

3rd Annual Quality & Patient Safety Conference

Improving the Healthcare Journey for Patients & Staff



TITLE

A Pilot interdisciplinary Virtual Prehabilitation programme for patients undergoing elective anterior resection and Hartmanns reversal surgery in Our Lady of Lourdes Hospital Drogheda

SUBMITTED BY

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ABSTRACT

INTRODUCTION

In 2020, elective colorectal surgeries accounted for 461 bed days in Our Lady of Lourdes Hospital (OLOLH), Drogheda (HIPE, 2021), costing on average €46,100 (NCP, 2011). A review of HIPE data in OLOLH from 2016-2020 highlighted two types of elective colorectal surgeries, anterior resection and Hartmann's reversal, that were above the recommended KPI average Length of Stay (aLOS). Prehabilitation aims to identify and manage any modifiable risk factors that may impact on LOS, as well as optimise patients' physiological reserves to reduce postoperative complications and thus reduce aLOS (Moleenar et al 2019). Modifiable factors include age, marriage, pre-operative function, co-morbidities and post-operative delirium (Grocott et al, 2007).

METHODOLOGY

The Model for Improvement (MFI) was selected which includes completing regular PDSA cycles.

AIM

To decrease the aLOS for patients admitted for elective anterior resection from 10 days to 8 days and elective Hartmann's reversal from 9 days to 8 days by January 2026.

CHANGE IMPLEMENTED

An interdisciplinary Prehabilitation pilot service for elective colorectal surgeries was developed. Patients are referred from surgical clinics to Physiotherapy, Occupational Therapy (OT) or Dietitian preoperatively. Interventions include respiratory optimisation, exercise and equipment prescription, discharge planning, education booklet and pre-operative nutritional reviews.

MEASUREMENT

Primary outcome measures include; aLOS, post-operative complications and need for continuing care postoperatively.

Balance measures such as subjective feedback from patients via questionnaires and financial savings are recorded

RESULTS

- Three patients (Median age 73 years) have completed the pilot to date.
- Patients received virtual assessment and individualised interventions including; an interdisciplinary educational booklet, exercise programmes, nutritional support, discharge planning discussion and equipment as indicated.
- Two elective anterior resections aLOS was 4 days, (KPI=8 days).
- The LOS for the one Hartmann's reversal was 4 days, (recommended aLOS 8 days)
- No post-operative complications
- No interim beds or home supports were required
- Qualitative feedback surveys were completed by all participants.

VALUE

Subjective feedback is overwhelmingly positive, patients report feeling physically and mentally better prepared for surgery and are more pro-active in their postoperative recovery. This pilot enhances ERAS practice, improving the quality and safety of patients journey. Participants had a 12 day cumulative reduction in aLOS with financial savings of €12000.

SUSTAINMENT

Rotational staff were converted to Static Senior positions ensuring continuity. Regular education with stakeholders is undertaken with PDSA cycles completed to adapt service as required. Further phases of the pilot include accepting referrals for all surgery types from all Surgeons.