



After knee replacement surgery

- Two opportunities

- Hospital
- Home







AIM of the experience: switch a part of the intended hospital patients to home care

- In patients

- Out patients
- With CPMD





CPMD Continous Passive Motion Device









An experience inserted into the PRADO program

= Case management post discharge

- Coordination unit after discharge
- To make easier the return to home
- Preserves care integration



Within the PRADO program: the CPMD experience

- Prerequisite: agreement is required from
- The patient
- The health and fund authorities
- The surgeon and staff
- The supplier of the device for a monthly rental



Criteria to be entitled to CPMD

There are no specifical medical criteria to be entitled to CPMD (the surgeon chooses)



Design

A key referent : the health fund counsellor

- Calls the patient 15 days before surgery
- **Collects** the choices of health professionnals by the patient for planned care
- Visits the patient during the hospital stay
- **Presents** the CPMD on the 3rd Hospital day
- Organises:
 - Link with the external stake holders
 - Link with the social service (if needed)
 - Phone check-ups



Back home

- Daily exercise by the patient with CPMD
- Complementary visit by the physiotherapist 3 times a week
- 4 weeks renting
- The supplier comes back home to recover the device



Evidence based from the HAS (Haute Autorité de Santé)

(= NICE in UK)

Recommendations

- Total knee arthroplasty doesn't need a systematic hospital stay in a rehabilitation center
- CPMD is:
 - a credible alternative to a lesser cost
 - a good help to restore mobility



Monitoring indicators

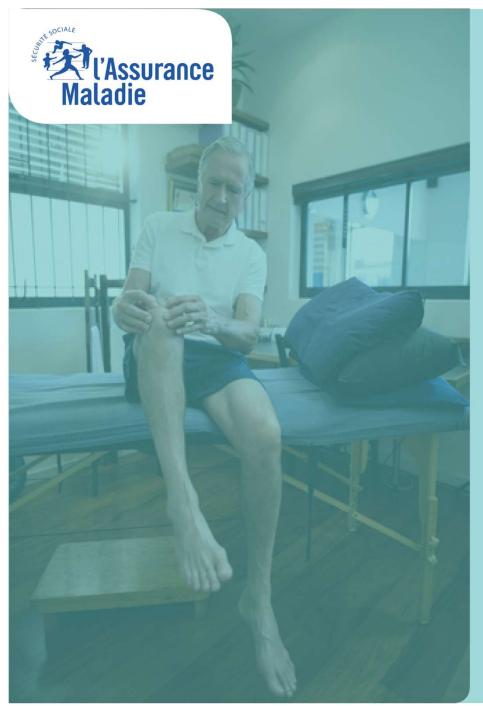
- Ratio hospitalized versus out-patients in Rehabilitation facilities in Rennes (Brittany) after total knee arthroplasty
- Satisfaction rate from the stake holders



Results

15 patients have been included

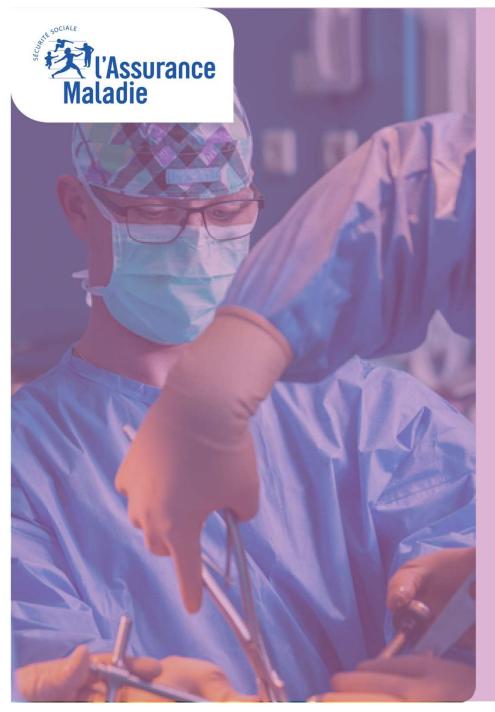
- 5 men, 10 women
- Mean age : 65 (59-74)
- 10 patients live in the countryside, 5 live in town



The point of view of...

The patient

- Phone call at home at the end
- Device easy to use



The point of view of...

The surgeon

- 14 of 15 very efficient
- The connection between the physiotherapist and the surgeon for further prescription details or in case of emergency could be improved
- 70 % of the present hospital oriented patients could use the CPMD, and return home faster



The point of view of...

The physiotherapist

- Good and swift Healing
- Few questions about the direction of use of the device (correctly exposed at the hospital)
- Would recommend to any patient



Cost comparison: for a 4 weeks care

In rehabilitation center

- 9651€

Ambulatory management on CPMD

- 990 € (nurse, physiotherapist, CPMD, drugs...)
- Potential savings:

303 770 896 € / year



Conclusion

- High standard quality
- Prevent nosocomials infections
- Best quality of life
- Typical integration program
- Savings +++

