***The following scripts have been developed by Austin Health’s Enhanced Recovery program team***

**Enhanced Recovery Program Hip & Knee Arthroplasty (ERP):**

**Script and responses for discussions with patients**

Aims:

To use consistent motivational language that empowers patients

To promote a Positive & Consistent attitude of staff & patients

To master the power of chosen words to have positive impact

Steps to take:

* Sow the seed early: at clinic consultation
* ERP selected Patient should not feel rushed
* Accentuate the positives
	+ infection reduction
	+ reduce Covid 19 risk
	+ early mobilising reduces side effects & improves comfort levels
	+ Experienced, knowledgeable, confident team providing care
* Make it clear the patient will not be “pushed” out
	+ ‘Once you can eat, you can walk and you can toilet, then you can go home
	+ ‘If there are any issues, you stay until the next day’
* Empower patients to take control of their own health

Team Consistency with information given & language used

* Excellent communication throughout the MDT
* Consistent motivational information for patients
* Positive outcomes
	+ Confident patients and carers
	+ Confident staff at all levels
	+ Efficient flow of patients through the ERP pathway
	+ Early confident discharge < 1.5 days

How we speak to patients makes a difference

Increase the number of communication "touchpoints".

* Informing
* Consulting
* Involving
* Forming meaningful & active partnership

Motivational interviewing

A collaborative conversation style for strengthening a person’s own motivation and commitment to change

There are three ways one can interact with a patient:

(1) following, (2) directing, and (3) guiding.

It is the various combinations of these three methods that steer a practitioner toward the more motivational style of guiding. The premise is that “following” alone is inadequate and that “directing” often elicits defensiveness in patients who need to change their behavior.

**Guiding is the goal.** Keep all barriers in mind

 (Rollnick, Miller & Butler, 2008)

Why ERP?

An enhanced recovery program 'ERP' prepares and enables patients for early functional recovery and early discharge. Patients are supported to recover at home. There is less disruption to the patient and their home life, and hospital acquired infection risk is reduced.

**Standardised list of responses to common statements**

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| **Statement**  | **Response** |
| ***Why ERP?*** | ERP allows for quicker recovery with less disruption to you, your home life and it also cuts the risk of hospital acquired infections & Covid 19 exposure risk |
| ***ERP definition***  | Enhanced Recovery Program (ERP)Enhanced implies improved quality and value. Therefore, selected eligible patients are a “special” group receiving up to date evidenced based care, delivered by experienced clinicians.Recovery; suggests a return to healthy living.Program; accounts for the patient's journey across the pathway of pre-op, peri-op, and post-op care. |
| ***What advantages are there for me going home early?*** | at-home recovery, means you have access to your own fridge, bathroom and Wi-Fi & less time away from the people or things that are most important to you |
| ***Orthopaedic Consultant at time of consent “sows the seed”*** | “Expect to walk on the afternoon or evening of your operation, expect to discharge home next day with someone who can be with you for the first 48 hours. carer. There is less infection risk in your home and most people are more comfortable at home with the familiar things. You will have someone oversee and co-ordinate your care, the “ERP navigator.” You may meet them today in clinic or they will call you in the next 2 weeks to introduce themselves and explain what to expect. They will check in again with you before the surgery and support you following the surgery. Typically, they will visit you in your home (Day 1) and provide telehealth support D3 (Day 3) and D7 (Day 7) after discharge. Further Home visit physiotherapy will be provided if indicated.” |
| ***I need rehab*** | Physiotherapy and exercise are very important to get a good result from your operation. You will start moving on the same day as your operation and that is the moment your “rehab” and recovery starts. You will be well supported with your movement and recovery in hospital and after you leave hospital.Rehab starts now. It is not a place. It is the actions you take to restore and improve your movement and return to a healthier life. Your Physiotherapist will teach you how to complete an appropriate exercise program and how to improve your mobility.  |
| ***Why do I need Prehab*** | Prehab will help you become confident to engage in exercise and become more active and confident, especially in managing your condition and preparing you for surgery.  Lifestyle factors are discussed; including education about diet, exercise, healthy choices, and links to support tools are offered.  |
| ***I don’t think I am quite ready***  | I understand you have some concerns about going home. Can you tell me about them? |
| ***I don’t think I can do this*** | The ERP team is experienced and knowledgeable and well-placed to support you and help you deal with your concerns.“tell me more about your concerns” |
| ***“Are you pushing / rushing me out of hospital?”*** | When you are well, you will go home, typically this is the day after surgery.If there are any issues, you stay until ready for discharge’You do not leave hospital until you are well. |
| ***But I am still*** ***really sore*** | It is expected following surgery that you will be aware of discomfort. It is ok to complete prescribed exercises and to keep moving; and often this helps people feel better. As healing occurs over the first six weeks you will notice a gradual improvement each week. Taking regular prescribed medication and applying ice packs when resting helps settle discomfort for most people. |
| ***ASK “are you comfortable?”*** ***Not “do you have pain?”*** | Change the mindset.Normalise the sensations of discomfort and focus on levels and the ability to move around. |
| ***But I have stairs at home*** | You appear to have a lot of resourcefulness to have coped with your home set up previously. You are familiar with your home set up. Using a rail and or a gait aid, you will be able to manage steps. You will be taught how to go up and down the stairs and you will be provided with information to refer to if you or your care partner need reminders. |
| ***Last time I stayed 4 days*** | Discharge home is not time specific; it is when you meet specific criteria, such as, you can eat, you can walk & you can toilet, and you are “fit to go". You will be well prepared and well supported. |
| ***MY friend stayed in hospital for a week***  | Best practice is to start moving on the day of surgery and to return home as soon as you are “fit to go.” Where possible, patients are better at home with their care shifted to the community. |
| ***I have no one at home with me*** | It is recommended that the first 48 hours after you return home, someone can be with you to provide support and care. This person is called your “Care Partner”This is an eligibility requirement for ERP. A carer’s certificate can be provided as required. |
| ***I need another day******I need to stay another night*** | Your team will ensure you are safe to go home. You have a carer with you when you are home so you will have support and company.The ERP Navigator will call you D1 (Day 1) after discharge and then again on D3 (Day 3). The Pharmacist will call you on D5. If required a physiotherapist will see you in your home.  |
| ***It is too soon to walk***  | This is a challenging concept, but I believe you can do it.Walking helps with comfort levels and reduces the risk of most complications. You will have gait aids to use to support you until you feel more confident and comfortable. Your physiotherapist and your nurse are well trained to be able to support and coach you.  |
| ***I can’t do this!*** | You don’t need to be fully independent at the start. Your team will support you and when you go home your carer will be there. Over the first week you will see that you will get there, and you can cope. Keep working on it and thinking you can do it. Getting better takes time and you will see improvements each day.  |
| ***Is this something new?*** | Yes, it is for the Austin, however, many hospitals around the world have embraced a similar enhanced recovery program “ERP” that achieves a shorter length of stay, in some places, surgery is performed as a day case. There are many published studies and overall, the complications and risks are lower with the same if not better patient outcomes.The team have carefully planned your stay and are well prepared to provide excellent care in and out of hospital. |
| ***How will I cope at home?******Can I get in / out of bed?******How will my “care partner” look after me****?* | You will be provided with all necessary information before your day of surgery. You and your care partner will be well prepared. Physio Preadmission will teach you what you need to know about moving and exercise after the surgery.It is strongly recommended that you attend a 6-week Prehab exercise program which will help you learn your exercise routine and get you into better shape before surgery.You will not be home alone; you will be required to have the support of a family member or friend for the first 2 days.The ERP navigator will call you on the first and third day after you go home from hospital and if needed a physio will visit you in your home. |
| ***Am I too old?*** | The number of years you have lived is not a barrier. ERP is suitable for people under 80 years of age that meet selection criteria.More important, is that, any medical conditions, you have are well controlled. |
| ***Am I at risk of complications going home on the first day?*** | Shorter length of stay and walking on the day of surgery potentially reduces the risk of blood clots, hospital acquired infections and muscle loss. Most potential complications are limited to during and immediately after the operation. Any risks that could affect you have been identified, assessed and strategies put in place so that they are an acceptable level. Any potential event, its consequences and likelihood have been considered. |
| ***Is my management different to patients who are booked as “routine” joint replacement?*** | YES …. A lot of careful planning and preparation has occurred to allow you to get home earlier after surgery.You will have a “Navigator” who will follow you through from booking to after surgery and ensure you receive the coordinated care you need and that it is provided by an experienced dedicated “can do” team.At various steps along the way that Navigator will contact you and provide extra support and education as needed. |
| ***When can I drive?*** | No driving is recommended for 4-6 weeks following surgery. To start driving, you need to be confident you could do an ‘emergency stop’. That is: you can quickly press down on the brake if you need to stop suddenly. You must also have stopped taking your strong pain medications. A good guide is when you can walk comfortably without crutches. Ask your surgeon or physiotherapist if you are unsure if you are ready to start driving. |
| ***When can I return to work?***  | Everybody’s work is different. Speak with your doctor or physiotherapist about when you can return to work. This is a good conversation to have early in your recovery. You may be able to return to work earlier on light duties, work shorter days or work from home.  |

**“Change Talk”**

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| Disadvantages of the status quo  | What worries you?What difficulties do you think you will encounter? |
| Advantages of the change: e.g., early discharge | What would you enjoy if you were back at home?What are the advantages for you of being at home and not in hospital longer than needed?What would be different now if you were at home? |
| Optimism for change  | What strengths do you have that will help you with your recovery?When have you overcome a significant challenge before? How did you do it? |
| Intention to change  | What do you see yourself achieving over the next 3 months. If you could do anything, what would you change? |

**Mindset**

Ask:

What did you learn from today?

What steps did you take today to make you successful and or to achieve your goals?

What are some different strategies you could have used?

What did you focus on or keep doing when things got tough?

What can you learn today from the team or your carer supporting you?

**Reflections** *Courtesy Chris Dunn*

You...

You are ….

So, you’re saying that....

You’re feeling like....

This has been totally …........ for you

Almost as if ….

Like a ….

Sounds as if you ….

You must be …

Sounds like ….

For you, it’s a matter of ….

From your point of view …

Must be ….

Through your eyes ….

Your belief is that ….

Your concerns I that …

Your fear is that ….

It seems to you that …

You're not terribly excited about ….

You’re not much concerned about …

The thing that bothers you is …

The important thing as you see it is ….

What I’m hearing is …

I would bet that you …

I’m hearing that you …

I’m really getting that you …

I get the impression that you …

I would think you …

I would imagine you ...

**Mobility**

Moving around is good for releasing built up energy and tension. It can help improve comfort and reduce complications

**Pain**

Conveyed expectations for treatment success are associated with reported pain improvement.

Clinicians are encouraged to make every effort to use positive appropriate terms.

Carefully chosen words can activate the feel-good dopamine-driven reward centres in the brain

Cognitive behavioural therapy focusses on the challenges and their associated behaviours to help develop coping strategies

**Support**

Say:

* I really appreciated your effort today.
* I can see you are working on getting better, you are heading in the right direction to a full recovery

**Encourage Distractions:**

* Drawing
* Calming music
* Go outside; move to a new inviting area, get some sunlight
* Start a Journal
* Use an App – e.g., meditation, breathing, finding calm in the moment

References:

### [Motivational interviewing in health care: helping patients change behavior](https://books.google.com.au/books?hl=en&lr=&id=njcm0V_IprEC&oi=fnd&pg=PP1&dq=rollnick+miller+%26+butler+2008&ots=WzMmzDDK6g&sig=P-oCMo03tx5c3Na9wwP1rsINNj0)

S **Rollnick**, WR **Miller**, [C **Butler**](https://scholar.google.com.au/citations?user=eUgg9k0AAAAJ&hl=en&oi=sra) - **2008**