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Case report

# The coach program – a "joint" approach to patient education and support

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ABSTRACT

Hospital lengths of stay for orthopaedic procedures are declining internationally. Discharge home from hospital following total joint replacement surgery can be stressful due to pain and physical restrictions. Thus, many patients report experiencing increased anxiety and feeling a sudden withdrawal of support from their medical team. The Coach Program maximizes human resources and family-centred care by formally integrating an individual whom the patient identifies as their primary support into their health care team. This unique and innovative program was designed to decrease patient anxiety, increase patient confidence, enhance coping with shorter hospital lengths of stay, and smooth the discharge planning process. Anecdotal feedback from patients and staff has been overwhelmingly positive. A pilot self-reported patient survey was conducted. Future steps include distribution and analysis of a more detailed survey to a broader patient population and finding ways to address the needs of patients with limited social support

## 1. Background

Osteoarthritis is a leading cause for long-term disability[1] and is ranked second among all pathologies that result in reduced physical activity.[2,3] Primary reasons for undergoing total joint replacement (TJR) surgeries such as total hip replacement (THR) and total knee replacement (TKR) are to alleviate pain caused by osteoarthritis and to improve mobility, functional capability, and health related quality of life.[4,5] According to the Canadian Institute for Health Information, 49,503 THR surgeries and 60,136 TKR surgeries were performed in Canada in 2013–2014 - an increase of 19.1% and 22.9% respectively since 2009–2010.[6]

Initiatives to reduce surgical wait times, hospital stays, and healthcare costs in Canada, as in many countries, have resulted in earlier patient discharge from hospitals.[7–9] From 1995 to 2005, the average length of stay for THR has decreased from 14 to 9 days, and for TKR, it has decreased from 12 to 7 days. In 2013–2014, the national average length of stay for TJR decreased further averaging 3 days for TKR and 4 days for THR.[6] Additionally, there is an international trend towards patients being discharged home directly from acute care following TJR surgery.[10] Part of the justification for the earlier discharge of patients and their discharge directly home is the indication that a patient's recovery within their own home environment may result in better psychosocial adjustment as a result of enhanced patient comfort, control, independence, and better interaction with family members.[8] While rehabilitation facilities are available to patients who require them, recent literature has indicated that early hospital discharge directly home from acute care and utilization of a home-based rehabilitation services does not negatively impact functional outcomes, pain, or patient satisfaction.[11] Moreover, while significantly reducing government healthcare expenditure, early discharge directly home does not seem to require greater out-of-pocket expenses on account of the individuals undergoing the surgery.[12] In addition, it has been documented that individuals not discharged directly home from acute care actually experience a higher incidence of medically related (not surgically related) post-operative complications such as contracting communicable diseases which can compromise care and may lead to re-hospitalization.[13,14] Indeed, at the institution involved in this study, 86% of the primary TKR and 83% of primary THR patients were discharged directly home in 2012.

Taking all this into consideration, the fact that patients are potentially leaving hospitals less prepared and with limited support to deal with the changes that occur during the first weeks of recovery is an issue of concern.[7] With the fewer resources available within the health care system; effective, innovative patient-focused strategies are needed to ensure timely and seamless transition across the continuum of care.

## 2. Organizational context

Canada's health care system is publicly funded and provides coverage to all Canadian citizens regardless of medical history and personal income. Individuals are provided preventative and acute medical care services in hospitals and other medical care clinics.[9]

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The organization in which this innovative Coach Program was established is a hospital considered to be one of Canada's largest hip and knee joint replacement centres, performing over 2200 procedures annually. It is recognized as a leader in the development of innovative models of care and care provider roles. This organization is committed to excellence in patient care. As stated in the hospital website: *"Our **mission** is to care for our patients and their families when it matters most. Our **vision** is to invent the future of health care. Our **values** are: excellence, collaboration, accountability, respect and engagement"*.[15] The Coach Program is consistent with these very statements. Moreover, the Coach program also fulfills the hospital's mandate for being innovative, fiscally responsible, and patient-centred.[16] Government efforts to reduce hospital wait times include: creating centres of excellence such as this organization; training and hiring additional health professionals; developing and implementing tools to better manage wait times; as well as expanding community care services.[9] The Coach Program represents an innovative, collaborative partnership with patients and their support persons [16] to maximize the individual's support and optimize post-operative success.

Zimmerman and Dabelko (2007) have previously reported that "patients and family members are demonstrating an increased desire to be involved in patient care".[17] Others have found that families are in a good position to encourage compliance with recommended behavioural changes, to discourage maladaptive coping and to assist with completing the patients' usual responsibilities, thereby reducing stress and optimizing surgical outcomes.[18–20] In support of this, hospitals are increasingly recognizing the importance of moving away from the traditional medical model of providing care to more collaborative models that integrate patients and families into the planning and delivery of healthcare. The Coach Program is a process innovation which aims to create change for patients by adapting existing methods of interaction with patients and their supports in order to create better outcomes for the patients post operatively. Its conception required thinking differently about an existing social problem, i.e. "patient experience" (increased anxiety due to decreased hospital length of stay), understanding the conditions that can support a social innovation within the organization and how to create these conditions, and coming up with an innovative means for achieving a solution (i.e. formally including a patient's designated support person into their healthcare team).[21]

### 2.1. Personal context

In 2002, the front-line clinical team observed that patients undergoing TJR surgery were becoming increasingly anxious regarding decreased lengths of stay. This anxiety acted as a barrier to the patients' participation in rehabilitation, recovery, and return to normal functioning. This observation was brought forth to hospital management which understood the importance of the issues raised and approved for an interdisciplinary hospital team comprised of social workers, occupational therapists, physiotherapists, and nurses to move forward and develop the "Coach Program" to address these issues.

Today's healthcare system demands its programs to be evidence-based. A study investigating patients' and their spouses' needs post TJR surgery suggested that "*the need to include family members in the education process is essential*".[22] Indeed, evidence suggests that social support generally, and emotional supports in particular, are components of healthcare for patients of all ages and circumstances. Support may be associated with adjustment to serious illness, post-surgical recovery and positive patient outcomes.[2,4,7,8,18,22] Among patients undergoing coronary artery bypass surgery (CABG), it was found that those with greater emotional support comply more with behaviour recommendations, experience less emotional distress, and feel that they have a better overall quality of life than those with less social support.[18] Specific to the THR & TKR population, it was found that patients who receive more support early on in the recovery process are more likely to experience less pain and to be independent with activities of daily living earlier on post-surgery.[23,24]

### 2.2. Problem

A particularly difficult transition in the continuum of care for patients following THR and TKR surgery is discharge from hospital. This event marks a major shift in responsibility for care-giving activities. Many patients feel a sudden withdrawal of support from their medical team at this stage. Even if patients are told that they can contact the hospital with concerns, they often do not feel that they are adequately supported, helped and/or respected.[25] Three main types of supportive interactions have been identified in the literature: *Emotional support*, which involves verbal and non-verbal communication of caring and concern and is believed to reduce distress by restoring self-esteem and permitting the expression of feelings; *Informational support*, which involves the provision of information used to guide or advise, and is believed to enhance perceptions of control by reducing confusion and providing patients with strategies for coping with their difficulties; and *Instrumental support*, which involves the provision of material goods (e.g., transportation, money, or physical assistance) and may also help decrease feelings of loss of control.[26]

A growing body of literature suggests that collaborative models of care result in higher levels of consumer satisfaction, treatment compliance, effective team performance, and increased care coordination.[17] Explicit recognition of patients and their families as honorary members of the healthcare team may help establish formal "handover" opportunities for the mutual exchange and request of information post-discharge.[25] Collaborative models of patient care establish mutually beneficial partnerships among patients, family members, and healthcare providers through shared responsibility in the planning, delivery, and evaluation of health service.[17] It is suggested that healthcare staff must learn from the expertise that patients and family members bring regarding their experience with managing illness and the strengths and skills they bring from other life experiences.

### 2.3. Solution

The Coach Program blends the need to maximize human resources and reduce healthcare costs with a mandate for patient and family centred care by formally integrating an individual the patient identifies as their primary support into their health care teams throughout the continuum of care. This continuum begins pre-operatively when it is initially decided that the individual will have elective TJR surgery, and continues throughout the hospital stay and following discharge. This unique use of an underutilized human resource was designed to address patients' needs and to achieve the following goals: Decrease patient anxiety; Increase patient confidence; Enhance coping with shorter lengths of stay; Augment the patient education process; Facilitate direct discharge home from acute care as opposed to discharge to a rehabilitation facility; Improve communication with patients and their support persons; Formalize the involvement of family/friends into the care process; Increase quality of care, patient satisfaction, and quality of life post-operatively.

Pre-operatively, all patients are encouraged to identify a friend or family member who will be their coach. The coach can act as a motivator and a resource to the patient during preoperative planning, the hospital stay, and coping at home following discharge. The coach is intended to be a "guide on the side" and not to "take over" or take control away from the patient. It is a flexible program and can be adjusted to suit the specific needs of each patient and the availability of the selected coach. Ideally the coach may:

Pre-operatively:

- Help coordinate assessments, medical visits, and transportation.

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