

“My patient is Non Weight Bearing.”
Discharge planning issues and concerns
with respect to the Non Weight
Bearing Orthopaedic Patient: An
Orthopaedic Case Manager’s
Perspective

Fiona D’Costa-Box, RN, BA(Hons), BScN, MScN
Orthopaedic Case Manager
Cabrini Malvern Hospital



Some Orthopaedic Nursing Humour...

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"Well, yes, we could fix it in Photoshop, but your arm would still be broken."



Agenda

- Statistics on Fractures and the Ageing Population
- Role of the Orthopaedic Case Manager
- The type of Non Weight Bearing (NWB) that is covered during the presentation
- Managing the NWB pt during hospitalization
- Planning Discharge- the options and the steps
- Questions?



Australian Fracture Statistics

- 1 fracture occurs every 3.6 minutes in Australia (2013)
- By 2022, there is estimated that there will be 1 fracture every 2.9 minutes
- Over the next 10 years, the total cost of osteoporosis and related fractures is estimated to amount to \$33.6 Billion



Hip Fracture Injuries

Of the Hospitalized patients:

- 91% were 65 years of age and over and 40% were aged 80 and over
- Overall, 2.6 times as many females as male cases. (The age-adjusted rate for females was 107.8 per 100,000 population compared with 65.0 per 100,000 for males)
- The neck of femur is the most common location for fractures of the hip
- Rates of hip fracture are fairly similar for all states and territories
- Most fractures of the hip were associated with falling (91%)
- The most common mechanism of falling was a fall on the same level from slipping, tripping and stumbling. For those aged 65 years and over, this accounted for 36% of cases.
- ***Hip fractures impose a heavy burden on the community and the health care system!!***



Cabrini Hospital Stats

- There are a total of 508 Beds at Cabrini Malvern
- There are 398 acute care beds
- 47 Orthopaedic Beds
- 140 Femoral Neck Fractures (2014/2015)



The Role of the Orthopaedic Case Manager



- Preadmission clinic for elective hip and knee joint replacements
- Discharge planning for the Orthopaedic Surgical Patients
 - Help determine suitability for:
 - In patient rehabilitation (Private)
 - Rehabilitation at home (through the private health fund)
 - Outpatient rehabilitation (Private)
 - Organize Geriatrician reviews (Slow Stream Rehab in Public)
 - Organize family meetings
 - Assist with permanent residential placement
 - Assist with respite accommodation etc.,



The Role of the Orthopaedic Case Manager



- Teamwork fundamental!
 - Require solid working relationships with all ward staff (NUM, ANUMs Nursing, Physiotherapist, Occupational therapy)
 - Orthopaedic Surgeon
 - Physician
 - Geriatrician
 - Social work
 - Dietician
 - Speech Language Pathologist
- Patient and family relationship is key as well!



The NWB patient discussed today



- Pt had fractured his/her neck of femur and after surgery, the patient is NWB for a period of time NWB for a period of time- i.e. 6/52 weeks
- The pt is assessed and is unable to be discharged home due to:
 - Age- usually elderly pt
 - Living alone
 - Home environment not suitable
 - Family/Partner not able to provide care requirements
 - Limitations in mobility ie. Only able to pivot transfer to chair
 - Pt requiring assistance with ADLs and PADLs



Managing the NWB patient during hospitalization

- OCM needs to be referred early- usually within 24 hours
- OCM is present at Multidisciplinary Handover daily (Monday to Friday) which helps identify new NWB patients
- OCM has mobility assessment completed by physiotherapist +/- OT
- OCM completes a comprehensive assessment of patient which includes pre morbid/post morbid function status
- Optimally, it is important to have Geriatrician review as early after surgery as possible



Dilemma- What to do when pt not able to go home...

- After the Geriatrician review has occurred and the determination has been made that Pt. cannot return home (Pts are not eligible/accepted at Inpatient rehab during the NWB period due to Rehab criteria)
- When the pt is not able to be discharged home, the OCM has to consider various options
- Pt and family consulted and options are presented
- Public TCP is considered for the NWB pt but is not always the best option since wait list is usually lengthy
- Respite is considered during the NWB period while awaiting Inpatient Rehabilitation



NWB Options upon discharge:

Respite Options:

- Privately funded respite (SRS)
- Obtain Time Limited ACAS approval from hospital:
 - ACAS does not usually approve respite in the hospital. Usually only approves respite from home.
 - However, if you have a good relationship with Local ACAS manager, ACAS manager will grant time limited ACCR for NWB patient during the pts NWB period

(It is important for the OCM to have the pt. assessed for Inpatient rehabilitation while in hospital so that pt. has a discharge destination post respite)



Planning Discharge



- Points to consider:
 - Ensure that a review appointment is made with Orthopaedic Surgeon
 - Communication is key with pt and family ensures that everyone is on the “same page”
 - Pt has been reviewed and accepted by Rehabilitation Facility in hospital prior to discharge to respite (and pt has accepted when pt is able to WB)



Discharging the patient to a respite location while NWB:



- Ensure that physio transfer summary is sent with pt when discharged to respite facility
- The facility knows about the review appointment with surgeon
- The family knows that they will require a WB status letter from the surgeon in order to be admitted to Inpatient Rehabilitation
- Ensure that the facility knows what the plan is... i.e. The patient will be attending Cabrini Rehabilitation when the patient is able to WB. (Most facilities will accept a pt when they are 50% WB at min.)
- Keep all the details on Excel spreadsheet that all the case management team are able to access. This spreadsheet is able to provide continuity of care among the entire case management team (ACAS also like this as they know that the hospital are managing the pt while at respite)



NWB Excel Spreadsheet



Non Weight Bearing Orthopaedic Patients										
No.	UR	Fund	Last Name	Surgeon	Operation & Date	Respite Location	Review App	Discharge Destination	Rehab Booked	Comments



After review appointment with Surgeon

- Pt attends review appointment with surgeon and surgeon has determined that pt is able to WB
- OCM obtains WB status letter and provides letter to rehabilitation hospital to ensure pt is accepted into Inpatient Rehabilitation (Pt has to be a minimum of 50% WB to be accepted)
- Inpatient Rehabilitation Hospital and Respite facility liaise to arrange pt admission
- OCM closes the file on the patient



Wrapping up...

- The NWB patient will always pose a discharge dilemma
- There are no clear cut ways to deal with the issue, as they are multifactorial
- However, when you are armed with the knowledge of the system, and have all the necessary tools, you will be able to provide the patient with the best possible outcome and the hospital with a reduced length of stay



Questions?

