
Peter Eckersley, 2017

Orthopaedic Physiotherapy Team Lead
North Manchester General Hospital
Pennine Acute Hospitals NHS Trust
Background

Enhanced recovery (ER) of those patients undergoing elective primary total hip replacement (THR) and primary total knee replacement (TKR) surgery should include (Simpson et. al. 2015):

• Pre-operative assessment/education
• Early mobilisation in the post-operative period

A primary outcome of the implementation of ER programmes is that of a reduced hospital length of stay (LOS) for the patient (McDonald et. al. 2012)

This project therefore sought to evaluate the impact upon LOS with the implementation of the above ER principles to patients admitted to our elective orthopaedic unit.
Method

• Multi-disciplinary team (MDT) discussions with consultant surgeons + anaesthetists

• Basic ‘Plan-Do-Study-Act’ project format (Langley et. al. 1996)

• Average LOS data for three patient samples:

  #1 - Baseline cohort of patients prior to the implementation of ER principles
  #2 - Re-establishment of the MDT pre-operative assessment/education clinic
  #3 - Mobilisation of patients on the same day as their surgery (Day 0)

• All three cohorts were of consecutive patient admissions, totalling a number of 50 for both primary THR and TKR.

Peter.Eckersley@pat.nhs.uk
## Results

<table>
<thead>
<tr>
<th>Patient cohort</th>
<th>THR LOS</th>
<th>TKR LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Enhanced Recovery</td>
<td>5.1 days</td>
<td>5.3 days</td>
</tr>
<tr>
<td>With MDT pre-op clinic</td>
<td>3.6 days</td>
<td>3.8 days</td>
</tr>
<tr>
<td>With Day 0 mobilisation</td>
<td>2.7 days</td>
<td>3.0 days</td>
</tr>
</tbody>
</table>
Conclusions/Implications

• Project reinforces the effect of ER principles reducing LOS

• Initially reinforced the embedment of ER principles in to our standard practice

• But limited sustainability

• Not a ‘full’ ER pathway

• Subsequent orthopaedic service reconfiguration