Evaluation of a Clinical Practice Guideline for the Physiotherapy Management of Abdominal Surgery Patients

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Background
- Abdominal Surgery is associated with higher rates of post operative pulmonary complications (PPC), which results in higher morbidity and mortality.1
- Research evidence supports physiotherapy particularly early mobilisation2 to prevent PPCs for patients at high risk. Despite this evidence clinical practice remains variable.
- A clinical practice guideline (CPG) may support clinical decision making and thus facilitate translation of research evidence into clinical practice.

Aim
To investigate the effectiveness of the implementation of a clinical practice guideline on the physiotherapy management of abdominal surgery patients at Footscray Hospital.

Methods
Study Design
- Pre-post implementation of CPG study design
CPG Development and Implementation
- Developed through literature review1,2,3 and stakeholder engagement
- Implemented through education sessions, online self learning package and referral pathways displayed on the surgical wards
Participants
- All patients undergoing abdominal surgery at Footscray Hospital
Outcome measures
- PPC Risk
- Early mobility
- Referrals to Physiotherapy
- Hospital Length of Stay
Analysis
- Evaluation pre (March 2014) and post (March 2016) CPG implementation
- Retrospective audit of medical records

Results
There were no between-group demographic differences, despite a greater number of procedures in the pre-CPG phase (Table 1). Referrals to physiotherapy increased post CPG implementation for high and low risk patient groups. The rates of early mobilisation (mobilised on day 1) also increased post implementation. Hospital length of stay remained unchanged.

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Discussion
- The implementation of the CPG improved clinical practice as seen by more patients mobilising on the first post operative day.
- The increase in referral rates for high and low risk patients suggest a growing awareness of physiotherapy in the ward setting, but that clinical decision making is multifactorial.

References: