

A patient 'nudge' letter did not reduce inpatient rehabilitation following joint replacement surgery: A randomised controlled trial with nested qualitative study

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BACKGROUND

- * Inpatient rehabilitation after hip or knee joint replacement surgery in people without clinical need is not superior to Rehab-at-Home¹⁻³
- * Despite this evidence, patients at Australian private health services commonly receive inpatient rehabilitation after this surgery⁴
- * Patient-mediated implementation interventions (e.g. 1-page letters or brochures) improve adherence to recommended clinical practice for various health conditions⁵

AIMS

- 1) Determine if a 'nudge' letter delivered to participants before surgery that encouraged a Rehab-at-Home pathway would reduce inpatient rehabilitation without adverse events
- 2) Explore the nudge letter's influence on participants' decision-making around rehabilitation pathways

METHODS

Design: Randomised controlled trial with nested qualitative study

Participants: Adults having a primary, elective hip or knee total joint replacement at Cabrini and eligible for Rehab-at-Home using the Risk Assessment and Prioritisation Tool (Score 6-9)

Intervention: Nudge letter + Usual Care

Control: Usual Care (No letter)

Primary outcome: Proportion receiving non-inpatient rehabilitation

Secondary outcomes: Length-of-stay, adverse events (re-admit)

Qualitative: Semi-structured interviews with thematic analysis

QUANTITATIVE RESULTS

231 Participants 77% women

Mean age 72 years

74% had knee surgery and 26% had hip surgery



RANDOM ALLOCATION



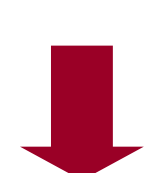
114 Intervention

117 Control



57 (50%) non-inpatient rehab
4 days acute length-of-stay
1 re-admission

65 (56%) non-inpatient rehab
4 days acute length-of-stay
2 re-admissions



BETWEEN GROUP ANALYSIS



No difference in odds of receiving non-inpatient rehabilitation
0.73, 95% CI 0.4 - 1.3



QUALITATIVE THEMES (25 INTERVIEWS)

- 1) Little impact of the nudge letter on their discharge destination as many participants had either already decided on their rehabilitation plan before receiving the letter, were unsure they would get enough visits from a physiotherapist at home, or simply overlooked the letter among the large amount of pre-surgery information they had received

"I'd already made up my mind that I wanted in-hospital rehab"



"I've got one here that says preadmission information"

"Are you going to be left high and dry? I wasn't given enough confidence that I would get somebody three times a week"



"That backed up my intention to go home"



"I was annoyed because I felt like I was being pushed into going home"

KEY PRACTICE POINTS

- * A nudge letter did not reduce inpatient rehabilitation
- * Discharge planning discussions that highlight the appropriateness of home-based rehabilitation should commence as early as practicable in this setting
- * Identifying and testing innovative ways of reducing use of inpatient rehabilitation and hospital length of stay where there is no clinical need remains a priority for private health services

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