Improved Clinical Pathway Services (ICPS)

Introducing an effective new way of looking after hip and knee replacement patients, every step of the way.

To help members who need hip and knee replacements recover quicker and more effectively, we’ve introduced Improved Clinical Pathway Services (ICPS) on the Maxima Plus, Maxima Exec, Maxima Standard and Maxima StandardElect options. And apart from greater patient satisfaction, patients on Maxima Exec, Maxima Standard and Maxima StandardElect also avoid a R3 500 co-payment on these procedures by using ICPS.

A ‘clinical pathway’ basically means that the relevant healthcare professionals oversee every step of the patient’s hip or knee replacement journey in accordance with their FP. Patients benefit since this coordinated approach has been proven to result in better health outcomes and patient satisfaction. Patients get back on their feet before they know it thanks to a managed process that includes the pre-op assessment, a rapid recovery plan with pre-operative strengthening, physiological anaesthesia, minimally traumatic surgery, and aggressive postoperative physiotherapy.

The clinical pathway

The ICPS clinical pathway has a number of essential features including:

- A selected network of orthopaedic surgeons, anaesthetists and physiotherapists, signed up to the pathways of ICPS
- Appropriate hospitals that meet productivity, accessibility and clinical standards
- A multidisciplinary pre-op assessment clinic ensures that the patient qualifies and is prepared physically and psychologically for the pathway envisaged
- A rapid recovery plan that includes pre-operative strengthening, physiological anaesthesia, minimally traumatic surgery and aggressive post-operative physiotherapy according to an established pathway
- Recording of patient reported outcomes and other intra- and post-operative clinical outcomes at set intervals
- Giving feedback to the healthcare professionals involved as a way of stimulating continuous quality improvement
- Demonstrating a value proposition to both patients and funders of care
- Recording patient satisfaction in hospital and post discharge and reporting this to funders.

Recovery process

ICPS uses a process known as ‘enhanced recovery’. Enhanced recovery is an evidenced based approach designed to help patients recover from surgery quickly and safely so that they can leave hospital sooner. Sometimes referred to as rapid or accelerated recovery, enhanced recovery means:

- Patients play an active part in planning their care and recovery
- Patients are given the correct information so they understand the risks and benefits of their surgery and what to expect
- Patients are in the best of health before surgery
- Patients receive the best possible care during and after surgery to reduce pain and help them get back to normal more quickly, for example, being given the most appropriate method of surgery, pain relief, fluids and nutrition
- Patients experience the best support and rehabilitation after surgery to help them get back to their normal activities.

Associated stress

The ICPS recovery program aims to get patients back to full health as quickly as possible. Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation:

1. The lower their risk of complications from surgery will be
2. The shorter their recovery time will be, and
3. The better the outcome of surgery will be.

During patients’ hospital stay there are daily goals, which patients are encouraged to achieve. Doctors, nurses, physiotherapists and other healthcare professionals monitor patients’ progress and support them in reaching their goals. Before surgery, patients are involved in planning their care and recovery from the time they are seen by their surgeon. Once the decision for surgery is made, an application for an authorisation number is made on the patient’s behalf. This allows access onto the program and ensures that the Scheme settles the bills.

Patients are referred to a healthcare team made up of physicians, anaesthetists, physiotherapists or biokineticists depending on their medical history. Their FP, anaesthetist or physician usually advises how they can get into the best possible shape prior to surgery. They also identify and stabilise any medical conditions which may affect the operation. Patients are advised to let their team know of any circumstances at home which may affect their recovery.

Discharge preparations

Depending on the operation, patients may be able to go home sooner than traditionally expected. Patients on this program usually have an average hospital stay of three days.
The surgeon

The surgeon ensures that patients understand all the treatment options available and the treatment processes in question. Patients’ overall experience is improved due to high quality care and high quality services, such as minimally invasive surgery – smaller incisions; minimal tissue handling and thereby less trauma to skin and muscles; careful and active prevention of bleeding by ensuring that the surgical field is dry resulting in less blood loss (thereby doing away with the need for catheters, drains and blood transfusions in most cases).

The physiotherapy

Patients have access to physiotherapy pre-habilitation and rehabilitation services before and after surgery. The physiotherapist works closely with the patients to ensure that they are properly prepared for the surgery so they can experience a quicker and easier recovery. The physiotherapy team assesses muscle strength, joint range of motion and functional capacity. This information will be assessed again at three to six months after the joint replacement to monitor progress.

A unique strengthening program is designed and patients are encouraged to follow this program on their own or in groups with other patients being prepared for surgery at the same time. The physiotherapy team works with the patient in hospital to get them up and mobile. This helps speed up their recovery and enables discharge from hospital as soon as possible so patients can return to a normal life.

The surgery

Important points to consider before the operation:

• Eating well – the body needs energy for repair and getting to a healthier weight helps the recovery process
• Exercising – building up strength before the operation aids quicker recovery
• Relaxing – patients should try not to worry about the operation
• Smoking and alcohol – giving up or cutting down helps with recovery and reduces the risk of developing complications.

To reduce the risk of developing a blood clot (DVT and PE) after the operation, patients may be given an injection or a tablet to reduce their blood's ability to form clots during their stay in hospital and for a short time after discharge from the hospital. The ward pharmacist or nurse will discuss this with the patient on the ward.

Patients are also given compression stockings to wear; these are tight stockings, which help to prevent deep vein clots from forming in the calves. Prior to admission to hospital, patients should consider who will help them at home to put these on and off. Patients should pack pyjamas, a nightgown, comfortable closed shoes or slippers, and a comfortable tracksuit.

On the morning of the operation, patients should not eat anything for six hours before surgery and only drink clear fluids (like water, black tea, clear apple juice) up to two hours before the operation. The ward nurse will let the patient know what time their surgery is.

The anaesthetist

The anaesthetist will obtain most of the patient’s history from their FP/surgeon or physician. Relevant questions will however still be asked to enable the anaesthetist to prepare a specific anaesthetic most suited for the patient. Patients will receive medication to reduce anxiety and the intensity of post-operative pain. The anaesthetist will discuss the type of anaesthetic to be used. The most commonly used method for hip or knee replacement surgery, and one that has been shown to have the best outcome, is a spinal anaesthetic where the patient’s awake but numbed from the waist down.

All it entails is a little injection in the small of the back in which 2 to 3ml of a local anaesthetic is injected into the fluid that surrounds and hydrates the spinal cord. The needle does not go near the spinal cord or nerves, so the chances of damaging these structures are very small. The spinal anaesthetic has been shown to reduce the incidence of developing blood clots and is excellent for providing pain relief for four to six hours afterwards (when most of the severe pain is potentially experienced) - thereafter the block will slowly wear off and oral medication is given.

Sedation is also offered to patients who are anxious about being awake during the operation. This keeps them calm, takes away the anxiety and in most cases allows patients to become so relaxed that they fall asleep naturally for the duration of the surgery. During the surgery, the surgeon will inject a mixture of local anaesthetic and anti-inflammatory directly onto the joint just before closing the skin. This has been shown to be very effective in reducing the amount and intensity of pain after the operation.

To control post-operative pain, the anaesthetist will prescribe a combination of oral medication shown to have an enhanced effect when used in this combination without the side effects common with other pain medication (like nausea, confusion and poor co-ordination). Patients will receive this medication regularly, which usually keeps them comfortable enough to sleep. The anaesthetist will administer an anti-nausea agent which should keep the nausea, normally experienced at operations, at bay. Careful fluid balance will be maintained and this will eliminate the need for urinary catheters and will therefore enable quicker mobilisation.

Post-surgery

Each patient recovers from surgery differently, so the aim is to get him or her to eat, drink and move around as soon after surgery as possible. It is important to begin to eat and drink soon after the operation to provide the body with the nutrition it needs to recover.

In the recovery room patients will be offered a drink. The drip will be taken down when patients can eat and drink normally, and they will be encouraged to eat a normal diet as soon as possible. Patients should tell a nurse if they feel sick; they will be able to give the patient something to stop this. Pain medication will be received in tablet form. Patients may experience some discomfort, but if the pain is preventing them from moving around and doing their exercises, patients should tell a nurse who will arrange a change to the medication. The physiotherapist or ward staff will help the patient out of bed as soon as possible after the operation. This may even be the same day as the operation. Patients will be encouraged to walk around the ward, gradually increasing the distance each time. Patients will also practise going up and down stairs before they go home.
Recovery milestones
These are daily goals for the average ICPS patient. Patients’ recovery may not exactly follow this pattern, but it provides a good idea of what to aim for.

Day 0: The day of surgery
• Drink and eat light meals
• Take a few steps and sit in a chair
• Begin exercises as shown by the physiotherapist.

Day 1: After surgery
• Eat and drink normally
• Walk with a frame
• Continue exercises as shown by the physiotherapist.

Day 2: Onwards
• Get showered and dressed
• Walk with sticks or crutches
• Practice walking up and down stairs
• Knee replacements must be able to bend and straighten their knee
• Hip replacements will be seen by the physiotherapist
• Discharge home.

To find an ICPS surgeon and benefit from this great new service, visit www.icpservices.co.za or call 0860 002 153.