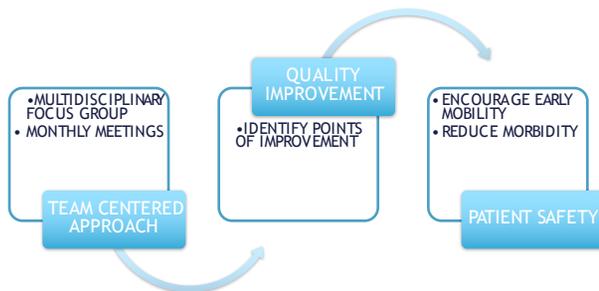


## BACKGROUND

Physical therapy is imperative in achieving early mobilization, thereby reducing morbidity of immobility such as venous thrombotic events, improving postoperative pain, and facilitating appropriate disposition among patients who have recently undergone spine surgery. At TJUH, patients undergoing elective spine surgery are planned to engage in physical therapy (PT) twice a day. There are however several impediments that may limit the ability of patients to adequately participate in PT.

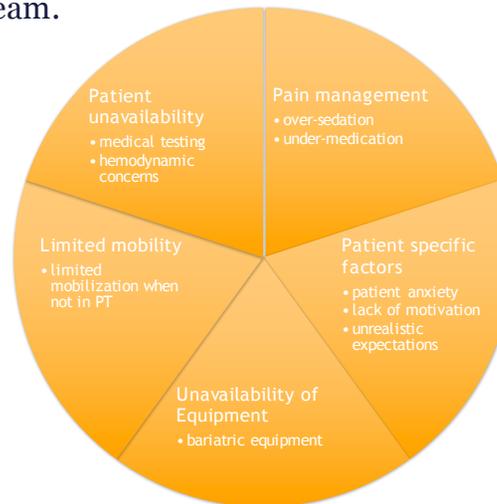
## PROCESS

Our intervention will target three main areas: fostering a team-centered approach, patient safety, and outcome improvement.



## INTERVENTION

We identified barriers to patient engagement with PT services through an open forum with our multidisciplinary team.



## MEASUREMENT STRATEGY

Through our multidisciplinary approach, we identified several categories of barriers to effective PT sessions. We will review our own experience to further identify targets for improvement.

- Data collection: retrospective review of randomly selected charts from 2017 and 2018
- Studied population: patients undergoing elective posterior lumbar surgery involving three lumbar levels or fewer

- Measures: Demographic data (sex, age), number of PT sessions prior to discharge, length of time between PT sessions, barriers identified by physical therapist, length of stay (LOS), incidence of venous thromboembolism (VTE)

## IMPLEMENTATION PLAN

### Multidisciplinary approach

- Monthly meetings with key professionals from several TJUH departments including physical therapy, nursing, nurse practitioners from both the neurosurgery and orthopedic surgery departments

### Identification of areas for improvement through

- Retrospective review of our experience at TJUH
- Open forum multi-disciplinary team discussion

### Goals for quality improvement

- Increase effectiveness of PT sessions via team-centered approach
- Measure effect on LOS and incidence of VTE within the population