



**TOTAL HIP REPLACEMENT  
CLINICAL PATHWAY**

SITE: GBHS - Owen Sound

PATIENT ID

PROCESS	POST-OP DAY 1	DATE 01-25-06		
		D	E	N
<b>PERFORMANCE INDICATORS</b>	2 ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	N/A Gm	Record as "Met" or "Not Met" on Variance Record	
<b>ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)</b>	VITAL SIGNS WITH O <sub>2</sub> SATS: Q4H	AT	Gm	Dy
	CHEST ASSESSMENT	AT	Gm	Dy
	CIRCULATION / SENSATION / MOTION Q4H	AT	Gm	Dy
	ASSESS DRESSING	AT	Gm	Dy
	MONITOR INTAKE / OUTPUT	AT	Gm	Dy
	CATHETER	AT	Gm	Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
<b>CONSULTS</b>				
<b>DIAGNOSTICS/ LABORATORY</b>	CBC & LYTES	AT	N/A Gm	N/A Dy
	HIP X-RAY	AT	N/A Gm	N/A Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
<b>MEDICATIONS</b>	SEE MAR SHEET	AT	Gm	Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
<b>TREATMENTS/ INTERVENTIONS</b>	IV AS ORDERED	AT	Gm	Dy
	EMPTY DRAIN Q SHIFT AND PRN	AT	Gm	Dy
	REMOVE DRAIN ORDERED	AT	N/A Gm	N/A Dy
	REMOVE CATHETER (24 HOURS POST-OP)	N/A AT	Gm	N/A Dy
	BED BATH WITH ASSIST	AT	Gm	N/A Dy
	TED STOCKINGS REMOVED FOR SKIN CARE	AT	Gm	Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
	OTHER:	N/A AT	N/A Gm	N/A Dy
<b>NUTRITION</b>	<input checked="" type="checkbox"/> SIPS - REGULAR DIET <input type="checkbox"/> SIPS - SPECIAL DIET: _____	AT	Gm	Dy

ALL NON-SHADED BOXES TO BE INITIALED UPON COMPLETION OR MARKED N/A AND INITIALED

PROCESS	POST-OP DAY 1	DATE 01-05-06		
		D	E	N
MOBILITY/ACTIVITY	UP IN CHAIR	AA	gm	N/A Ph
	UP WITH WALKER IN ROOM	AA	gm	N/A Ph
	WEIGHT BEARING STATUS ORDERED	BW	N/A gm	N/A Ph
	POSITIONING IN BED WITH PILLOW BETWEEN LEGS	AA	gm	Dy
	LIE TO SIT WITH USE OF RAIL	BW	gm	Dh
	FOOT AND ANKLE EXERCISES	BW	N/A gm	N/A Ph
	ISOMETRIC QUADS AND GLUTS	BW	N/A gm	N/A Ph
	PHYSIO DATABASE INITIATED	BW	N/A gm	N/A Ph
PSYCHOSOCIAL SUPPORT/ EDUCATION	POST-OP NEEDS—DEEP BREATHING & COUGHING, CALF PUMPING	AA	gm	N/A Ph
	ROUTINE POST-OP TEACHING	AA	gm	N/A Ph
	REVIEW PATIENT PATHWAY	AA	gm	N/A Ph
	REVIEW HIP PRECAUTIONS	AA	gm	N/A Ph
DISCHARGE PLANNING	PLAN FOR DISCHARGE DISCUSSED WITH PATIENT/FAMILY AND DOCUMENTED ON PROGRESS NOTES	AA	N/A gm	N/A Ph
	ESTIMATED DATE OF DISCHARGE DISCUSSED WITH PATIENT/FAMILY	AA	N/A gm	N/A Ph
	ASSESS DISCHARGE CRITERIA DAILY	AA	gm	N/A Ph
	OTHER:	AA	N/A gm	N/A Ph

ALL NON-SHADED BOXES TO BE INITIALLED UPON COMPLETION OR MARKED N/A AND INITIALLED



GREY BRUCE HEALTH NETWORK

## TOTAL HIP REPLACEMENT VARIANCE RECORD

SITE: GBHS - Owen Sound

**THIS VARIANCE RECORD IS USED FOR EVALUATIVE PURPOSES ONLY. DO NOT PUT PATIENT INFORMATION ON THIS FORM.  
REMOVE AND SEND TO SITE CHAMPION AT PATIENT DISCHARGE.**

Patient Age: 57 Gender: M Admission Date: 30-04-06 LEFS Score: 46 Targeted LOS: 5 Days

Patient transferred from another hospital? Yes (specify)  Pathway Day: No

TIME FRAME	INDICATOR	MET	NOT MET	DATE/TIME	INITIAL	CODE	DESCRIBE CORRECTIVE ACTION (or N/A if not applicable)	DATE RESOLVED (or N/A)	INITIAL
PRE-ADMIT	1	PHYSO VISIT	<input checked="" type="checkbox"/>						
DAY 1	2	ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	<input type="checkbox"/>	<u>01-04-06</u>	<u>gm</u>	<u>B3</u>	<u>N/A - Discontinued y8hr</u>	<u>N/A</u>	

**DISCHARGE SUMMARY:** *(To be completed upon discharge off pathway or unit)*

Date Pathway Completed: \_\_\_\_\_ Days on Pathway: \_\_\_\_\_

Total Hip Replacement Post-Op Pre-Printed Orders used: Yes  No

Weight Bearing Status: \_\_\_\_\_

Patient education materials given to Patient: Yes  No  If no, reason: \_\_\_\_\_

Patient teaching completed: Yes  No  If no, reason: \_\_\_\_\_

Patient removed from Pathway before discharge: Yes  Reason: \_\_\_\_\_

Discharge Destination: Home  Home with CCAC  Rehab  Hospital  (specify) \_\_\_\_\_

Other  (specify) \_\_\_\_\_

**See back of page for instructions re: Transfer Patients or CCAC Clients**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VARIANCE DOCUMENTATION GUIDELINES

Variances to clinical pathway activities will be documented on a Variance Record. Upon completion, this form is to be sent to the Evidence-Based Care Program Coordinator for evaluation purposes.

### 1. On Admission:

- Complete the demographic section: patient age, gender, admission date.
- Place the Variance Record behind the clinical pathway on the chart.

### 2. Documenting the Variance:

- For each indicator, tick whether met or not met, indicate the date, time and initial.
- If not met, the indicator becomes a variance. State variance code as either A, B or C, and the number within the category.
- Indicate your action plan to correct the variance, or indicate N/A if not applicable.
- Indicate the date variance was resolved and initial, or indicate N/A if not applicable.

### 3. On Discharge:

- Complete the Discharge Summary.
- If patient is being discharged home, send Variance Record to Site Champion to be forwarded to Evidence-Based Care Program Coordinator.
- If appropriate, send a copy of the following to the receiving service provider:
  - Variance Record
  - Discharge Criteria
  - Smiley Face Tool
  - Blaylock Discharging Planning Tool

### 4. Transfer Patients:

- If patient is transferred to another hospital in Grey-Bruce, send the following:
  - Variance Record
    - copy with patient to receiving hospital
    - original to Evidence-Based Care Program Coordinator
  - Discharge Criteria
    - copy with patient to receiving hospital
    - original to stay on patient chart
  - MAR Sheet
    - copy with patient to receiving hospital
    - original to stay on patient chart
  - Anticoagulant Record
    - copy with patient to receiving hospital
    - original to stay on patient chart
  - Smiley Face Tool
    - original with patient to receiving hospital
  - Blaylock Discharge Tool
    - copy with patient to receiving hospital
    - original to stay on patient chart
- A new Variance Record should be started in the new facility for the remainder of the patient's stay.
- When the patient is discharged from the transfer facility, fill out Discharge Summary, staple both Variance Records together and send to Site Champion to be forwarded to Evidence-Based Care Program Coordinator.

## VARIANCE CODES

PATIENT OUTCOME VARIANCES	PERFORMANCE VARIANCES	
A) PATIENT/FAMILY	B) CARE PROVIDER	C) SYSTEM
A1) Inability to learn skill needed for self-care	B1) Lack of or inadequate documentation	C1) Bed availability
A2) Inadequate social support or systems at home	B2) Physician/provider response time	C2) Schedule conflict
A3) Failure to respond to treatment	B3) Physician preference	C3) Consultant unavailable
A4) Patient/caregiver unavailability	B4) Pre-Printed Orders not used	C4) OR time unavailable
A5) Unable to return to pre-admission environment	B5) Orders outside clinical pathway parameters	C5) Results/data unavailable
A6) Patient/caregiver decision	B6) Treatment or intervention omitted	C6) Supply/equipment unavailable
A7) Complication of condition (physiological/psychological)	B7) Other (please specify)	C7) Department closed
A8) Other (please specify)		C8) Placement unavailable
		C9) Home health care unavailable
		C10) Transportation unavailable
		C11) Other (please specify)



GREY BRUCE HEALTH NETWORK

# TOTAL HIP REPLACEMENT VARIANCE RECORD

SITE: GBHS - Owen Sound

**THIS VARIANCE RECORD IS USED FOR EVALUATIVE PURPOSES ONLY. DO NOT PUT PATIENT INFORMATION ON THIS FORM. REMOVE AND SEND TO SITE CHAMPION AT PATIENT DISCHARGE.**

Patient Age: 57 Gender: M Admission Date: 30-04-06 LEFS Score: 46 Targeted LOS: 5 Days

Patient transferred from another hospital? Yes (specify)  Pathway Day: \_\_\_\_\_ No

TIME FRAME	INDICATOR	MET	NOT MET	DATE/TIME	INITIAL	CODE	DESCRIBE CORRECTIVE ACTION (or N/A if not applicable)	DATE RESOLVED (or N/A)	INITIAL
PRE-ADMIT	1 PHYSIO VISIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
DAY 1	2 ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>01-04-06</u>	<u>gm</u>	<u>B3</u>	<u>N/A Discontinued YBhr</u>	<u>N/A.</u>	

**DISCHARGE SUMMARY:** (To be completed upon discharge off pathway or unit)

Date Pathway Completed: 04-05-06 Days on Pathway: 5

Total Hip Replacement Post-Op Pre-Printed Orders used: Yes  No

Weight Bearing Status: FWB

Patient education materials given to Patient: Yes  No  If no, reason: \_\_\_\_\_

Patient teaching completed: Yes  No  If no, reason: pt being transferred

Patient removed from Pathway before discharge: Yes  Reason: \_\_\_\_\_

Discharge Destination: Home  Home with CCAC  Rehab  Hospital  (specify) Durham

Other  (specify) \_\_\_\_\_

**See back of page for instructions re: Transfer Patients or CCAC Clients**

Signature: Jonele Date: 04-05-06

## VARIANCE DOCUMENTATION GUIDELINES

Variances to clinical pathway activities will be documented on a Variance Record. Upon completion, this form is to be sent to the Evidence-Based Care Program Coordinator for evaluation purposes.

### 1. On Admission:

- Complete the demographic section: patient age, gender, admission date.
- Place the Variance Record behind the clinical pathway on the chart.

### 2. Documenting the Variance:

- For each indicator, tick whether met or not met, indicate the date, time and initial.
- If not met, the indicator becomes a variance. State variance code as either A, B or C, and the number within the category.
- Indicate your action plan to correct the variance, or indicate N/A if not applicable.
- Indicate the date variance was resolved and initial, or indicate N/A if not applicable.

### 3. On Discharge:

- Complete the Discharge Summary.
- If patient is being discharged home, send Variance Record to Site Champion to be forwarded to Evidence-Based Care Program Coordinator.
- If appropriate, send a copy of the following to the receiving service provider:
  - Variance Record
  - Discharge Criteria
  - Smiley Face Tool
  - Blaylock Discharging Planning Tool

### 4. Transfer Patients:

- If patient is transferred to another hospital in Grey-Bruce, send the following:
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  - Discharge Criteria
    - copy with patient to receiving hospital
    - original to stay on patient chart
  - MAR Sheet
    - copy with patient to receiving hospital
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- A new Variance Record should be started in the new facility for the remainder of the patient's stay.
- When the patient is discharged from the transfer facility, fill out Discharge Summary, staple both Variance Records together and send to Site Champion to be forwarded to Evidence-Based Care Program Coordinator.

## VARIANCE CODES

PATIENT OUTCOME VARIANCES	PERFORMANCE VARIANCES	
A) PATIENT/FAMILY	B) CARE PROVIDER	C) SYSTEM
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A3) Failure to respond to treatment	B3) Physician preference	C3) Consultant unavailable
A4) Patient/caregiver unavailability	B4) Pre-Printed Orders not used	C4) OR time unavailable
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A6) Patient/caregiver decision	B6) Treatment or intervention omitted	C6) Supply/equipment unavailable
A7) Complication of condition (physiological/psychological)	B7) Other (please specify)	C7) Department closed
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Patient Age: 57 Gender: M Admission Date: 4-05-06 LEFS Score: 46 Targeted LOS: 5 Days  
 Patient transferred from another hospital? Yes (specify)  Owen Sound Pathway Day: 5 No

TIME FRAME	INDICATOR	MET	NOT MET	DATE/TIME	INITIAL	CODE	DESCRIBE CORRECTIVE ACTION (or N/A if not applicable)	DATE RESOLVED (or N/A)	INITIAL
PRE-ADMIT	1 PHYSIO VISIT	<input type="checkbox"/>	<input type="checkbox"/>				N/A already completed		
DAY 1	2 ANTIBIOTIC DISCONTINUED 24 HOURS POST SURGERY	<input type="checkbox"/>	<input type="checkbox"/>				N/A already completed		

**DISCHARGE SUMMARY:** (To be completed upon discharge off pathway or unit)

Date Pathway Completed: 10-05-06 Days on Pathway: 6

Total Hip Replacement Post-Op Pre-Printed Orders used: Yes  No

Weight Bearing Status: FWB

Patient education materials given to Patient: Yes  No  If no, reason: \_\_\_\_\_

Patient teaching completed: Yes  No  If no, reason: \_\_\_\_\_

Patient removed from Pathway before discharge: Yes  Reason: \_\_\_\_\_

Discharge Destination: Home  Home with CCAC  Rehab  Hospital  (specify) \_\_\_\_\_

Other  (specify) \_\_\_\_\_

**See back of page for instructions re: Transfer Patients or CCAC Clients**

Signature: [Signature]

Date: 10-05-06

## VARIANCE DOCUMENTATION GUIDELINES

Variations to clinical pathway activities will be documented on a Variance Record. Upon completion, this form is to be sent to the Evidence-Based Care Program Coordinator for evaluation purposes.

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