## Paper #11

## Predictors of Discharge to Skilled Nursing Facility (after Primary Total Hip Arthroplasty)

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**Introduction:** As inpatient stays for total hip replacement (THR) fall to a national average of 2 days, or shorter, the discharge disposition should be determined in advance of surgery. To guide efficient discharge planning in this era of bundled payment and to optimize safe return to home, we evaluated pre-operative THR patient factors associated with post-discharge Skilled Nursing Facility (SNF) use or direct return to home.

**Methods:** Pre-operative demographic, medical (modified Charlson), musculoskeletal, and emotional (SF; MCS) comorbidities, and pre-THR pain and function (HOOS) and global function (SF; PCS) and discharge status were identified for a subset of patients in a cohort 6800 primary THRs. Descriptive statistics and multivariable linear models were performed.

**Results:** Overall, 70% of patients were discharged directly to home post-THR. Patients discharged to SNF were older (71 vs. 61 years; p <0.000), and more likely to have primary Medicare insurance (45% vs 16%; p<0.000). Women (39%; p < 0.0001) and patients with 2 or more medical comorbidities (50%; p <0.003) were twice as likely to be discharged to SNF compared to men or those with no comorbidities. SNF patients had poorer physical (PCS; 29 vs 32, p<0.013) and emotional health (MCS; 46 vs. 51, p<0.001). Patients living alone (44%) vs. those with another adult (p< 0.046) were more likely to use SNF. No differences in BMI, pre-THR pain of hip function, or musculoskeletal comorbidities were identified.

**Conclusions:** Living alone pre-THR and increasing numbers of medical comorbidities are associated with discharge to SNF while severity of hip and musculoskeletal disease was not associated with SNF use. After discharge, an in-home family member, friend, or employed assistant may decrease the need for SNF stays. Pre-operative identification of patients most likely to require SNF care post-THR will ease discharge transitions, and allow hospitals to arrange safe, in-home support for the majority of patients.

## Notes