



Case study: Improving prompt mobilisation after surgery

Hillingdon Hospital

Lorraine Mc Nulty, Physiotherapist

Gary Watt Senior Orthopaedic Physiotherapist

Background

The 2018 NHFD annual report identified that in 2017, our KPI4 'prompt mobilisation after surgery' performance was 59% while the national average was 68%.

Since mobilisation on day 1 after hip surgery has a direct effect on patient treatment, length of stay, physical progress and level of dependence on others on discharge; the physiotherapy team wanted to take action to raise the standard in our hospital.

Aim

We wanted to increase the number of patients successfully sat out of bed on day 1 post operation (D1PO). We also wanted to reduce the number of patients who were unable to participate in physiotherapy assessment due to, medical reasons or because there were not enough staff to assist a safe transfer. Finally, it was recognised that we needed to reduce the number of patients that had an unmet need who were included in the hip fracture cohort. These patients were on the physiotherapist's caseload to be seen that day but time constraints or short staffing could not allow for this.

Process

Senior and junior physiotherapists, physiotherapy assistants and occupational therapists all took part in the project. The data collection was monitored throughout by our advanced therapy assistant practitioner who began by documenting a list of all patients who were admitted with a hip fracture and underwent surgery for management.

Each therapist who assessed a patient day 1 after surgery documented the patient's Cumulative Ambulation Score (CAS). CAS is an early post-op predictor of short-term outcomes such as length of hospital stay, 30 day mortality and time to discharge status; measured on a scale of 0-6 where 2 is the minimum score that is considered a successful 'sat out of bed' with assistance day 1 after surgery. The patient's CAS score was also documented on day of discharge to identify their progress on the ward.

Data was captured to show the monthly percentage of patients sitting out of bed day 1 post surgery, unable to despite assistance (or for specific medical reasons), and where the physiotherapist could not assess the patient due to shortage of staff (unmet need).

Our advanced therapy assistant practitioner engaged with the team regularly to document CAS scores. Each month the scores were presented to the team who had a brief discussion about what went well and what could improve. This helped with caseload prioritisation and compliance.

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Outcomes

Our 2017 KPI4 'prompt mobilisation after surgery' has improved from 59% in 2017 to 74% in 2018. The number of patients so far in 2019 who mobilised by day 1 after surgery is currently 65%, 28% unable to sit out and unmet need at 7%.

Overall this work contributes to staff motivation as objective measures demonstrate areas of success but continues to highlight areas for further improvement.

Patients are encouraged to get out of bed on the day after surgery which directly improves their quality of life; reduces their length of hospital stay; reduces risk of hospital acquired infections; reduces the risk of muscle atrophy; and contributes to the patient's goal of returning to their pre-fracture level of independence.

However there is clearly a need to review team practice with regards to patients with unmet needs, as these often sit in the neck of femur cohort as their anticipated length of stays are higher. We also want to continue to review team practice for those patients identified as receiving sub optimal treatments, as these patients will need two or more staff members to assist with their mobilisation and often only one staff member may be available.

We will also be working to standardise our risk assessments throughout the team to attempt to ensure we are all making similar judgements about whether a patient is safe to mobilise, i.e. having a standardised process to decide if are they medically stable and behaviourally safe.

We are also trying to incorporate these matters into the annual orthopaedic update training for our hospital so that weekend orthopaedic staff are on board with the fulfilment of these goals.