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### **Nurse led mobility following hip and knee arthroplasty can assist with next day discharge for Enhanced Recovery Program participants.**

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#### **Aim**

Historically speaking, first mobilisation following elective knee and hip arthroplasty was undertaken by physiotherapists. This often had implications of delayed mobility due to timing of returning to the ward postoperatively and potential increased clinical risks due to inactivity leading to increased length of stay.

With growing wait lists for orthopaedic surgery following covid, an implementation of a local Enhanced Recovery Program (ERP) was required to not only provide evidence based best practice but to also address the waitlist. One of the aims was to set out to change the culture of the ward environment and put nurse led mobility as a forefront to ensure early mobility, therefore improved patient outcomes and patient experience.

#### **Methods**

A multidisciplinary education program was undertaken by nursing staff (with a mean experience of 15.2 years) at The Surgery Centre, Austin Health as part of the ERP rollout. This included face to face education sessions and demonstrations from the physiotherapy team. A selective cohort of patients (131) were chosen as part of the ERP project.

#### **Results**

Of the 131 Enhanced Recovery Program participants that underwent surgery during the trial period, 98 (75%) achieved Day 0 mobilisation. 81% achieved mobilisation within 12 hours of surgery, with 100% mobilising within 24 hours and 64 (49%) were deemed as nurse led mobility.

As a result of the nurse led mobility and the ERP project, we were able to see a reduction in the length of stay from 4.4 days to an average of 1.5 days for ERP patients. This also had a flow on effect with other arthroplasty patients reducing the overall length of stay to approximately 3 days.

#### **Conclusion**

Early nurse led mobility can impact length of stay and success rates of orthopaedic elective arthroplasty patients. The shift in beliefs, behaviour, and mindsets of nursing staff to deliver early mobility independent of physiotherapist was a significant change in ward culture.

#### **Impact**

The patients journey at TSC is enhanced with best practice care and length of stay reduction, enabling patients to recover at home. The impact to the organisation includes a reduction in 380 bed days saved and noticeable impact to patient flow and job satisfaction within the team.

## References

Delahunt M, McGaw R, Hardidge A. A pilot model of care to achieve next-day discharge in patients undergoing hip and knee arthroplasty in an Australian public hospital setting. *Australian Health Review*. 2024 May 13;48(3):312-20.

Yager M, Stichler J. The effect of early ambulation on patient outcomes for total joint replacement. *Orthopaedic Nursing*. 2015 Jul 1;34(4):197-200.

Wainwright TW. Enhanced recovery after surgery (ERAS) for hip and knee replacement—why and how it should be implemented following the COVID-19 pandemic. *Medicina*. 2021; **57**: 81.