

ERAS 2016 – Abstract Submission

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HOW LONG BEFORE ROUTINE NEXT-DAY DISCHARGE FOR PRIMARY HIP AND KNEE REPLACEMENT PATIENTS IN THE UNITED KINGDOM?

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Objectives: For primary hip (THR) and knee (TKR) replacement, ERAS protocols have safely reduced length of stay (LOS) to between 1-3 days for unselected patients and for selected patients outpatient surgery is now possible. However, within the United Kingdom, the national average LOS for both THR and TKR still exceeds 3 days. LOS has been decreasing consistently over recent years, but with no significant step change since the implementation of ERAS protocols. The National Health Service (NHS) currently has considerable financial and capacity challenges. Reducing LOS for high volume procedures such as THR and TKR would provide highly significant efficiency benefits. This study used modelling of the current LOS trend to predict when next-day discharge will be achieved.

Methods: Data on average LOS following THR and TKR was analysed from 141 NHS Trusts between 2005 and 2014 using Dr Foster Ltd software. The current 10 year trend for annual decrease of LOS was identified and used to predict the year in which next-day discharge would be achieved.

Results: For THR, the mean LOS following surgery has been reduced from 9.23 days in 2005 to 5.01 days in 2014 (mean annual change: 6.5%). For TKR, the mean LOS following surgery has been reduced from 8.41 days in 2005 to 4.93 days in 2014 (mean annual change: 5.72%). Following the current 10 year trend, it will be 2040 before the average LOS is for one day following THR and TKR. Table 1: THR and TKR: prediction of year of 1 day LOS

Year	Hip Mean LOS	Knee Mean LOS
2005	9.23	8.41
2006	8.13	7.76
2007	7.42	7.02
2008	7.03	6.70
2009	7.05	6.55
2010	6.40	5.94
2011	6.11	5.58
2012	5.86	5.40
2013	5.30	5.04
2014	5.01	4.93
Future LOS predicted by plotting an exponential trend line in Excel with 2005-2014 LOS data		
2020	3.30	3.20
2030	1.80	1.80
2040	1.00	1.00

Conclusion: Whilst LOS is reducing in the UK, the current trend suggests that routine next-day discharge will not be achieved for some time, despite the evidence and experience from exemplar sites showing that it is possible now. We propose that routine next-day discharge could be achieved much sooner if more hospitals followed ERAS protocols. The publication of agreed guidelines that are specific for hip and knee replacement could help to do this.

Disclosure of Interest: None Declared