National Quality Improvement Conference



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Problem Statement

Poor postoperative mobilization causes:

- Increased Muscle Loss
- Pneumonia Deep Vein
- **Thrombosis** (DVT)

of Stay (LOS)

Year 2018 TTSH Data No Oral bowel preparation done unless applicable carbohydrate treatment 80% Pre-operative long-acting sedative medication Thrombosis prophylaxis Lower is Lower problem Mobilisation on Antibiotic prophylaxis PONV prophylaxis Lower better better **Balanced** No Epidural or spinal fluids day 0 used unless applicable Post-operative epidural Upper-body forced-air heating cover used No resection-site drainage

POD 1, 2 & 3 mobilization rates Prolong Length following major elective hepatic & pancreatic surgery are **BELOW 10% EACH**

Project Aim

To increase post-operative day (POD) 2 mobilization* rate from 22% to 75% (stretch goal: 90%) in patients undergoing elective hepatic and pancreatic surgery at TTSH over a sustained period

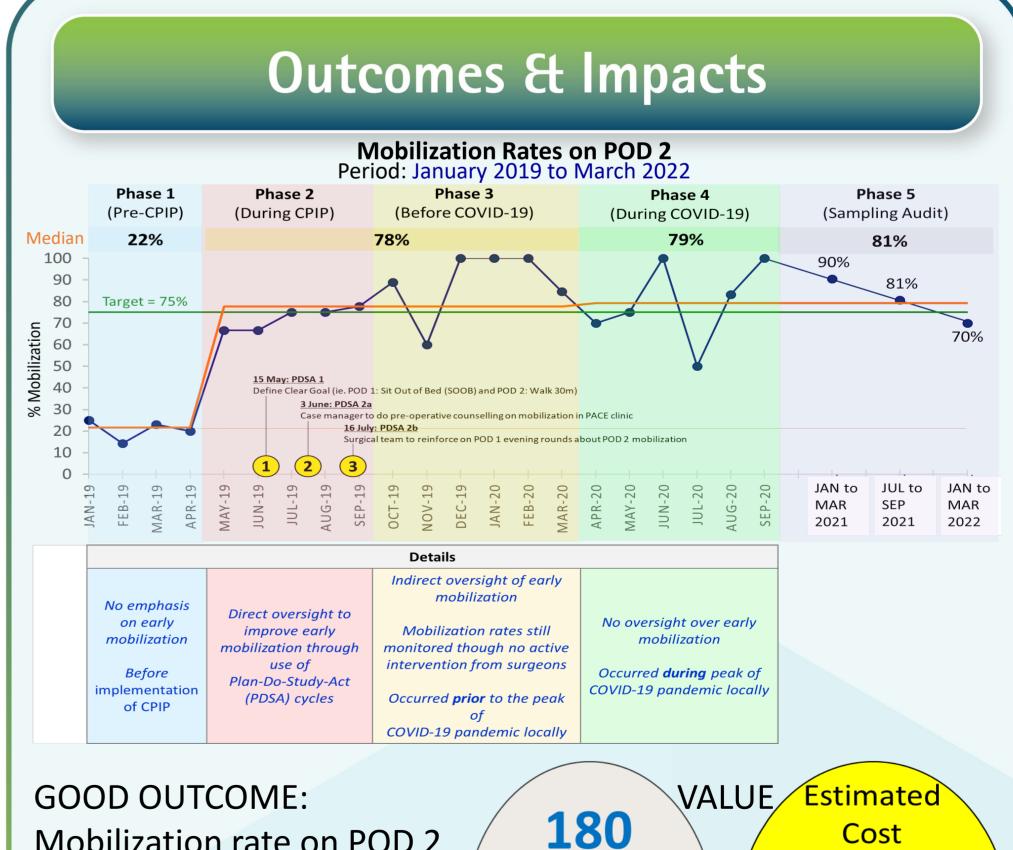
- *Mobilization: Sit out of Bed ≥ 6 hours & Walk 30m Why 30 meters are chosen?
- In the Ward: Distance from the Corner of the Ward Cubicle to Toilet = 15m
- At Home (e.g. 4 Room Flat): Distance from Living Room to Toilet = 15m
- Therefore, in order for Patients to walk independently (walking to & fro): 2 x 15 = 30m.

Lessons Learnt

- Patient care is about team work
- Visual display of clear goals and expectation on mobilization criteria
- Patient participation is essential "Nothing about me without me"
- Listening and understanding what matter to patient is essential
- Quality improvement initiatives are not a substitute for inadequate resources

Potential Solutions

Root Cause	Intervention	Implementation Date
Cause 1: Lack of Agreed & Clear Definition of Mobilization Goal	PDSA 1: Clearly define mobilization targets / goals (ie. POD 1: Sit Out of Bed & POD 2: Walk 30m)	15 May 2019 to 2 June 2019
Cause 2: Lack of Patients Understanding of Benefits of Mobilization	PDSA 2A: Case Manager at Pre-operative Anaesthesia Counselling & Evaluation (PACE) clinic to include post-operative mobilization into counselling	3 June 2019 to 15 July 2019
	PDSA 2B: Surgical team to reinforce on POD 1 evening rounds about POD 2 mobilization	16 July 2019 to 31 July 2019



Mobilization rate on POD 2 following elective major HPB surgery improved from 22% to 78%, and further sustained and improved to 81% at two years.

inpatient bed days saved

Savings \$200,520

(Total: 90 patients)