

Clinical pathway optimisation towards outpatient joint arthroplasty

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Valorisation

Scientific innovations in healthcare only apply when the innovation itself is implemented into daily practice. The shift from scientific research towards newly designed clinical protocols used in future practice, holds an indispensable role during the innovation process. Sharing the current knowledge will ultimately increase the supportive base for these innovations. Valorisation is the supply of knowledge for different stakeholders within the clinical pathways, not only consisting of the healthcare staff, but also companies, governments and human society. This chapter attempts to discuss the medical, social and financial value of this thesis.

Globally, rising healthcare costs are one of the most important challenges we face in the upcoming years. In orthopaedic care, especially the rise of hip and knee arthroplasty procedures to be performed on a global scale, demands critical analysis and distribution of healthcare resources. Innovations within the orthopaedic care should therefore not only focus on patient related outcomes (e.g. safety and efficacy) but also on reducing costs to maintain a sustainable and 'financial healthy' healthcare system. Care pathways are essential and play a major role in this challenge. Over the past decades, research has shown that LOS after hip and/or knee arthroplasty can be decreased by implementing an evidence-based clinical pathway. With the introduction of so-called OJA pathways, an even larger reduction is possible, and patients can be discharged on the day of surgery to their home-environment. The main challenge is to maintain the patient's safety during the process of reduction of LOS. For example, when the fast-discharging protocol results in a higher readmission rate, it will lead to an opposite effect and thereby the number of (S)AEs and costs will only be higher.

Besides the potential financial positive side-effects, the needs and wishes for patients to recover in their own environment could be encountered. In future, the organisation of postoperative care after arthroplasty surgery following an OJA pathway needs to be further developed. Adaptation of the patients' needs and wishes are of primary importance to ensure that patients experience outpatient joint arthroplasty as an added value. The implementation of OJA should meet the need and expectations of patients. The role of the patient, in close contact with their relatives and/or caregivers, should be put first in the implementation process. For some patients, rapid discharge is desirable. The transition of hospital care to home could increase patient satisfaction. Whereas other patients feel safer in the hospital after surgery and require several days in the hospital. The differences between patients must be weighed in the decision for short (outpatient) or regular (several

days) hospital stay. Ideally, patients who are operated, decide after the operation, in close consultation with the ward doctor (personified by a physician assistant for example) and/or operating surgeon, when to leave the hospital according to preoperatively instructed discharge criteria.

Future research should focus on a thorough clinical pathway for fast-track and outpatient hip and knee arthroplasty. By examining the different entities within these clinical pathways, a further improvement in the outcomes after surgery can be achieved. In particular precise patient selection criteria will provide an evidence-based foundation for implementation of these clinical pathways to daily practice. More insights in the postoperative experiences and needs for care should be gathered. These new insights, directly after discharge, will lead to a more patients' tailored care. To streamline this ongoing process and evidence-based discussion, peer collaboration between all the involved health-care professionals, led by a project manager (e.g. physician assistant), is of paramount importance.