Outcome-Based Pathways

Unilateral Total Hip Replacement
And
Unilateral Total Knee Replacement

Overview, Guidelines and Glossary of Terms
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Overview

Two Outcome-Based Pathways have been created by a panel of CCAC rehabilitation experts and have been reviewed and endorsed by external subject matter experts for two provincially-defined rehabilitation types: Unilateral Total Knee Replacement and Unilateral Total Hip Replacement.

These pathways have been created in an effort to ensure:

- Clinical best practices are applied in the provision of wound care services in order to achieve optimal patient outcomes;
- Standardized reporting and outcome measurements, based in best practice, are applied provincially to evaluate sector performance in the provision of wound care services;
- A consistent patient experience across the province when receiving CCAC services for wound care;
- Provider autonomy and flexibility as the clinical expert in providing wound care treatments;
- A mechanism exists for CCACs to manage the progress of patients receiving wound care services which provides a framework for Care Coordinators to intervene when a patient’s care trajectory is not meeting the anticipated outcomes.

As implied above, the Outcome-Based Pathways are intended to be used by Care Coordinators (CC) to manage patient outcomes in conjunction with service provider staff (SPO) using clinical pathways to manage treatment goals. This distinction between the two types of pathways is further articulated in the table below:

<table>
<thead>
<tr>
<th>Outcome-Based Pathway (CC)</th>
<th>Clinical Pathway (SPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus is on outcomes</td>
<td>• Focus is on clinical goals</td>
</tr>
<tr>
<td>• Identifies indicators to measure outcomes</td>
<td>• Identifies clinical tools to measure progress</td>
</tr>
<tr>
<td>• Case management interventions detailed</td>
<td>• Clinical interventions are detailed</td>
</tr>
<tr>
<td>• Less time-specific/ sensitive activities</td>
<td>• Tends to outline multiple time-specific sequences of activities</td>
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CCAC Outcome-Based Pathway content has been developed based upon “best for now” available evidence.
Outcome-Based Pathway Structure

The Outcome-Based Pathways are structured in 7 sections intended to provide Care Coordinators with a framework to identify and manage patient outcomes for a particular condition/presenting problem and assist them in identifying follow-up actions or plans to address variances if they occur. Each section is described in further detail below:

- **Interval**
  - Refers to key time intervals in the overall care trajectory of patients admitted with a defined condition/presenting problem.
  - Intervals may be defined using different parameters depending upon the patient’s condition/presenting problem. In the case of rehabilitation, intervals are defined as being a period of days.
  - Within the Total Knee Replacement Outcome-Based Pathway there is one additional interval: **21 to 28 days Post Surgery (if patient still on service)**. This interval is only applicable if the patient remains on CCAC service past 21 to 28 days post-surgery. If the patient is transferred to an out-patient setting and is discharged from CCAC services, then this interval would not be applicable and the Service Provider would report on the next sequential interval (8 to 84 days).

- **Best Practice Guidelines**
  - Hyperlinks to relevant best practice guidelines or recommendations from authoritative bodies (Bone and Joint Canada and the GTA Rehab Network) outlining the evidenced-based principles of care to be used and that have informed the development of the Outcome-Based Pathway, including the identified intervals, outcomes and overall goals
    - The links to the best practice guidelines/evidence are intended to be used collaboratively by the Care Coordinator and SPO in the case of a variance or missed outcome to help identify possible corrective actions and the most responsible party to undertake the task.

- **Outcome**
  - Identifies the outcomes - founded in best practices and considered to be critical to the overall pathway goals and a positive patient experience of care – which are expected to be met at each interval of the care pathway by the Service Provider Organization (SPO).
  - Outcomes captured in the pathways are intended to identify, at a high level, key practices or outcomes, based in best practices, to be achieved by SPOs without being prescriptive as to the specific tools or processes to be utilized and to provide flexibility to SPOs as the clinical experts.
  - The outcomes are a combination of processes (i.e., referral initiated for long-term compression system) and clinical goals (i.e., 20 – 30% reduction in wound size).

- **Reporting**
- Identifies who is responsible for the outcome report. Within the Total Joint Replacement OBPs this will be the SPO. Electronic interval reporting must occur in accordance to intervals identified on the relevant Outcome-Based Pathway.

- In instances where patients achieve the desired outcomes sooner than anticipated in the typical care trajectory, electronic interval reporting is available to be completed at that time.

**Outcome Evaluation**
- Identifies variances or alternative states in the event an outcome is not achieved:
  - **Outcome Not Met**
    - A variance is a difference between what is expected and what actually occurs.\(^1\)
    - Unmet outcomes will usually require follow-up by the Care Coordinator.

**Barriers to Outcome Achievement**
- Contributing factors that would potentially result in outcomes not being met are identified in order to assist with appropriate follow-up planning.

**Follow-up Actions**
- Provides recommendations regarding possible actions the Care Coordinator should take to address the identified barrier impeding outcome achievement and ensure a positive overall patient outcome and experience.
- This list is not intended to be exhaustive or prescriptive – Care Coordinators will need to use their professional judgment to determine the appropriate course of action to follow-up on missed outcomes.
As previously noted, the care pathways have been created to serve a number of purposes. In fulfilling these functions they will provide a platform for discussion between the CCACs and SPOs when a patient’s care trajectory is not meeting the expected outcomes.

Review of patient outcomes as reported by the SPO and compared against the anticipated outcomes as defined by the care pathways will result in action on two levels:

- The individual Care Coordinator/Clinician/Patient level
  - The outcomes in the pathways should be met in the majority of circumstances. However, in the event they are not, the Care Coordinator, in conjunction with the SPO Clinician and Patient will review variances in expected outcomes or missed best practices and, subsequently, identify actions which can be undertaken by the most responsible party to address stalled or missed outcomes
- The organizational CCAC/OACCAC/SPO level
  - To review overall SPO performance in the provision of services or care to identify areas for organizational improvement or review
  - While this is occurring at broader, organizational levels, it is an important activity for Care Coordinators, SPO Clinicians and other frontline staff to be aware of what will support ongoing improvements to service delivery and care provided to patients

*For further details regarding specific business process, please refer to the OBP/OBR Business Process Guidelines Document*
**Outcome Terminology**

| **Patient demonstrates independence in activities of daily living with or without assistive devices** | Based on the Physiotherapy assessment and the patient ability, the patient is able to show clearly and deliberately independence with ADLs (see definition of ADL) at the greatest degree with or without the use of an assistive device. |
| **Patient demonstrates 90 degrees or greater of knee flexion (ROM)** | Patient is able to show clearly and deliberately a ROM (see definition of ROM) of 90 degrees or greater of knee flexion post Total Knee Replacement surgery. |
| **Patient demonstrates (a functional level of) safe mobility with or without assistive device** | Patient is able to show clearly and deliberately the proficiency to organize and accomplish the act of moving with the condition of possessing freedom from being exposed to risk, danger, or harm with or without a mobility device (i.e. cane, walker) at the best or most favourable functional level for the patient (adapted from Mosby’s Inc., 2009). |
| **Patient maintains prescribed surgical hip/knee precautions** | Patient is able to show clearly and deliberately the proficiency to organize and accomplish the act of moving with the condition of possessing freedom from being exposed to risk, danger, or harm with or without a mobility device (i.e. cane, walker) maintaining mobility and ROM limitation precaution prescribed by surgeon post-surgical intervention related to hip/knee (adapted from Mosby’s Inc., 2009). |
| **Information is provided to patient in order to connect to additional services/resources to address ongoing or unmet needs** | This outcome confirms that there has been a discussion with the patient/family/caregiver regarding the need for additional services/resources. If deemed appropriate, examples of services/resources include: outpatient physiotherapy, community exercise and recreational programs, private pay equipment resources, day programs, convalescent care program etc. |
| **Patient/family/caregiver demonstrates knowledge of equipment needed post-operatively** | Patient/family/caregiver is able to show clearly and deliberately an awareness of necessary equipment required post-operatively and is informed of how to obtain equipment in relation to safe management of ADL (see ADL definition) and IADL (see IADL definition). |
| **Completed Physiotherapy Assessment** | Includes, but is not limited to, examination of joint integrity and mobility, gait and balance, muscle performance, motor function, cardiorespiratory function, pain, neuromotor and sensorimotor development, posture, cardiovascular and work capacity, cognition and mental status, skin condition, accessibility and environmental review (National Physiotherapy Advisory Group, 2009). |
| **Pre-operative Assessment** | The assessment that is completed prior to surgery. This may occur in the patients’ home or in a clinical setting (e.g. hospital, out-patient service). Best practice guidelines include a one-on-one preoperative education session 3-28 days before surgery which has shown to result in increased compliancy with postoperative exercises and increased patient satisfaction with postoperative care (Bone & Joint Canada, 2011, GTA Rehab Network, 2011). |
| **Range of Motion (ROM) baseline established in** | A ROM (see definition for ROM) value in degrees measured prior to intervention, used as a value for comparison when measured or... |
degrees
Surgical Wound to be closed with no signs of infection

Physiotherapist (as per PT Standards for Professional Practice: http://www.collegept.org/Assets/registrants'guideenglish/standards_framework/standards_practice_guides/StandardPerformanceOfAuthorizedActivities.pdf) or other Clinician to use professional judgment to confirm surgical wound has healed. This would include confirmation of tissue restoration occurs; skin is intact and free from obvious signs of infection.

Pathway Stoppage Terminology

<table>
<thead>
<tr>
<th>Pathway Stoppage Terminology</th>
<th>Description</th>
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<tbody>
<tr>
<td>Admitted to hospital</td>
<td>The patient has been admitted to a hospital for &gt;14 days and has been discharged from CCAC services as per MIS guidelines.</td>
</tr>
<tr>
<td>Deceased</td>
<td>The patient has died, either while receiving services in the community or during an admission to hospital &lt;14 days.</td>
</tr>
<tr>
<td>Moved to a different pathway</td>
<td>Upon assessment or reassessment of the patient, transfer to another pathway is indicated due to an incorrect pathway assignment upon admission to CCAC. In this instance it is important for the Case Manager/Care Coordinator to document the reason why the current pathway is being discontinued and the new pathway that has been initiated for the patient if they are continuing to receive rehabilitation services.</td>
</tr>
<tr>
<td>Other</td>
<td>The pathway has been stopped for a reason not otherwise specified in the Reasons for Stoppage. Ensure a reason is indicated if this option is selected.</td>
</tr>
<tr>
<td>Treatment continued in other setting</td>
<td>The patient has been referred to an out-patient setting for continued rehabilitation and no longer requires CCAC in-home services, the patient would subsequently be discharged from CCAC service.</td>
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Pathway Exclusion Criteria Terminology

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<thead>
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<tr>
<td>Bilateral Hip/Knee Replacement</td>
<td>Bilateral total joint replacement (hips or knees) procedures involve the replacement of both joints during one surgery. This surgery type would not be considered within the Total Hip/Knee Replacement Outcome-Based Pathways due to the difference in outcomes and trajectory of rehabilitation involved with these patients.</td>
</tr>
<tr>
<td>Patient who has attended in-patient rehabilitation service</td>
<td>A patient who has had in-patient rehabilitation services within a hospital setting would have varying outcomes depending on their time of discharge and therefore is unlikely to require the full implementation of a Total Hip / Knee Outcome-Based Pathway.</td>
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</table>
Hip Fracture  
A fracture sustained around the hip region as a result of a fall or other trauma. This type of fracture would often result in the need for hip replacement surgery but the trajectory of care is frequently different and therefore would not align with the identified outcomes within the Total Hip Replacement Outcome-Based Pathway.

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<thead>
<tr>
<th>Barriers to Outcome Achievement Terminology</th>
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<tbody>
<tr>
<td><strong>Patient Declined</strong></td>
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<tr>
<td><strong>Patient transitioned to outpatient setting (i.e. no longer in-home therapy)</strong></td>
</tr>
<tr>
<td><strong>Patient/Caregiver appropriateness for knowledge</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>
| **Resource Barriers** | Refers to a lack of resources required to achieve the identified outcome. Resource barriers could be encountered by the Patient, SPO, CCAC or broader healthcare/social services system. For example:  
- Patient – financial limitations preventing the purchase of non-OHIP covered medical supplies, lack of access to transportation to attend a clinic setting for care, etc.  
- SPO – staff availability or lack of staff with the appropriate training, knowledge or expertise to perform certain assessments or interventions (i.e., ABPI, compression therapy).  
- CCAC – availability of medical supplies or delays in the involvement of other contracted services (i.e., waitlists).  
- System – lack of appropriate medical resources or social services, waitlists for specialist physician follow-up, etc. |
### Activities of Daily Living (ADL)

The activities usually performed in the course of a normal day in a person's life, such as eating, toileting, dressing, bathing, or brushing the teeth. The limitation may be temporary or permanent; rehabilitation may involve relearning the skills or learning new ways to accomplish ADL. The goal of health care professionals is to promote the greatest degree of independence for the patient. An ADL checklist is often used before discharge from a hospital. If any activities cannot be adequately performed, arrangements are made with an outside agency, health care professionals, or family members to provide the necessary assistance (Mosby’s Inc., 2009).

### Demonstrates a functional level of safe mobility

To show clearly and deliberately the proficiency to organize and accomplish the act of moving with the condition of possessing freedom from being exposed to risk, danger, or harm (Mosby’s Inc., 2009).

### Instrumental Activities of Daily Living (IADL)

The activities often performed by a person who is living independently in a community setting during the course of a normal day, such as managing money, shopping, telephone use, travel in community, housekeeping, preparing meals, and taking medications correctly (Mosby’s Inc., 2009).

### Range of Motion (ROM)

The extent of movement of a joint, measured in degrees of a circle (Mosby’s Inc., 2009).
References


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