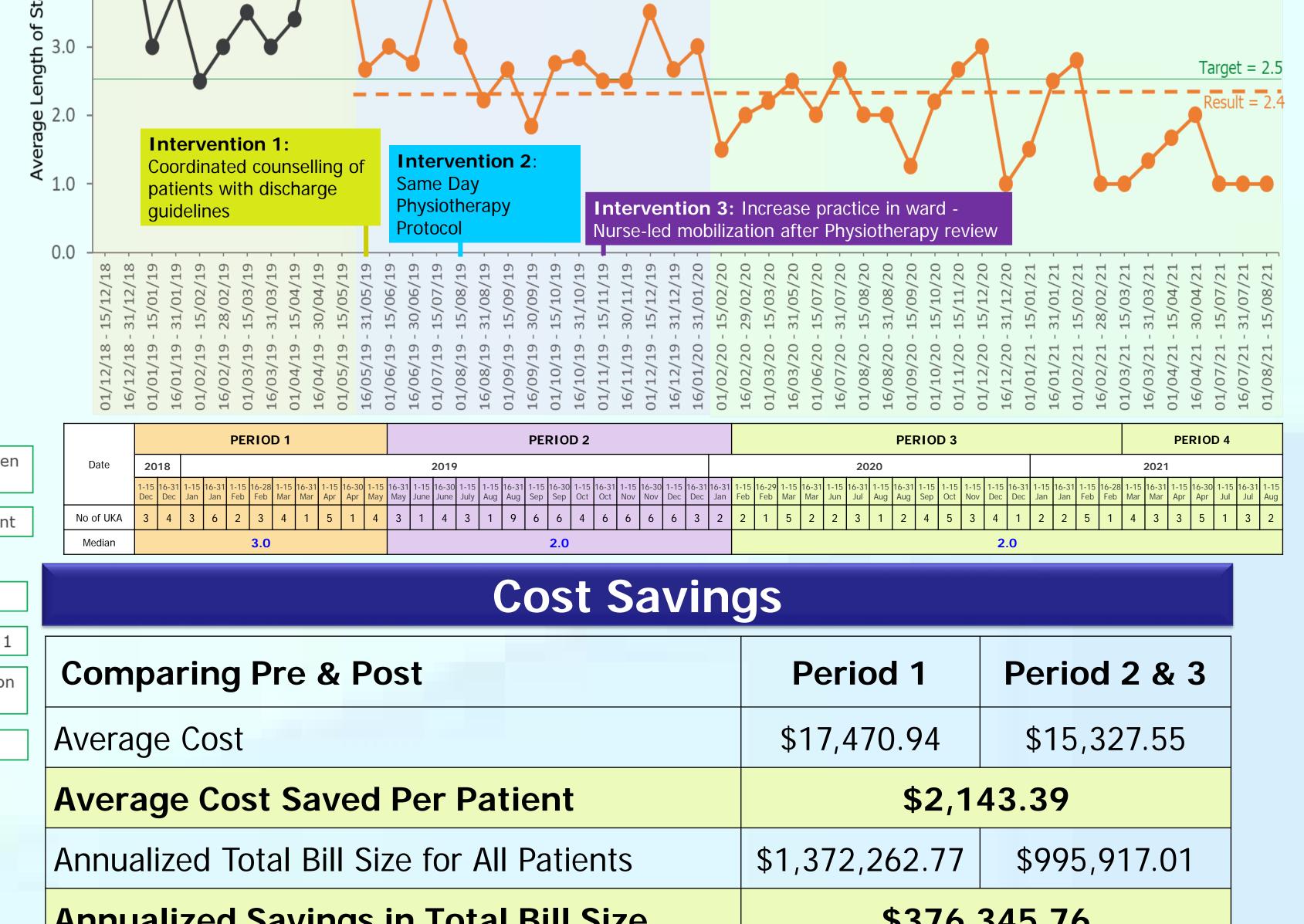
nMonthly Avg Average ALOS			
Oxford University Hospital's Experience <sup>1</sup> :	Danish Experience <sup>2</sup> :		
1. Accelerated recovery protocol for Oxford UKA patients	1. 35 consecutive fast-track		
implemented. ALOS decreased from 4.3 days to 1.5 days	Oxford UKA patients		
2. 27% cost savings	2. ALOS of 2.2 days		
3. Significant reduction in bed occupancy			

<sup>1</sup> Reilly KA, Beard DJ, Barker KL, Dodd CA, Price AJ, Murray DW. Efficacy of an accelerated recovery protocol for Oxford unicompartmental knee arthroplasty--a randomised controlled trial. Knee. 2005 Oct;12(5):351-7.

<sup>2</sup> Munk S, Dalsgaard J, Bjerggaard K, Andersen I, Hansen TB, Kehlet H. Early recovery after fast-track Oxford unicompartmental knee arthroplasty. Acta Orthopaedica 2012;83(1):41-45.

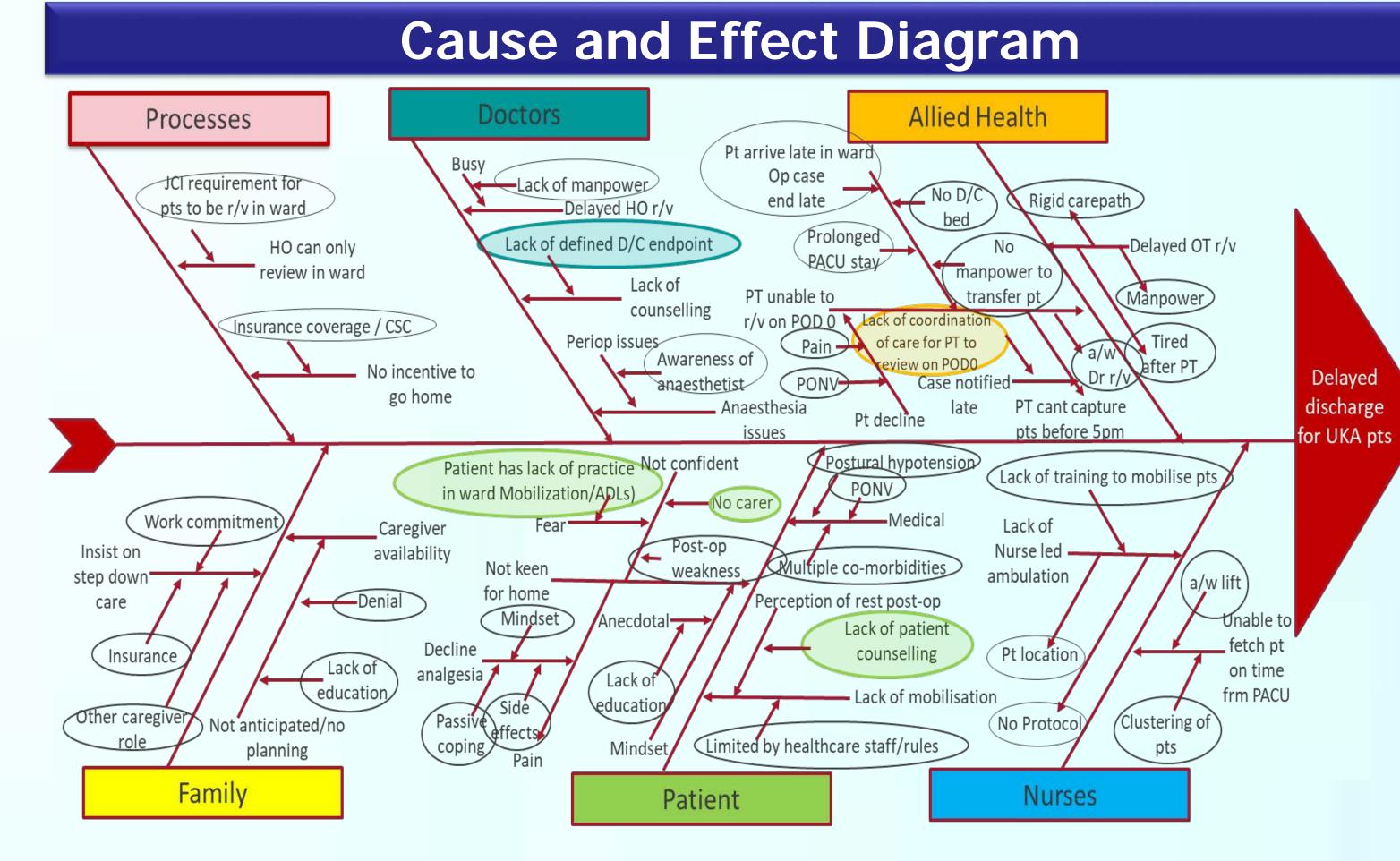
## **Flow Chart of Process**





#### **Abbreviations**

Op = Operation | PACE = Pre-operative Anaesthesia Counselling & Evaluation | AHP = Allied Health Professional | Pre-op = Pre-operation | Post-op = Post-operation | Ax = Assessment | PACU = Post-Anaesthesia Care Unit | HO = House Officer | POD = Postoperative | PT = Physiotherapist | r/v = Review | GW = General Ward | OT = Operating Theatre | D/C = Discharge | AM = Before Noon | PM = After Noon | OPD = Outpatient Department Treatment | appt = appointment | CH = Community Hospital | CGT = Caregiver Training | ECG = Electrocardiogram



Annualized Savings in Total Bill Size	₹370,345.70		
Period 2 & 3	<b>DSW</b> (n=53)	Other Wards (n=58)	
Average Cost	\$14,563.45	\$16,025.78	
Average Cost Saved Per Patient if admitted to Day Surgery Ward (DSW)	\$1,462.33		
Annualized Total Bill Size for All Patients	\$451,822.09	\$544,094.93	
Annualized Savings in Total Bill Size	\$92,2	72.84	

## **Problems Encountered**

1. Year-end holiday months pose an ongoing challenge 2. Patients eligible for DSW and had their operation on Friday were unable to admit to DSW as DSW closes on Sunday

# **Strategies to Sustain**

- 1. Get buy-in from surgeons, nurses & allied health professionals through regular sharing and updates.
- 2. Continue to identify patients suitable for DSW stays
- 3. Increase capacity in DSW to accommodate more patients