



Service Priorities and Programmes Electronic Presentations

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Meeting the International Standard - Post-operative Day One Mobilization on Weekend for Orthopaedic Patients

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Introduction

Mobilization of orthopaedic patients on post-operative day one (D1) has been fulfilled on weekdays in UCH. Manpower constraint is the reason for non-compliance in weekend, though International guidelines advocating the provision of early mobilization and weekend rehab benefit patients and reduce their length of stay (LOS). Because of this service gap, Physiotherapy Department has initiated a pilot titled "Get Up & Mobilize Program" in 2014 to help orthopaedic patients to walk and rehab on D1 after operations.

Objectives

1. To provide post-operative D1 mobilization to orthopaedic patients particularly those with hip fracture on Saturday 2. To identify hurdles for failure of D1 mobilization 3. To update clinical guidelines for effective patient centered care

Methodology

Common orthopaedic conditions affecting ambulation were selected for Saturday mobilization: 1. Hip Fracture 2. Total Joint Replacement (TJR) 3. Anterior Cruciate Ligament (ACL) Reconstruction and Knee Arthroscopy LOS of the respective Saturday Mobilized and Overall groups were compared. Factors for "Not Mobilized" were also reviewed.

Result

312 and 337 patients met the inclusion criteria in 2014 and 2015 respectively were reviewed. The successful rate in D1 mobilization was 54% and 63.5% respectively. Reasons for "Not Mobilized" including medically unfit, pending X-ray / weight bearing order / orthosis, drain was still in situ and deferred operation were identified. LOS of the Saturday mobilized group was reviewed. Hip fracture was 11.7 and 11.48 in 2014 and 2015 respectively, which were similar to the overall group (10.9 and 11.49). LOS of TJR was 13.17 (2014) and 11.42 (2015), which were both shorter than the overall group (14.63 and 13.17). LOS of ACL Reconstruction and Knee Arthroscopy were 4.86 and 2.77 respectively, which were similar to overall in 2014 but shorter in

2015 (4.67 and 4.56). CONCLUSION: 1. Provision of post-operative D1 mobilization for orthopaedic patients on Saturday by Physiotherapists in UCH has been established and is successfully met the international standard for hip fracture. 2. LOS of TJR and ACL Reconstruction & Knee Arthroscopy groups with operation done on Friday was shortened from 2014 to 2015. 3. Saturday mobilization facilitates the rehab of hip fracture patients with operation done on Friday and causes no longer LOS.