**Homecare Expectations**

**Post op patients post SNF discharge (s/p 10 days post op or later (generally 9 days or more in SNF)**

**Total Knee (8-10 visits or less all disciplines)**

**Outcomes**

Patient/Caregiver verbalizes, demonstrates understanding and is independent in wound management including S/S of wound infection, healing and plan for staple removal

Patient/Caregiver verbalizes and demonstrates understanding and is independent in edema management including

icing & positioning

Patient/Caregiver understands and is independent in use of pain management techniques including pharmacological

and non pharmacological methods

Patient/Caregiver verbalizes, demonstrates understanding and is independent in use of anti-coagulant medication prescribed, need to continue monitoring if required, and which MD to follow up with if issues

Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Commode, Car)

Patient modified independent in dressing, bathing, and personal care. May use assistive device or aid

Patient has already purchased or has written information to purchase needed assistive or adaptive devices/equipment

Patient modified independent in community ambulation with appropriate assistive device 300’

Patient modified independent in stair mobility with assistive device if needed for home or accessing the community

Patient/Caregiver demonstrates understanding of and independent in performance of written HEP/activity program including Tissue Healing, AROM, Stretching, Strengthening, and Balance/proprioceptive activities to improve body awareness and safety during functional activities

Patient/Caregiver has scheduled follow-up appointment with ortho MD as indicated by post-acute discharge plan or by 3 weeks post op

Patient/Caregiver has scheduled outpatient therapy services if indicated. (Patient should be referred to outpatient services approx. 3 weeks post op or sooner if outcome criteria are met)

**Recommended Visit Frequency and Duration:**

These patients will have come from a SNF/ECF/Inpt Rehab and will not require intensive home services. Each patient’s plan of care is determined based on the initial assessment.If it is determined patient has met homecare outcomes sooner than anticipated patient should be transitioned to outpatient sooner. If there is delay in obtaining outpatient appointment patients should continue to be seen 2x1 until transition to outpatient is complete.  **Should the patient’s plan of care deviate from this recommendation please obtain approval for change by contacting the office ortho coordinator.**

For patients without anticoag management RN; 1 w 1 or No RN services - PT only,

For patients needing anticoag management RN 2w1,1w1; should transition to outpatient Lab by start week 3 post op

PT; 3w1, 2w1, 1w1 (NOTE-Pt should be transitioning to Outpatient care by 3 weeks post op. If additional care is needed must be supported by documentation. Additional care beyond 4 weeks post op must be approved by ortho coordinator.

OT (if needed); 1W1 (Additional care beyond 1 visit must be approved by Ortho coordinator)

**Recommended RN scheduling –no anti coag management (1 visits only) or may consider PT only if no skilled need.**

|  |  |
| --- | --- |
| **SOC by RN on** | **Anticipated schedule** |
| Monday | 1w 1 |
| Tuesday | 1 w 1 |
| Wednesday | 1 w 1 |
| Thursday | 1 w 1 |
| Friday | 1 w 1 |
| Saturday | 1 w 1 |
| Sunday | 1 W 1 |

**Recommended RN schedule – anti coag management up to 3 visits only**

RN schedule determined by MD orders for anti coag management but anticipated not to exceed 3 visits total prior to transition to outpatient services

**Recommended scheduling PT (6 Visits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SOC and**  **First PT visit on** | **Anticipated schedule** | **Week 1** | **Week 2** | **Week 3 if needed** |
| Monday | 3W1; 2w1; 1w1 | Mon, Wed, Fri | Any 2 non consecutive days | Any day |
| Tuesday | 3W1; 2W1; 1w1 | Tue, Wed, Fri, or Tue, Thur, Fri | Any 2 non consecutive days | Any day |
| Wednesday | 2w1; 3w1; 1w1 | Wed, Fri, | Mon, Wed, Fri | Any day |
| Thursday | 1w1; 3w1 2w1; | Thur, | Mon, Wed, Fri | Any 2 non consecutive days |
| Friday | 1w1; 3w1;2w1 | Fri, | Mon, Wed, Fri | Any 2 non consecutive days |

**Recommended scheduling OT immediate Post op patients (1 visits)**

|  |  |  |
| --- | --- | --- |
| **SOC and**  **First PT visit on** | **OT First visit on** | **Anticipated schedule** |
| Monday | Tuesday | 1w1 |
| Tuesday | Wednesday | 1w1 |
| Wednesday | Thursday | 1w1 |
| Thursday | Friday | 1w1 |
| Friday | Monday | 1w1 |

**RN CARE PLAN**

|  |  |
| --- | --- |
| **Visit Number** | **Intervention/Objective/Goals** |
| RN Visit 1 SOC to visit 3 | 1. Comprehensive Assessment performed 2. Med reconciliation and education performed including prevention of constipation with pain meds. 3. Patient/Caregiver verbalizes and understands wound management including S/S of wound infection, healing. 4. Determine plan for staple removal. 5. Order supplies if needed (staple remover, wound care supplies) 6. Patient/Caregiver verbalizes and demonstrates understanding of edema management including icing & positioning 7. Patient/Caregiver understands and is independent in use of pain management techniques including pharmacological and non pharmacological methods 8. Patient/Caregiver verbalizes and demonstrates understanding/use of anti-coagulant medication prescribed. 9. Anti-coag monitoring schedule in place if needed, and MD contacted, 10. Patient understands need for continued anti coag monitoring at outpatient lab and has resources if needed 11. Staple removal if ordered   12. Confirm follow up appointments with Ortho and other doctors are scheduled |

**PHYSICAL THERAPY CARE PLAN**

|  |  |
| --- | --- |
| **Visit Number** | **Intervention/Objective/Goals** |
| Visit 1 – PT Evaluation and Initial treatment | 1. Complete PT assessment including vital signs, ROM and strength of involved and uninvolved limbs, Circumference of involved and uninvolved joint, functional mobility, balance, home safety, and other indicated assessments. 2. Patient/Caregiver verbalizes and understands management including S/S of wound infection, healing. 3. Order supplies/ or confirm have been ordered if needed (staple remover) 4. Patient/Caregiver verbalizes and demonstrates understanding of edema management including icing & positioning 5. Patient/Caregiver understands and demonstrates use of pain management techniques including pharmacological and non pharmacological methods 6. Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Car) or caregiver independent in assisting patient with all transfers 7. Patient modified independent in home ambulation with appropriate assistive device household distances and stairs if needed to access bathroom and bedroom or Caregiver independent in assisting patient with assistive device and all ambulation needs 8. Patient/Caregiver given written initial HEP/activity program including AROM, Stretching, Strengthening, and Balance/proprioceptive activities to improve body awareness and safety during functional activities 9. Visit before MD appointment complete “MD progress report” for patient to give to MD 10. Patient/Caregiver has scheduled follow-up appointment with ortho MD as indicated in post SNF discharge plan. 11. Patient has information on how to schedule appointment for outpatient therapy |
| PT visit 2-6 | 1. Complete PT assessment including vital signs, ROM and strength of involved and uninvolved limbs, circumference measurements of jt, functional mobility, balance, home safety, and other indicated assessments. 2. Patient/Caregiver verbalizes and understands management including S/S of wound infection, healing. 3. Patient/Caregiver verbalizes, understanding and is independent in edema management including icing & positioning 4. Patient/Caregiver understands and is independent in use of pain management techniques including pharmacological and non pharmacological methods 5. Med Reconciliation performed 6. Patient modified independent in all transfers (Bed to Stand, Sit to Stand to Sit, Shower, Car) 7. Patient modified independent in home and community ambulation including stairs if needed with appropriate assistive device 300’ 8. Patient/Caregiver indep in performing written HEP/activity program including AROM, Stretching, Strengthening, and Balance/proprioceptive activities to improve body awareness and safety during functional activities 9. HEP program updated to include progressive skilled exercises/activities 10. Patient/Caregiver understands and is independent in use of CPM if ordered 11. Staple removal if ordered and RN discharged 12. Confirm Patient/Caregiver has scheduled/completed follow-up appointment with ortho MD by 3 weeks post op 13. Visit before MD appointment complete “MD progress report” for patient to give to MD 14. Patient/Caregiver has scheduled outpatient therapy services if indicated.(must be scheduled by visit number 2 or earlier) |

**Occupational Therapy (if indicated)**

|  |  |
| --- | --- |
| **Visit Number** | **Intervention/Objective/Goals** |
| Visit 1 – OT Evaluation and Treatment (if indicated) | 1. Complete OT assessment including vital signs, ROM and strength of involved and uninvolved limbs, functional mobility, balance, home safety, and other indicated assessments. 2. Patient/Caregiver understands use of pain management techniques including pharmacological and non pharmacological methods 3. Patient has all needed assist/adaptive equipment or has information on how to order 4. Patient modified independent in all bathroom transfers (Shower, Commode) 5. Patient modified independent in dressing, bathing, personal care. May use assistive device or aid 6. Patient/Caregiver has equipment or written information for equipment recommendations and purchasing options 7. Patient/Caregiver given written HEP/activity program if appropriate for UE AROM, Stretching, Strengthening |