Understanding the Rapid Recovery Program
Efficiency and Quality of Care in Joint Replacement

Objectives and Principles

Health care systems face an increasingly growing demand for care and decreasing financial means. The ageing society, coupled with improved medical and technical possibilities, has resulted in a greater demand for joint replacements. However, financial budgets have not grown at the same rate. As a result, it is not uncommon for a patient to be on a waiting list for several months before receiving his/her operation. As well as reducing waiting times, hospitals are under constant pressure to reduce the length of the hospital stay to a safe and acceptable minimal level.

Maintaining and/or even improving the quality of care on the one hand while treating a higher number of patients on the other, creates a real need to change the way that health care is delivered.

The Rapid Recovery Program provides an opportunity to improve the quality of care, improve medical outcomes, increase patient satisfaction, satisfaction of surgeons and also the hospital staff and reduce costs while maintaining or even increasing the number of interventions.

Pre-Op
The main principles of Rapid Recovery are-

- Efficiency and quality management.
- Standardised protocols and pathways for pre, peri and post operative care.
- Pain management sympathetic to an early mobilisation.
- Patient education.
- Early mobilisation and rehabilitation.
- Group dynamics.
- Planned discharge.
- Clinical/surgical approach.

The Patient as a Partner in the Care Process

The Rapid Recovery Program puts the focus on the patient and attempts to produce the best possible outcome through optimal education and training. The patients share the responsibility for their own recovery whilst simultaneously being given the skills with which to execute that responsibility. A clear understanding of all expectations help to reduce anxiety which in turn has a positive impact on recovery.

Rapid Recovery as a Quality System

The Rapid Recovery Program is established as a quality system. The underlying basis of this quality system is the development of standardised protocols and pathways of care. The protocols and care pathways are produced under the guidance of the various disciplines involved in the care of the patient.
These will include:

• A standardised length of hospital stay.
• A standardised multi-disciplinary care protocol.
• A standardised pain protocol.
• A standardised physiotherapy protocol.
• A standardised wound management protocol.
• A protocol for care following discharge that is planned prior to admission.

The patient is made fully aware of these protocols and the expectations of both the team and the patient are set. This results in higher efficiency and optimal use of capacity, resources and time. Quality of care, patient satisfaction and the satisfaction of all care providers are enhanced whilst errors resulting from lack of clarity are prevented.

**Planned Discharge**

The care for the patient must extend beyond discharge from the hospital and must include addressing the needs of patients before, during and after the hospital stay. Cooperation and coordination amongst general practitioners, hospital, community and rehabilitation centres will ensure a smooth continuity of care following discharge of the patient without delays.

Standardised protocols for discharge are established involving all caregivers from the pre-operative through to the post-operative phase.

**Going Home**
Group Dynamics and Personal Coach

Ideally, patients will be grouped together for appointments including preadmission, admission and surgery, with patients progressing through the entire pathway together. They will provide support and inspiration for one another. Where possible, each patient has his or her personal coach (partner, relative, friend), who supports the patient, having received the same information through the rigorous education program. The group dynamics and the personal coach both stimulate the recovery process.

The Ideal Pathway

- The patient receives clear and comprehensive information prior to admission, optimally preparing them for surgery.
- Joint replacement patients are grouped together.
- Patients are mobilised the day of surgery. Patients remain in their own clothes all day, in a comfortable chair in a living room, with no bed rest during the day.
- Patients are motivated through group therapy and ‘coaching’ by a family member or a close friend.
- Physiotherapy and exercises are taught pre-operatively and are executed post-operatively in a group.
- All care protocols are standardised with the objective of discharging patients on an agreed postoperative day.
- A standardised discharge or rehabilitation is organised before admission to the hospital.
The Rapid Recovery Program provides knowledge and guidelines for the development of the protocols and materials to support the hospital staff as well as patient education.

The Rapid Recovery Coordinator guides the team throughout the whole process, adapts the programme according to the hospitals needs and assists during its implementation.

The Rapid Recovery Program does not replace any medical advice and does not assume any liability for the execution of the joint replacement surgery or the performance of the Rapid Recovery Program by the hospital staff or by others.

Rapid Recovery is a program of-

Biomet UK Ltd.
Waterton Ind. Est.
Bridgend
CF31 3XA
UK

www.biometeurope.com