

Impact of a Transitional Care Program Following Inpatient Admission after Total Hip Arthroplasty

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INTRODUCTION: Historically, high risk total hip arthroplasty (THA) patients were often discharged from the hospital to skilled nursing or rehabilitation hospitals. Transitional care (TC) programs have been developed for these patients to facilitate care at home while continuing to be supported by a team of physicians and ancillary resources. We retrospectively compared THA patients enrolled in a TC program for 30-days postop with non-enrolled patients who had similar risk profiles. We hypothesized transitional care would lower readmission rate and emergency department (ED) visits.

METHODS:

This is a retrospective study of THA patients between 1/2021-2/2024 that were admitted or observation status post-operatively and enrolled in the TC program that were compared to patients who had either declined enrollment or received surgery prior to the program's inception. Exclusion criteria included discharge to SNF or rehab. Both cohorts were then compared regarding 30- and 90- day readmission rate as well as post-operative ED visits.

RESULTS: Sixty-eight patients were enrolled in TC and 168 patients were in the non-enrolled group. The TC group had more women (69.1% vs 53.6%, $P=0.029$) and more revision THA procedures (36.8% vs 20.5%, $P=0.009$) compared to the non-enrolled group. Additionally, the TC cohort had a higher national area deprivation index (ADI) rank (45.2 vs 30.9, $P=0.001$), longer length of stay (LOS) (54.7 hours vs 42.4, $P=0.042$), and lower average income (\$82K vs 96K, $P=0.016$). The TC cohort didn't have significantly lower readmission rates at 30-days (5.9% vs 9.6%, $P=0.446$) but did at 90-days (8.8% versus 19.3%, $P=0.049$). There were no significant differences in ED visits between groups.

DISCUSSION AND CONCLUSION:

Despite higher ADI rank, lower average income, and more revision THA procedures the TC cohort had lower 90-day readmissions when compared to the non-enrolled cohort. These results suggest there is a role for TC programs in managing postoperative care in THA.