Exemplary Professional Practice
CARE DELIVERY SYSTEM(S)

EP4 – Nurses create partnerships with patients and families to establish goals and plans for delivery of patient-centered care.

Example B: Provide one example, with supporting evidence, of nurses partnering with patients and families to improve systems of care at the unit, service line, or organizational level.

Nursing Partnership with Patients and Families

Advocate BroMenn Medical Center (ABMC) is proud to be designated as a Blue Distinction® Center by Blue Cross and Blue Shield for the hip and knee replacement programs since 2011. The award, which is based on nationally standardized criteria, recognizes several areas of quality, including treatment expertise, the number of procedures performed every year, and patient outcomes.

To enhance the patient experience and establish a care partnership with patients and families, ABMC’s Orthopedic Service Line has provided an educational class for patients who are scheduled to have joint replacement surgery since 2010. The class was developed to help provide answers to many of the questions patients have about their upcoming joint replacement surgery and recovery phase (Exhibit EP4.B.1 Joint Class PowerPoint). A variety of topics are discussed during the class and patients are encouraged to ask questions. The class offers an opportunity for patients to meet others who are going to have a similar procedure and to meet the members of the care team so they are better prepared and less anxious. In addition to education, the class is designed to make the pre-operative testing process a more pleasant and convenient experience for the patient. All preparatory blood work, X-rays, electrocardiograms and meetings with anesthesia are coordinated to be done the same day immediately prior to the start of class.

The class is taught by an interprofessional team which includes:

- Susan Berry, BSN, RN, Charge Nurse, Pre-admission Testing
- Shelly Walters BSN, RN, Nurse Clinician II, Pre-admission Testing
- Angela Turner, MSN, RN, Nurse Manager, 6 West Surgical Unit and Acute Rehabilitation Unit
- Monica King, PT, CLT, Physical Therapist, Therapy Services
- Shelly Zobrist, BSN, RN, ACM, Care Manager, Care Management
- Lisa Crane, BSN, RN, ACM, Care Manager, Care Management
- Reverend Cheree Johnson, M.Div, M.N.O, Coordinator of Church Relations, Mission and Spiritual Care
- Ron Zook, previous joint replacement patient and volunteer
The class runs approximately 90 minutes in length and time is allocated at the end for patients to complete a written evaluation (Exhibit EP4.B.2 Joint Replacement Class Survey). Evaluations are collected and entered into a database that collates written comments and responses to the questions. Through the evaluation process and face-to-face dialogue with patients and their families after class, ABMC is able to partner with patients to improve systems of care that are important to the patient.

In addition to partnering with patients through the evaluation process and face-to-face dialogue, the class instructors partnered with a previous joint replacement patient, Ron Zook, who has been a volunteer at the medical center for many years. After Ron had joint replacement surgery at the medical center, he decided to volunteer his time to help with the class. He felt he could use his experience to have a positive impact on others going through the same process. The addition of Ron to the class has been a positive experience for patients and the care team. Ron plays an important role during the class by sharing real life experiences, in a humorous way, helping patients feel at ease. He reinforces the need to follow the care team's advice and shares not only what to do, but what not to do as well (Exhibit EP4.B.1 Joint Class PowerPoint, slide 45). Ron’s influence and partnership have helped the care team members teaching the class to stay centered on the details that matter most to the patients.

System of Care Improvement at the Service Line level

In February of 2015, it was decided to bring the class evaluation feedback to the monthly Orthopedic Collaborative Workgroup meeting (Exhibit EP4.B.3: Orthopedic Collaborative Workgroup Meeting Minutes February 2015). The workgroup felt that reviewing the class participant evaluations monthly would help identify opportunities for improvement and improve care partnership with patients. The improvements made as a result of suggestions from the evaluations and attendee feedback included (Exhibit EP4.B.4 Joint Class Evaluation Comments):

- Purchase of new classroom chairs with arm rests to provide patients with stiff joints the proper support to sit and stand (available for patients June 9, 2015)
- Class break time to allow for standing and stretching added June 2015
- YouTube video demonstration of car/tub transfer and stair climbing imbedded into the class and added as a link to the existing ABMC Orthopedic website in January 2016

The class instructors have received positive feedback from patients regarding the video. They appreciate the video and like knowing that the video is accessible to them on the ABMC Orthopedic website once they return home. The nurse leader rounding on patients following surgery on the 6 West Surgical Unit has also validated that the addition of the transfer and stair climbing education has helped to alleviate patient anxiety prior to surgery. Another positive factor that was recognized by the workgroup was that patient satisfaction data specific to the orthopedic patient population regarding the question do you have a “good understanding managing your health” stabilized to the 99th percentile in the first quarter 2016 after the last quarter of 2015 had shown significant variability.
ABMC Patient Satisfaction
Question: Good Understanding Managing Health
Joint Replacement Patients

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<tbody>
<tr>
<td>Good understanding managing health</td>
<td>97</td>
<td>82</td>
<td>90</td>
<td>99</td>
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Exhibit EP4.B.5

Through partnering with patients and families the Orthopedic Collaborative Workgroup and the class educators have improved patients ability to manage their care when they return home.

8.2.16 jlm
Please kindly silence your phone
Goals for today’s Joint Replacement class

We hope to ...

- Provide you with valuable information on what to expect before, during, and after surgery
- Decrease your anxiety level
- Give you a chance to ask questions
Arthritis

• Osteoarthritis
  – Most common type of arthritis
  – Cartilage at the ends of bones becomes worn, no longer allowing smooth movement inside the joint
  – Pain, stiffness, and loss of function are common

• Rheumatoid Arthritis
  – Disease of the lining on the inside of the joint (synovium)
  – Causes the lining to thicken and break down bone and cartilage
  – Joint becomes inflamed, stiff and deformed

• Multiple other types of arthritis
• Old injuries, congenital problems
• Avascular Necrosis
Treatment of Common Joint Problems

- Medications (i.e. steroids, pain medications)
- Nutritional supplements
- Exercise and Physical Therapy
- Joint Injections
- Joint Replacement
Knee Anatomy

- Femur (Thigh bone)
- Tibia (Shin bone)
- Patella (Knee cap)
- Ligaments
  - Connects bone to bone
- Tendons
  - Connects muscle to bone
- Cartilage
  - Teflon-like coating on the ends of the bones and the back of the patella
- Lining of the joint capsule
  - Creates synovial fluid which lubricates the joint
Total Knee Replacement

- Removal of the damaged cartilage and bone
- Replace it with new metal and plastic joint surfaces
  - Metal detector reminder
  - MRI is OK
- Restores alignment and function of your knee
Hip Anatomy

- Pelvis
  - Socket
- Femur
  - Head (Ball)
  - Neck
- Cartilage
- Synovial lining
  - Lining of the inside of the joint which creates synovial fluid to lubricate the joint.
Total Hip Replacement

- Ball is replaced, socket is resurfaced
- Rough cartilage and bone spurs are removed
- Metal, ceramic, plastic are used to restore the smooth surfaces
  - Metal detector reminder
  - MRI is OK
Your Joint Care Team

• You
• Your Coach - Very important!
• Surgeon/staff
• Anesthesiologists
• Nursing staff
• Physical & Occupational Therapy staff
• Case Manager/ Social Worker
• Chaplain
Pre-Admission Testing

• Pre-admission screening and testing
• Meet with an anesthesiologist
• We will call you and your physicians if there are any abnormal results
Preparing for Surgery

• **Nutrition**
  - Follow any instructions for restricting your diet
  - If you are diabetic, continue to check your blood sugar

• **Stop Smoking/ Tobacco use**
  - Anesthesia risks
  - Post-operative respiratory complications
  - Delays wound healing
  - Stop Smoking information in the book
  - No smoking for 12 hours before surgery

• **Alcohol**
  - No alcohol use for at least 12 hours before surgery
Dental Work

• Avoid dental work immediately before or after surgery (unless urgent)
  – If you have dental work scheduled before your procedure, discuss with your surgeon

• Let your dentist know if you are taking anticoagulants ("blood thinners")

• For the future: Ask your surgeon – most recommend taking preventative antibiotics before dental cleaning or dental surgery
Medications

As directed by your physician,
stop any medications that may affect bleeding
- Aspirin
- Non-steroidal anti-inflammatory medications (Motrin/Ibuprofen, Aleve/Naprosyn, etc.)
- *Unless specifically ordered for you before surgery
- Ask about blood thinners including Plavix or Coumadin (warfarin)

For pain - Call your physician for other options

As directed by your physician,
stop any herbal preparations that may affect bleeding or anesthesia
- Garlic
- Ginseng
- Ginko
- Ginger
- Fish Oil
- Vitamin E (large doses)
- Green Tea (large doses)
- St. John’s Wart
Preparing Your Home for Your Return

• Remove clutter and throw rugs – look for other hazards where you walk
• Keep your home well lit - consider night lights in bathrooms and bedrooms
• Hand rails on stairs, grab bars in the bathroom
• Consider placing a bed on the main level of your home if your bedroom is on another level (? Hospital bed)
• Find chairs with arms
Preparing Your Home for Your Return

• Move things you might need to areas where you can reach them
• Prepare meals to freeze ahead of time
• Arrange for help with shopping and transportation
Skin Preparation

• Take a shower with Chlorhexadine (Hibiclens) before surgery.
  - Let us know if you don’t have a shower or if you are allergic to Chlorhexadine
  - Frequency - **3 times**
  - Don’t use other soap after this scrub
  - Don’t wash off any markings
  - Clean sheets, clean clothes, no pets in bed

• Do not shave your legs the day before or the day of surgery

• Report any lesions around the planned surgical area
Nasal Screening for Staph

• Checking for Staph
  – Methicillin Resistant Staph (MRSA)
  – Methicillin Sensitive Staph (MSSA)
• If POSITIVE – we will call you
  – Means you are a carrier – it doesn’t mean you have an infection
• Use an antibiotic ointment in your nose for **5 days** before surgery
• Do **5 days** of skin cleansing with Hibiclens soap
• If MRSA is positive, you will be placed in isolation in the hospital
What to Bring With You

- CPAP machine for sleep apnea (if applicable)
- Dentures, hearing aids, glasses
- Personal toiletries
- Comfortable clothing like shorts or sweats
- Non-slip shoes (tennis or walking shoes)
- Your walker (or crutches)
- Living Will or Power of Attorney for Healthcare (unless on file)
Things to Leave at Home

• Medications:
  – Leave your medicines at home (exception - any research/trial medications)
  – Let your nurse know of any changes to medications since Pre-Testing

• Valuables
  – Large amounts of money
  – Credit cards
  – Valuables, jewelry

Advocate BroMenn is not responsible for items brought in to the hospital by a patient or family member.
The Day of Surgery

Before your come

• Stop eating and drinking as instructed
• Take any morning medications that you were instructed to take
• Remove jewelry, make-up, nail polish
• Shower with Chlorhexadine (Hibiclens)
• Wear loose, comfortable clothing

Arrival

• Arrive at the hospital 2 hours before your scheduled surgery time
• Valet parking is available 😊
• Enter at the main entrance
• Report to the Information Desk
Same Day Services

- Staff will prepare you for surgery
- Cleansing your body with antibacterial cloths
- IV for administration of fluids, medications
- Hair removal from the surgical area
- Visit with an anesthesia provider
- Opportunity for a chaplain visit
What’s next?

- You will be transported to the Operating Room
- Your family will be directed to the surgical waiting area.
  - They should check-in with the volunteer.
  - Check the “Big Board”
- You will be in the surgery areas approximately 3-4 hours
  - Operating Room – about 1-2 hours (longer if doing 2 joints)
  - Recovery Room – about 1 hour
<table>
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Operating Room

- Anesthesia administered
- Place your new joint 😊
- Your support family and friends in the waiting area will be notified when surgery has ended
- Your surgeon will speak with your family
For Your Safety

- Staff will repeatedly ask for your name, date of birth, and the procedure you are having
- Your joint will be marked and staff will verify the marking
- You will receive antibiotic medications to prevent infection
- You will be kept warm during the procedure
- Staff in the Operating Room perform a “Time-Out”
Post Anesthesia Care Unit (PACU)

- You will receive careful monitoring while you recover from anesthesia
- Staff make sure you are stable and as comfortable as possible
- Your family will be notified when you are ready to transfer to the 6th floor
Break
Your Care After Surgery – 6th Floor

- 6 West staff will continue the same monitoring
- You will wake up with:
  - IV fluids
  - Oxygen
  - A surgical dressing and possibly a surgical drain
- Private room
- Most hip/knee patients are discharged to home in 1-3 days after surgery....(overnight stays)
Your Comfort

• Some pain is expected – the goal is to get it to a tolerable level
• We will ask you to rate your pain on a scale of 0 (no pain) to 10 (most severe pain).

  

• Request pain medication when you begin to feel discomfort.
• Help the doctor and nurses assess your pain and report whether pain relief measures were effective.
• Let your doctor and nurses know what other medications or techniques for pain work best for you
Your Comfort

- Your physician selects medications that he feels will work best for you and will be safe for you.
- Medications which may be used include:
  - Opioids (e.g. Morphine, Fentanyl, Dilaudid)
  - Non-steroidal anti-inflammatory (Toradol, Celebrex)
  - Acetaminophen
  - Steroids
  - Medication for muscle spasms
- IV or by mouth
- PCA pump – reminder that only the patient uses it!
- Medications placed into your joint area during surgery
- Cold therapy – helps the pain and decreases the swelling
- Nausea
Preventing Complications

• Blood loss
  - Drains
  - Blood counts
  - Medications to prevent loss (IV or in the joint)
  - Blood transfusions (if needed)

• Preventing Blood Clots
  - Stockings (use at home also)
  - Leg compression device
  - Exercise feet/ankles frequently
  - Walking and moving

• Medications to slow blood clotting
  - Aspirin
  - Coumadin (Warfarin)
  - Xarelto
  - Enoxaparin (Lovenox)
Preventing Complications

• **Preventing Infection**
  - Antibiotics to prevent infection for 24 hours

• **Preventing Pneumonia**
  - Incentive Spirometry
  - Coughing and Deep Breathing
  - Walking and moving

• **Preventing Constipation**
  - Daily stool softeners
  - Laxative as needed
  - Increase fluid intake
For Your Safety

- PLEASE CALL for help to be up as we don’t want you to fall
- Safety contract
- Use of gait belt
- Bed alarm
- Staff will stay with you while you are using the bathroom
  - We view your safety as more important than privacy
- Hand gel sanitizers...
  - Available for you and your family
  - Speak up if your caregiver fails to wash their hands before caring for you!
- Use of generic medications – they don’t always look like yours – But ASK!
- Speak up if you have a concern
Rehabilitation Begins

- Our goal is to help you achieve the highest level of independence possible while in the hospital. Success is based on your participation.
- Self motivation is the key to success!
- Therapy (physical/occupational) will begin the day of or the first day after surgery (depending on surgeon, type of surgery, and time of surgery):
  - The first session will focus on sitting on the edge of bed, but may also include getting out of bed.
  - Expect to be out of bed 2-3 times per day for therapy.
- We will coordinate pain medication with therapy sessions to maximize activity level and tolerance.
Getting Moving - Walking

- Physical therapists will instruct you on how to sit and stand, walk with a walker, perform strengthening exercises, climb stairs, and will review precautions.

- **Walker**
  - If you have a walker, bring it with you (make sure it is labeled).
  - If you don’t have one, we can help you obtain one.
  - Consider getting one from a local “Loan Closet”.

- Most likely you will be able to put as much weight on your surgical leg as your pain tolerance allows.

- You may experience soreness in the arms and non-surgical leg.

- Stairs – Reminder - “Up with the good, Down with the bad.”
Getting Moving - Exercises

- You will be instructed in a home exercise program which focuses on strengthening and motion in both legs
- You can start exercises before surgery if they don’t cause unusual amount of pain, particularly ankle pumps to prevent blood clots
- (Knee) CPM machine - 3 times per day, 2 hours each time
- Practice makes perfect - exercise demo
Daily Living Activities

- **Occupational Therapy**
  - Occupational therapists focus on daily living skills

- **Self-care Skills**
  - Dressing, bathing, getting in/out of bed, tub/toilet transfers, etc. [http://www.advocatehealth.com/bromenn-patient-education](http://www.advocatehealth.com/bromenn-patient-education)
    - Car transfer
    - Tub Transfer
    - Stair Climbing

- **Review Precautions**

- **Equipment**
  - Sock aide, reacher
  - Raised toilet seat
  - Bedside commode
  - Shower chair
Helpful Equipment
Planning for Discharge

The day after your surgery, a Case Manager/Social Worker will:

- Visit you to discuss discharge plans
- Make sure you have a coach to help at home and someone to stay with you around the clock after going home.
- Assist in the transition from hospital to your discharge destination.
Planning for Discharge – Shared Informed Decision

Where you are discharged to depends on your condition at discharge and insurance coverage.

- Home with outpatient therapy
- Home with home health therapy
- If you are not ready for home at the time of discharge, options will be discussed. These may include:
  - Skilled Nursing Facility
  - Swing Bed
  - Short term inpatient Acute Rehabilitation

We will help you obtain any needed medical equipment. Options include:

- Borrowing from someone
- Use of a loan closet
- Purchase from a durable medical equipment company
Time to Go...

- Discharge will be late in the day in order to get all your therapy in.
- Consider the vehicle you need to get into
- Consider what it takes to be comfortable getting home
- Consider what it takes to get into your house (e.g. steps, extra help)
I’m Home...Now what?

• Continue your exercises
• Get up and dressed during the day. Gradually increase your activity.
• Note your appointments for therapy and with your surgeon
• Take pain medications as needed (around the clock)
• Check your incision area each day
  – Cleanse it as directed
  – Report any redness, swelling or unusual drainage to your surgeon
• Avoid smoking – it helps healing
• Shower
• Driving
Your Chaplain

- Part of your team - Here as a support for you and your family
- Can help you to prepare Advance Directive documents
Real Life Experience

Meet Ron, our Volunteer!
Thank You for choosing Advocate BroMenn Medical Center for your Total Joint Replacement
Joint Replacement Education Class Survey

Name: _________________________   Date: ____________

The time/day of this class met my needs               Yes    No
The length of time for the class was appropriate    Yes    No
I was able to participate comfortably               Yes    No
The presenters effectively shared information at a level I could understand  Yes    No
Through this class, I was given information on treatment options and outcomes, and encouraged to consider personal values and preferences when making decisions with my physician related to my upcoming surgery.  Yes    No
My questions about my surgery were answered to my satisfaction  Yes    No
I had difficulty with parking                        Yes    No
The education classroom was easy to find             Yes    No
I would recommend this class to others               Yes    No

Please use the space below to give us any suggestions you may have to help us improve this class to better meet the needs of patients preparing for surgery (e.g. content, style of presentation, visual aids, schedule, etc.):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What internet resources would you find helpful?
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for attending our joint replacement education class. We hope this information helps you to better understand what to expect prior to and following your surgery.
Joint Replacement Patient Education
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• You will be transported to the Operating Room
• Your family will be directed to the surgical waiting area.
  – They should check-in with the volunteer.
  – Check the “Big Board”
• You will be in the surgery areas approximately 3-4 hours
  – Operating Room – about 1-2 hours
    (longer if doing 2 joints)
  – Recovery Room – about 1 hour
<table>
<thead>
<tr>
<th>Patient</th>
<th>Pre Op SDS</th>
<th>OR</th>
<th>Recovery</th>
<th>Post Op SDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K13D4</td>
<td>SDS Check-In 0555</td>
<td>Into OR 0802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYRPH</td>
<td>SDS Check-In 0731</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P1YST</td>
<td>Ready for OR 0715</td>
<td>Procedure Start 0803</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R3C2L</td>
<td>SDS Check-In 0804</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL1M1</td>
<td>Ready for OR 0755</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R2YBR</td>
<td>Ready for OR 0805</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1D1M1</td>
<td>Ready for OR 0715</td>
<td>Procedure Start 0809</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W4RR3</td>
<td>Ready for OR 0645</td>
<td>Anesthesia Start 0659</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F3NBR</td>
<td>Ready for OR 0650</td>
<td>Procedure Start 0743</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST2D2</td>
<td>SDS Check-In 0735</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3DSH</td>
<td>Ready for OR 0716</td>
<td>Procedure Start 0810</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3NR4</td>
<td>SDS Check-In 0702</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Operating Room

- Anesthesia administered
- Place your new joint 😊
- Your support family and friends in the waiting area will be notified when surgery has ended
- Your surgeon will speak with your family
For Your Safety

- Staff will repeatedly ask for your name, date of birth, and the procedure you are having.
- Your joint will be marked and staff will verify the marking.
- You will receive antibiotic medications to prevent infection.
- You will be kept warm during the procedure.
- Staff in the Operating Room perform a “Time-Out.”
Post Anesthesia Care Unit (PACU)

- You will receive careful monitoring while you recover from anesthesia
- Staff make sure you are stable and as comfortable as possible
- Your family will be notified when you are ready to transfer to the 6th floor
Break
Your Care After Surgery – 6th Floor

- 6 West staff will continue the same monitoring
- You will wake up with:
  - IV fluids
  - Oxygen
  - A surgical dressing and possibly a surgical drain
- Private room
- Most hip/knee patients are discharged to home in 1-3 days after surgery....(overnight stays)
Your Comfort

- Some pain is expected – the goal is to get it to a tolerable level.
- We will ask you to rate your pain on a scale of 0 (no pain) to 10 (most severe pain).

![Smiley faces with different expressions]

- Request pain medication when you **begin** to feel discomfort.
- Help the doctor and nurses assess your pain and report whether pain relief measures were effective.
- Let your doctor and nurses know what other medications or techniques for pain work best for you.
Your Comfort

- Your physician selects medications that he feels will work best for you and will be safe for you.
- Medications which may be used include:
  - Opioids (e.g. Morphine, Fentanyl, Dilaudid)
  - Non-steroidal anti-inflammatory (Toradol, Celebrex)
  - Acetaminophen
  - Steroids
  - Medication for muscle spasms
- IV or by mouth
- PCA pump – reminder that only the patient uses it!
- Medications placed into your joint area during surgery
- Cold therapy – helps the pain and decreases the swelling
- Nausea
Preventing Complications

• Blood loss
  – Drains
  – Blood counts
  – Medications to prevent loss (IV or in the joint)
  – Blood transfusions (if needed)

• Preventing Blood Clots
  – Stockings (use at home also)
  – Leg compression device
  – Exercise feet/ankles frequently
  – Walking and moving

• Medications to slow blood clotting
  – Aspirin
  – Coumadin (Warfarin)
  – Xarelto
  – Enoxaparin (Lovenox)
Preventing Complications

• **Preventing Infection**
  - Antibiotics to prevent infection for 24 hours

• **Preventing Pneumonia**
  - Incentive Spirometry
  - Coughing and Deep Breathing
  - Walking and moving

• **Preventing Constipation**
  - Daily stool softeners
  - Laxative as needed
  - Increase fluid intake
For Your Safety

- PLEASE CALL for help to be up as we don’t want you to fall
- Safety contract
- Use of gait belt
- Bed alarm
- Staff will stay with you while you are using the bathroom
  - We view your safety as more important than privacy
- Hand gel sanitizers...
  - Available for you and your family
  - Speak up if your caregiver fails to wash their hands before caring for you!
- Use of generic medications – they don’t always look like yours – But ASK!
- Speak up if you have a concern
Rehabilitation Begins

- Our goal is to help you achieve the highest level of independence possible while in the hospital - Success is based on your participation
- Self motivation is the key to success!
- Therapy (physical/occupational) will begin the day of or the first day after surgery (depending on surgeon, type of surgery, and time of surgery)
  - The first session will focus on sitting on the edge of bed, but may also include getting out of bed
  - Expect to be out of bed 2-3 times per day for therapy
- We will coordinate pain medication with therapy sessions to maximize activity level and tolerance
Getting Moving - Walking

• Physical therapists will instruct you on how to sit and stand, walk with a walker, perform strengthening exercises, climb stairs, and will review precautions.

• Walker
  – If you have a walker, bring it with you (make sure it is labeled)
  – If you don’t have one, we can help you obtain one
  – Consider getting one from a local “Loan Closet”

• Most likely you will be able to put as much weight on your surgical leg as your pain tolerance allows.

• You may experience soreness in the arms and non-surgical leg.

• Stairs – Reminder - “Up with the good, Down with the bad”
Getting Moving - Exercises

- You will be instructed in a home exercise program which focuses on strengthening and motion in both legs.
- You can start exercises before surgery if they don’t cause unusual amount of pain, particularly ankle pumps to prevent blood clots.
- (Knee) CPM machine - 3 times per day, 2 hours each time.
- Practice makes perfect - exercise demo.
Daily Living Activities

- **Occupational Therapy**
  - Occupational therapists focus on daily living skills

- **Self-care Skills**
  - Dressing, bathing, getting in/out of bed, tub/toilet transfers, etc. [http://www.advocatehealth.com/bromenn-patient-education](http://www.advocatehealth.com/bromenn-patient-education)
  - Car transfer
  - Tub Transfer
  - Stair Climbing

- **Review Precautions**

- **Equipment**
  - Sock aide, reacher
  - Raised toilet seat
  - Bedside commode
  - Shower chair
Helpful Equipment
Planning for Discharge

The day after your surgery, a Case Manager/Social Worker will:

- Visit you to discuss discharge plans
- Make sure you have a coach to help at home and someone to stay with you around the clock after going home.
- Assist in the transition from hospital to your discharge destination.
Planning for Discharge – Shared Informed Decision

Where you are discharged to depends on your condition at discharge and insurance coverage.

• Home with outpatient therapy
• Home with home health therapy
• If you are not ready for home at the time of discharge, options will be discussed. These may include:
  – Skilled Nursing Facility
  – Swing Bed
  – Short term inpatient Acute Rehabilitation

We will help you obtain any needed medical equipment. Options include:

  – Borrowing from someone
  – Use of a loan closet
  – Purchase from a durable medical equipment company
Time to Go...

- Discharge will be late in the day in order to get all your therapy in.
- Consider the vehicle you need to get into
- Consider what it takes to be comfortable getting home
- Consider what it takes to get into your house (e.g. steps, extra help)
I’m Home...Now what?

• Continue your exercises
• Get up and dressed during the day. Gradually increase your activity.
• Note your appointments for therapy and with your surgeon
• Take pain medications as needed (around the clock)
• Check your incision area each day
  – Cleanse it as directed
  – Report any redness, swelling or unusual drainage to your surgeon
• Avoid smoking – it helps healing
• Shower
• Driving
Your Chaplain

- Part of your team - Here as a support for you and your family
- Can help you to prepare Advance Directive documents
Real Life Experience
Meet Ron, our Volunteer!
Thank You for choosing Advocate BroMenn Medical Center for your Total Joint Replacement
Ortho Collaborative Workgroup

Present: Alicia Allen, MSN, RN, Med/Surg Director; Sue Berry, RN, BDT Manager; Pam Bierbaum, BSN, RN, CIC, Infection Prevention Coordinator; Logan Frederick, Operation Improvement Leader; Gayle Guffey, RN, Case Management; Laurel Mode, RN, Infection Prevention; Angela Turner, MSN, RN, Inpatient Surgical Manager

Absent: Trayce Bartley, BSN, RN, Perioperative Director; Lisa Crane, BSN, RN, Case Management; Michael Hoeft, BSN, RN, Specialty Head; Sonia Vercler, BSN, RN, Perioperative Services Manager; Cindy Wells, BSN, RN, 6W Charge Nurse; Jen Woodward, Rph, Pharmacy Manager; Shelly Zobrist, BSN, RN, Case Management; Todd McCartney, BSN, RN, Surgical Services Manager

<table>
<thead>
<tr>
<th>time</th>
<th>topic</th>
<th>discussion points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1030</td>
<td>Safety &amp; Wins</td>
<td></td>
</tr>
<tr>
<td>1035</td>
<td>Data Review</td>
<td>• Data not available – will present at next meeting</td>
</tr>
<tr>
<td>1045</td>
<td>Ortho Class</td>
<td>• Shared Decision Making – need to educate patients on alternatives to surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Functional Assessment- assess opportunity to begin measuring pre-functional assessment during pre-op class. Process would need to post assessment process as well.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Class Evaluation- Angela currently reviewing class content and format. Will be taking all class materials/ content to 6West shared governance and Therapy staff for suggested feedback/revisions. Will use feedback from unit staff, therapy, MCO physician nurses, and patient evaluations to update and revise content;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Will begin reviewing ortho class patient evaluations monthly during this meeting to identify opportunities for improvement.</td>
</tr>
<tr>
<td>1105</td>
<td>Last Meeting F/u Items</td>
<td>• Angela- antibiotic ortho orders – add vancomycin order to hip fx. order set</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sue- MRSA/MSSA Review pt handout – reviewed handout – add clarification of MSSA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alicia- specialty bed for ortho orders – deferred to next meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Angela- nurse / tech orientation addition ortho content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Angela- daily POC patient education</td>
</tr>
</tbody>
</table>
Advocate IHI Joint Collaborative Next Steps

- Alicia Allen, Trayce Bartley and Logan Frederick – ABMC reps
- Dr. Novotny is the system champion
- This workgroup will review the ABMC and system dashboards
- System goals:
  - Decrease Length of Stay
  - Decrease transfusion rate
  - Pt. disposition – home
- Gap analysis will be completed for every phase (pre, peri, post, discharge)
<table>
<thead>
<tr>
<th>Task</th>
<th>Owner</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABMC dashboard update</td>
<td>Alicia Allen</td>
<td>Next meeting</td>
</tr>
<tr>
<td>Forward system dashboard to workgroup</td>
<td>Alicia Allen</td>
<td>Prior to next meeting</td>
</tr>
<tr>
<td>Separate meeting scheduled to review class content</td>
<td>Alicia Allen</td>
<td>Prior to next meeting</td>
</tr>
<tr>
<td>Send out research articles</td>
<td>Angela Turner</td>
<td>Prior to next meeting</td>
</tr>
<tr>
<td>Update and revise ortho class content</td>
<td>Angela Turner</td>
<td>TBD</td>
</tr>
<tr>
<td>Send revisions to patient handout to Marketing</td>
<td>Sue Berry</td>
<td>Prior to next meeting</td>
</tr>
</tbody>
</table>

### Parking Lot
- Shared Decision Making
- Therapy/pt. education
- User-friendly dashboard
- Pre/Post ortho nutrition guidelines
- Ortho pt. advisory
- Follow-up phone calls/Functional Assessment
<table>
<thead>
<tr>
<th>Date</th>
<th>Comments on evaluations from TJ class</th>
<th>Date</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/3/2015</td>
<td>room cold</td>
<td></td>
<td>presenters made aware to ask at beginning of class</td>
</tr>
<tr>
<td>2/3/2015</td>
<td>very important class to attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3/2015</td>
<td>excercises online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/3/2015</td>
<td>preoperative and postoperative information and Q&amp;A or FAQ section online</td>
<td></td>
<td>Currently working with system to develop standardized content for online class to be available 2016.</td>
</tr>
<tr>
<td>2/3/2015</td>
<td>Too long, doctors need to tell us how long this will be total. I was under the assumption everything would take an hour.</td>
<td></td>
<td>Reinforced with BDT staff to explain class and testing length of time</td>
</tr>
<tr>
<td>2/3/2015</td>
<td>Definitely good information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/10/2015</td>
<td>very good instructors, all presenters were great</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/24/2015</td>
<td>nicely done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/3/2015</td>
<td>Very efficient process, friendly and helpful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/3/2015</td>
<td>So far so good but chairs with arms would be very helpful - I had a hard time getting in and out of the chair with my bad hip</td>
<td>5/5/2015</td>
<td>New chairs with arms ordered. Chairs now available for class.</td>
</tr>
<tr>
<td>3/3/2015</td>
<td>A simple FAQ may be helpful with pictures</td>
<td>6/9/15</td>
<td></td>
</tr>
<tr>
<td>3/24/2015</td>
<td>I am so grateful to have had the opportunity to take this class. From the gentlemen who guided us from place to place, technicians and those who conducted the class. It was all so helpful and comfortable. I received everything I need in the way of medical tests and great information from the team - my thanks to all for a great program.</td>
<td></td>
<td>Coming with online resources-2016</td>
</tr>
<tr>
<td>3/24/2015</td>
<td>I thought this class and methods of handling it were very well managed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/31/2015</td>
<td>Include tea bags on the cart to be used with the hot water that was provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/31/2015</td>
<td>Everything was great.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/21/2015</td>
<td>I enjoyed my class and Q&amp;A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/28/2015</td>
<td>I was very happy and felt comfortable with the class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/28/2015</td>
<td>This class was very helpful in setting expectations and identifying resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/5/2015</td>
<td>Was very helpful, relieved stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/12/2015</td>
<td>Well done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Comment</td>
<td>Date</td>
<td>Comment</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5/12/2015</td>
<td>It would be nice to be able to see how to get out of bed, into car, etc. It would be helpful to see this during class.</td>
<td>Jun-15</td>
<td>Request made of PT to develop instructional video. PT agreed and looking into feasibility of this option.</td>
</tr>
<tr>
<td>6/2/2015</td>
<td>encourage participants who are sick to reschedule or wear a mask</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/21/2015</td>
<td>Difficult following the talk and the slides of the Power Point</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/21/2015</td>
<td>Added break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/4/2015</td>
<td>Excellent presentation you prepared for us</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/4/2015</td>
<td>Thank you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/18/2015</td>
<td>very helpful, the staff was very helpful and very informative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/18/2015</td>
<td>hospital help lines would be helpful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/1/2015</td>
<td>covered it well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/1/2015</td>
<td>had difficulty finding front of hospital because of closed roads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/1/2015</td>
<td>had difficulty finding front of hospital because of closed roads</td>
<td>9/8/2015</td>
<td>great info</td>
</tr>
<tr>
<td>9/22/2015</td>
<td>Class room was cold, Distractive to me. Warn people to bring warmer clothing</td>
<td>12/3/2015</td>
<td>Made note to class presenters</td>
</tr>
<tr>
<td>9/29/2015</td>
<td>Very helpful, excellent presenters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/29/2015</td>
<td>need hot water for tea bags</td>
<td>Oct-15</td>
<td>now being offered</td>
</tr>
<tr>
<td>10/6/2015</td>
<td>room was cold during presentation - probably to keep us awake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/13/2015</td>
<td>Good teachers, good cookies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Comment</td>
<td>Date</td>
<td>Comment</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11/3/2015</td>
<td>Very good class! Thanks!</td>
<td>12/3/2015</td>
<td>Coming soon, YouTube video. To be used in class and available on-line.</td>
</tr>
<tr>
<td>11/10/2015</td>
<td>What internet resources are available?</td>
<td>11/10/2015</td>
<td>Valet parking greatly appreciated</td>
</tr>
<tr>
<td>11/10/2015</td>
<td>Wifi would be helpful.</td>
<td>11/10/2015</td>
<td>Do not have internet!</td>
</tr>
<tr>
<td>11/10/2015</td>
<td>Don't forget the cookies!</td>
<td>12/1/2015</td>
<td>More XL shorts - Ha Ha</td>
</tr>
<tr>
<td>12/1/2015</td>
<td>Our screen had 1 item [LAN update notification] that kept popping up - somewhat distracting to remove a few times but that is the only negative.</td>
<td>12/1/2015</td>
<td>Internet resources that would be helpful - general access to my medical records</td>
</tr>
<tr>
<td>12/1/2015</td>
<td>I should have valet parked</td>
<td>12/3/2015</td>
<td>Currently developing content for online class to be available 2016.</td>
</tr>
<tr>
<td>12/8/2015</td>
<td>Thank you, excellent class and presentation</td>
<td>12/15/2015</td>
<td>Presenters did a good job.</td>
</tr>
<tr>
<td>12/15/2015</td>
<td>Was not informed of the length of my pre-op, should have been told when they called me to pre-register.</td>
<td>12/15/2015</td>
<td>Good information, this was very helpful</td>
</tr>
<tr>
<td>12/15/2015</td>
<td>Maybe websites to order or obtain surgical equipment if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/2015</td>
<td>Nice people and staff. Too long of a class. Just read PowerPoint. I am disappointed that my wife and I spent this much time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/2015</td>
<td>Having a video showing what we need to do to go up the stairs would be helpful</td>
<td></td>
<td>January 26th, 2016, YouTube video link embedded into joint class power point presentation. Demonstrating car/tub transfer and stair climbing. Videos also available on ABMC joint web site.</td>
</tr>
</tbody>
</table>