

# Paper #11

## Short-Term Complication Rates Following Outpatient Total Hip Replacement are Equivalent or Better than Those of Inpatient Total Hip Replacement with the Implementation of Institutional Protocols

**Mitchell C. Weiser, MD**, Kelvin Y. Kim, BS, Afshin A. Anoushiravani, MD, Philip Band, PhD, Roy I. Davidovitch, MD

**Introduction:** Interest in outpatient/same-day discharge (SDD) total hip arthroplasty (THA) has been increasing over the last several years. There is considerable debate in the literature regarding the complication and readmission rates of these patients. To evaluate and validate the safety and efficacy of a mature institutional SDD THA care pathway, we compared the outcomes of patients undergoing SDD THA with patients who had a similar comorbidity profile and underwent inpatient THA.

**Methods:** A retrospective review was conducted on 164 patients who underwent SDD THA from January 2015 to September 2016. The Risk of Readmission Tool (RRAT), a validated risk stratification instrument, was applied to all inpatient THAs performed from June 2014 to December 2016. A cutoff RRAT score = 2 was used to produce a cohort of 1,858 inpatient THA patients, all of whom had a similar risk profile to patients who underwent SDD THA. Medicare patients were excluded from the inpatient THA cohort, which left a final inpatient cohort of 1,315 patients. Each cohort was evaluated for demographic variables (age, gender, Body Mass Index (BMI), race, insurance type), length of stay (LOS), 30-/90-day readmissions, and discharge disposition.

**Results:** The SDD THA cohort had significantly lower BMI (26.9 v. 28.2,  $p=0.002$ ), fewer minorities (87.8% v. 64.8% Caucasian,  $p<0.001$ ), was exclusively commercial insurance (100% v. 36.3%), had a shorter LOS (0.37 v. 2.3 days,  $p<0.001$ ), and was exclusively discharged home (100% v. 92.6%). There was no statistically significant difference in 30 days readmission rates between either cohort (SDD 0.6% v. inpatient 1.6%,  $p=0.325$ ). However, the SDD cohort had a significantly lower rate of 90-day readmissions than the inpatient cohort (0% v. 3.6%,  $p=0.014$ ).

**Conclusion:** The use of an institutional SDD THA care pathway can produce results with equivalent or better short-term outcomes than that of traditional inpatient THA.

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