

Looking Beyond Hospital Length of Stay Reduction

More physiotherapy less problems?

Why ERAS post thoracic surgery?

- Limited experience of ERAS within Thoracic surgery in the UK
- However, NUH had ERAS well established in other specialties such as upper GI, Colorectal and orthopaedics
- If it works for other areas why not Thoracics?
- ERAS pathways for patients following lung resections were initiated in the summer of 2011

ERAS - The physio bit!

- ERAS to be successful needs all parts of the MDT to work together
- As physiotherapists our responsibilities included;
 - Respiratory assessment and treatments
 - Exercise tolerance and specific goal setting
 - Individualised treatment plans
 - Liaising with MDT
 - Promotion of patient independence

However....

- As a physiotherapy team we were unable to fulfil our part of the pathway, due to the increased demands
- This was the driving force for seeking funding for increased physiotherapy
- In December 2011 physiotherapy staffing was re-evaluated



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Staffing

- Increased physiotherapy provision at NUH
 - 1 working day equivalent = 7.5 hour working day

	2011-12 'before'	2012-13 'after'
December	37.5	57
January	41	75
February	34	62

- Average monthly provision
 - 37.5 days 'before' to 64.7 days 'after'

More physiotherapy = Less problems?

- We recorded **clinical outcomes** 'before' and 'after' restructured physiotherapy provision
- By completing a retrospective case note review for respiratory complications
 - Evidence of pneumonia
 - Clinical
 - Radiological
 - Requirement for respiratory support

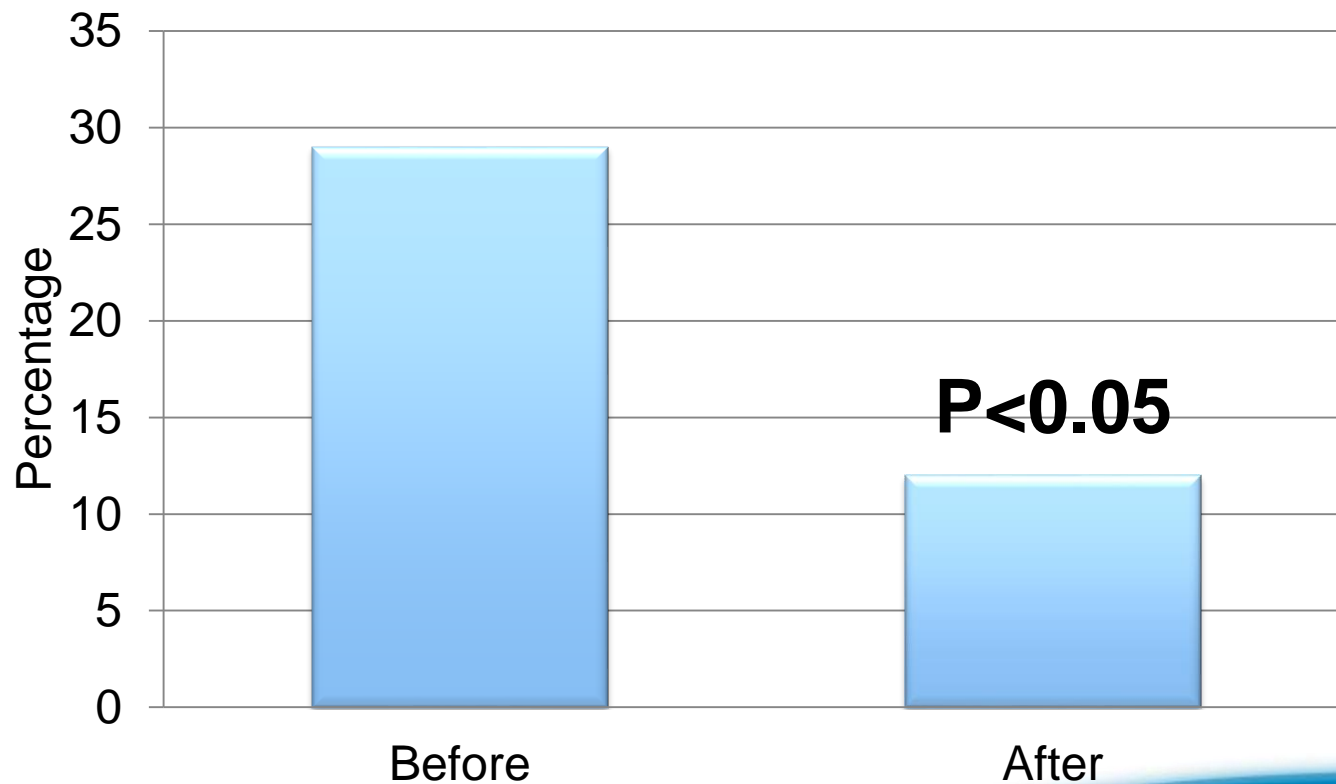
Results

- 100 patients
 - 50 'before' and 50 'after'
 - Lobar resection for primary or secondary malignancy
 - Equal proportion VATS/open
- Baseline respiratory function was similar ($p=0.42$)

	2011-12	2012-13
FEV1 mean (SD)	1.97 (0.76)	2.10 (0.79)

Results

- Postoperative respiratory complications



Discussion

- ERAS-inspired increases to physiotherapy provision improves patient outcomes
 - Decreased complications with this first phase of our thoracic ERAS pathway
- We have quantified the benefits of Enhanced Recovery using clinical parameters
 - An alternative to composite measures such as LOS

Discussion

- Potential further benefit from pre-op physiotherapy
 - Education
 - Preoperative exercises
 - Smoking cessation
 - Identification of high risk patients



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References

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