recommendations matched actual discharge setting, there was a lower probability of hospital readmissions than when they did not match. Similarly, Falvey et al[120] identified the contributions of physical therapists to the discharge planning team when preparing for care transitions and the potential to mitigate readmissions. Two studies have shown a measure of function, using a standardized tool administered on the first therapy visit, to have predictive value in discharge disposition from acute settings.[121,122] These findings suggest benefits of the inclusion of physical therapy with interdisciplinary discharge planning early in the hospitalization. Jette et al[121] evaluated all types of diagnoses and Menendez et al[122] looked specifically at the discharge of patients with joint replacement including TKA.

Potential benefits, risks, and harms of implementing this recommendation. Benefits are as follows:

- Physical therapists can provide the care team with valuable information to assure the most appropriate discharge setting.
- Involving physical therapists in discharge planning can prepare the patient for a safe and independent transition to the home environment.
- Health coaching and financial incentives can improve patient functional performance.
- Inpatient rehabilitation may not be more beneficial than discharge directly home.

Risk, harm, and/or cost are as follows: No expected risks or harm are associated to implementing the recommendation.

Benefit-harm assessment: There is a preponderance of benefit for this recommendation that led the work group to upgrade the recommendation strength in the presence of low evidence quality (Tab. 4).

Future research. From the current research regarding care navigator/discharge planner and social support, the work group was left with far more questions than answers. It is unclear whether the care navigator/discharge planner was present from the beginning of the decision process. Similarly unclear is whether the care navigator went home with the patient and assisted in personal care, safety, and home physical therapy. The interventions provided by the care navigator regarding home safety assessment, developing a personal home care plan, securing assistive devices, and supporting pain management strategies were not indicated by the researchers. Likewise, the study of social support was narrowly focused on contact from provider to patient related to function. More research using a broader application of different types of social support from within patients' larger communities is needed to assess the impact on patient safety in postoperative discharge to home, on pain levels, and on return to function.

Related to future research in the area of postoperative setting (or location), no high-quality studies were evaluated on this topic. There is a lack of studies evaluating measures or standard processes for objective discharge decision making. The current Medicare joint replacement bundle includes all costs incurred up to 90 days postsurgery. Studies evaluating the outcome and cost of the timing and setting of postacute care will become more and more important. Studies are needed that evaluate the cost and outcome of patients discharged directly to an outpatient setting compared to a skilled nursing or home care setting prior to outpatient care.

Value judgments. Patients who participate in discharge planning have greater confidence in their ability to manage rehabilitation at home. Less stress in a safe, supportive environment creates a positive patient outlook and encouragement to fully participate in their own rehabilitation.

Intentional vagueness. Given the need for more research using broader models of patient caregiver support, the recommendation is based on anticipated positive impact of coordinated, intentional discharge planning.

Exclusions. None were identified.

Quality improvement. Organizations may use documentation of discharge planning with the patient and health services team as a performance indicator.

Implementation and audit. Organizations may audit occurrence of documentation discharge planning with the patient and health services team.

Outcomes Assessment ♦◊◊◊

It is the consensus of the work group that physical therapists should collect data from the Knee Injury Osteoarthritis Outcomes Survey Joint Replacement (KOOS JR) as a patient-reported outcome measure and from both the 30-Second Sit-to-Stand and TUG tests as performance-based outcomes to demonstrate the effectiveness of care provided. At a minimum, these measures should be collected at the first visit and upon conclusion of care from each setting. *Evidence Quality: Insufficient; Recommendation Strength: Best Practice.*

Action Statement Profile

Aggregate evidence quality: No PICO(T) questions were created to specifically look at outcomes assessment, and, as such, the search returned no studies addressing this topic.