

My PreHab Program

Optimising Pre-Surgical Care – 1 Year On

My PreHab Program

Welcome

Wendy Keech

CEO, Health Translation SA



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Acknowledgement of Country

We acknowledge the Kurna people as the traditional custodians of the Adelaide region, we recognise the Kurna peoples cultural, spiritual, physical and emotional connection with their land.

We honour and pay our respects to Kurna elders, both past and present, and all generations of Kurna people, now and into the future.

My PreHab Program

Clinical Need & Codesign Approach

Professor Jane Andrews

Project Lead

Gastroenterologist

Medical Stream Lead Surgery 3

Dr Jackie Yeoh

Project Steering Committee Member

GP Liaison Officer CALHN

GP Consultant HASDS



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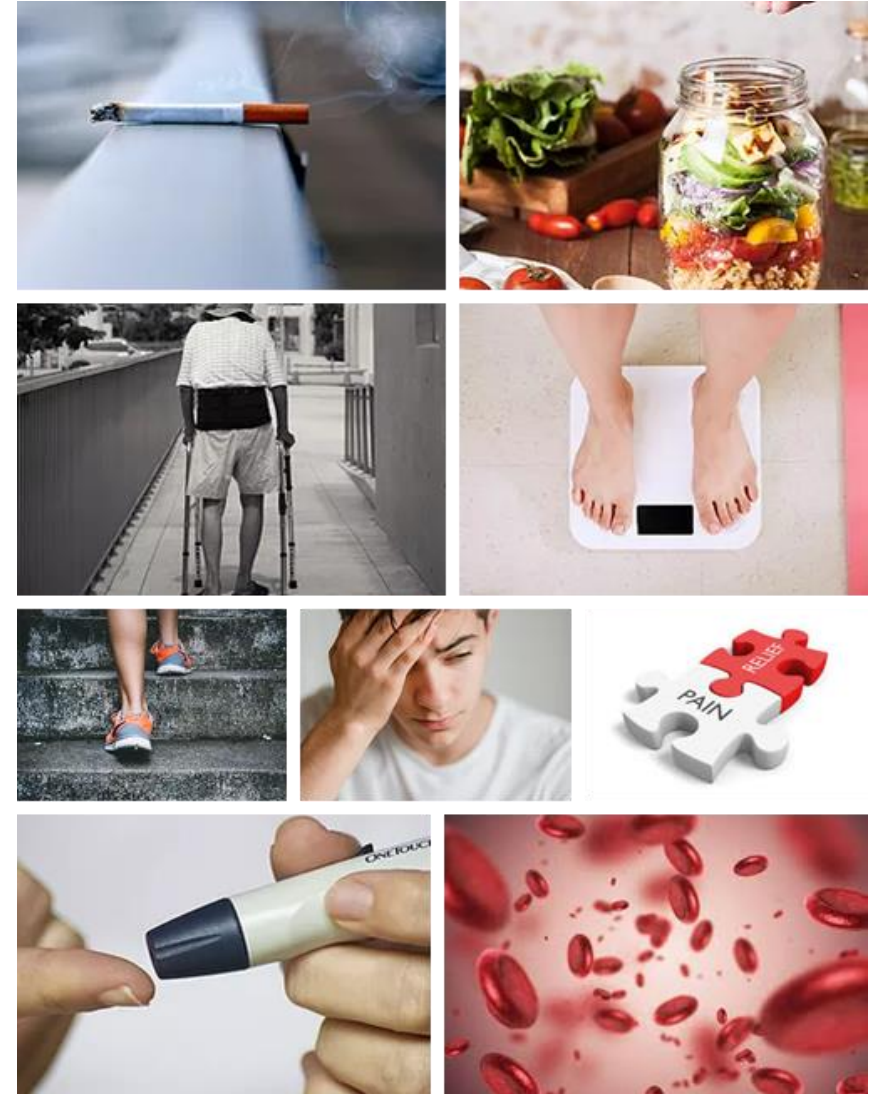
The Problem

- Post-operative complications are common (20%)
- Major cause of morbidity and mortality
- Impact to patient and flow on effects to system
- Complications are increasing at a rate of 10% p.y.

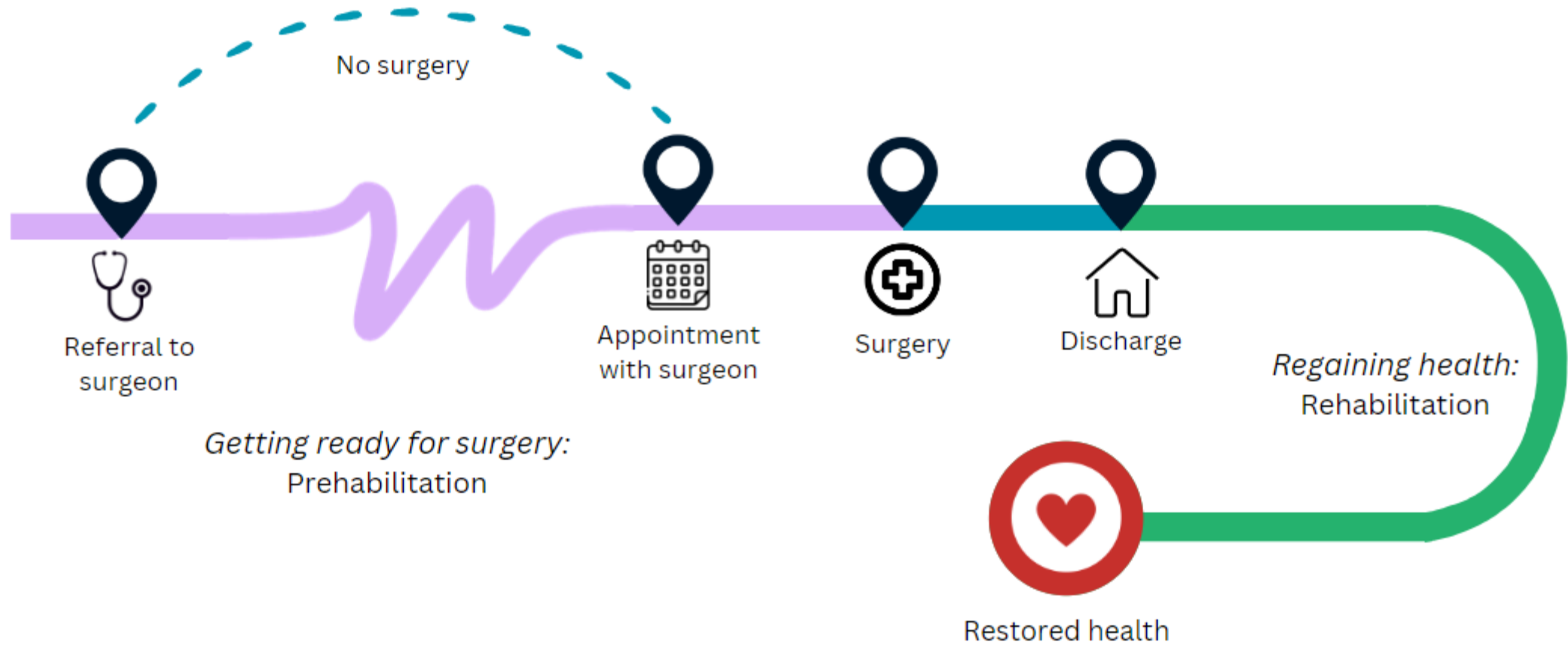


The Opportunity

- Evidence for individual prehabilitation interventions
- Utilise digital technology
- Hospital-initiated, community-based program
- Earlier optimisation of modifiable risk factors



The Surgical Journey



The Approach

Two components:

- 1) Open access companion website '[CALHN PreHab](#)'
- 2) Hospital specific *My PreHab* digital pathway




Scan to view website

PREHAB

Getting Ready for Surgery

[Home](#)[About Us](#)[Getting Healthy](#)[Feedback](#)



Central Adelaide Local Health Network











The healthier you are going into surgery, the stronger you will be coming out.

One in five people experience complications from surgery that affect their health and recovery.

You can reduce the risk of this happening to you by getting as healthy as you can before your operation - we call this PreHab.

Below you will find important information about PreHab as well as tips and resources to help you.


Talk with your GP about what you can do to improve your recovery from surgery today.

<h3>Quitting Smoking</h3>  <p>Smoking increases your risk of problems after surgery. Quitting even one month before reduces your risk.</p>	<h3>Diabetes Management</h3>  <p>Getting support to assist you in managing your diabetes before surgery can help prevent complications such as infections and delayed wound healing.</p>	<h3>Anaemia/Low Iron</h3>  <p>3 in 10 people having elective surgery have low iron or anaemia and have high risk of needing blood transfusion.</p>	<h3>Emotional Wellbeing</h3>  <p>Facing surgery can be a worrying time and can raise questions, doubts and uncertainties. The lead up to surgery is a good time to address your concerns.</p>	<h3>Frailty</h3>  <p>Older people can become frail while waiting for surgery. This can lead to falls, injuries, disability, loss of independence and delay your recovery.</p>
<h3>Pain Management</h3>  <p>Ensuring your pain is well controlled prior to surgery will assist in improving your recovery.</p>	<h3>Alcohol, Drugs & Medication Management</h3>  <p>Reducing your use of alcohol, opioids and recreational drugs at least four weeks before surgery is advised for your safety.</p>	<h3>Activity & Exercise</h3>  <p>Being physically prepared for surgery sets you up for a better outcome.</p>	<h3>Nutrition & Weight Optimisation</h3>  <p>Being overweight or obese increases the risk of surgical complications. Many of these are reduced with weight loss.</p>	<h3>Equipment & Community Services</h3>  <p>It is important to be prepared and have any equipment and supports organised prior to returning home.</p>

Hospital Specific Digital Pathway

My PreHab

Royal Adelaide Hospital



Health
Central Adelaide
Local Health Network

Patient's name

DOB

Mobile

Date

Dear

We have received a referral to see you for possible hip or knee surgery, and the Outpatients Department will contact you regarding your referral in the next few weeks if they have not already. As the waiting time for these clinics is usually quite long, we have developed a new initiative to help you get as healthy as you can before surgery – we call this PreHab.

PreHab improves your recovery from surgery, reduces your risk of complications from surgery and in some cases, it even prevents the need for surgery!

MY PREHAB REPORT

Thank you for completing your PreHab questionnaire online. Below is a summary of PreHab focus areas that are relevant to you. Please book a longer or double appointment with your GP to discuss this report and develop an action plan that suits your needs. You should be able to download a copy or screenshot (if on your phone) to show your GP.

PreHab Focus Area	Relevant to Me
Smoking	
Chronic Pain Management	Yes
Alcohol, Drugs and Medication Management	
Diabetes Management	
Low Iron or Anaemia	Yes: Check iron level
Frailty (strength, conditioning, mobility) 0 = Robust, 1-2 = Pre-Frail, 3-5 = Frail	Frail Scale Risk Assessment: Score 3 - Frail If frail scale score is 1 or higher please discuss with GP
Activity & Exercise	Yes * Not very active (I find it difficult to move around) *
Nutrition and Weight	BMI: 37.12
Equipment and Community Services	Currently use help: " Yes " Know how to access help post-op? " No "

You also indicated you:

a) Are " Slightly confident " that you can improve your health before surgery

b) Would like " A medium amount of support (I'd like a solid plan of what to do) " to improve your health before surgery

10:40

5G 98

Messages

E B, your activities for today.

To do

Messages

Frailty

Click to complete

FREE Exercise Programs

Click to complete

Weight Optimisation

Click to complete

Download your My PreHab Report for your GP

Click to complete

Equipment and Community Services


Click to complete

✓ Welcome

✓ PreHab Health Assessment Questionnaire

Previous Item

If this is an Emergency or an Urgent issue
please contact 000, or your doctor or hospital directly

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FREE Exercise Programs

Exercise Programs

Exercise has been demonstrated in scientific research to be effective at reducing knee or hip pain and improving physical function. Programs such as 'GLA:D' (see below) have also demonstrated that participation can delay the need for surgery. As there will be a lengthy wait for an appointment or possible surgery, it is recommended that you continue to participate in ongoing exercise and activity to help manage pain and maintain or improve your function while you wait. If you do require surgery, it can improve your outcomes following as well!

The following are a combination of online or face to face programs including no cost, subsidised or privately funded options. If you are unsure of how to get started, speak with your GP, physiotherapist or exercise physiologist.

My Knee Exercise

Free online program that includes a 6-month strengthening and physical activity program plus education information. This program has been proven to be safe and effective in scientific research.

Access the program at: <https://mykneeexercise.org.au/>

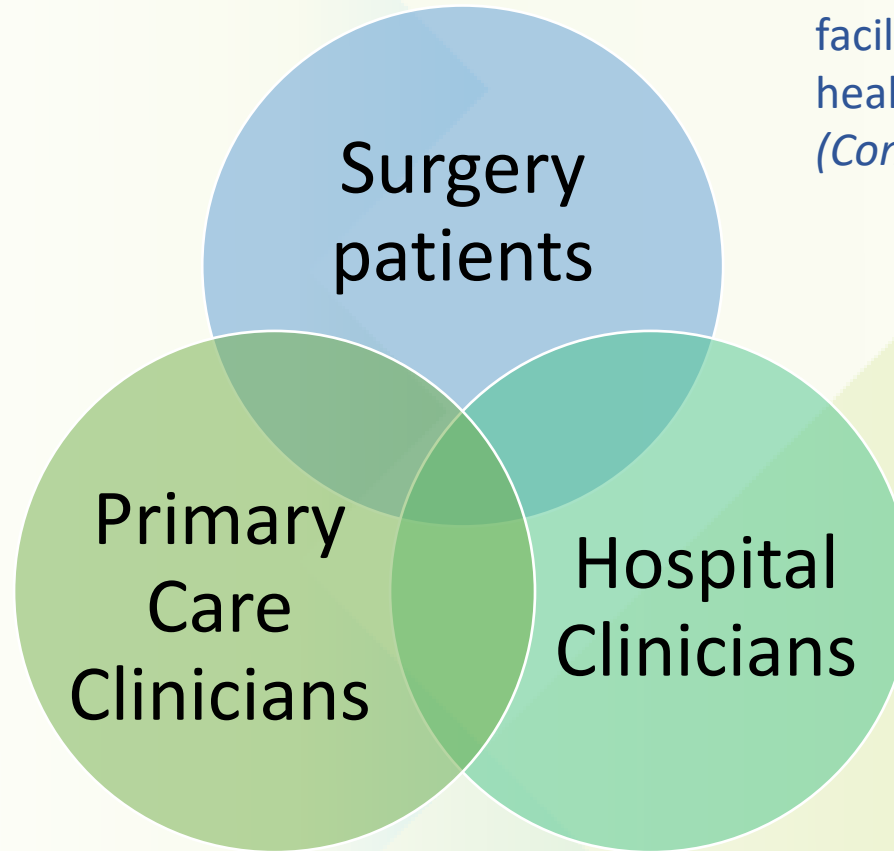
GLA:D (Good Life with osteoarthritis: Denmark)

Please note, this program is run by private practices and costs may vary

Combination of education and exercise sessions designed to help reduce the symptoms of hip and/or knee osteoarthritis.

Co-Design

Get GP input on the design
and content of the
resources and pathway
(Primary care forum)



Understand barriers and
facilitators to optimising patient
health before surgery
(Consumer focus groups)

Identify and collate existing
resources about modifiable
risk factors
(Working groups)

Understanding the problem & Developing a Fit-for-Purpose Solution

Co-Design

What people with experience of planned surgery told us

Importance of being physically & mentally fit

*"It's **100% important** because you are going to get a **quicker recovery**"*

*"Your **body and mind** need to be healthy"*

Preparing the home environment

*"They need to **give us time to prepare**.....whether that be getting fit physically or mentally, or getting the house ready"*

Being fully informed about the **WHOLE** journey

*"There isn't anyone to give you a **look at the whole journey** – pre, post, physical, mental, environment etc"*

Barriers

*"I feel like I have to work it out **on my own**, and get conflicting information from clinicians"*

*"You need to be prepared **as early as possible**"*

Co-Design

What our primary care colleagues said

"Doing prehab will also keep patients motivated and the changes might become permanent."

"This is something we can work together on (integrated care) – all on the same page."

"Patients always listen to and believe the specialists over their GP. But if they have a good relationship with their GP, we can work alongside them once they have committed to their lifestyle/health change. It's really important that we are involved in the 'journey' the patient is on."

"This is a good idea. It covers the basic information ...they can get onto options straight away rather than wait for 12 months and perhaps even find out they don't need surgery."

"Surgery can provide the incentive we need to motivate people to address lifestyle factors."

"I think the surgery hook is ideal to get patient buy in for the lifestyle changes."

Co-Design Testimonials

“Thank you for the opportunity to join the Prehab Forum. This is a great opportunity to work together and share knowledge across all the LHNs”
(LHN)

“It is actually quite exciting being involved with a project across SA Health as well as GP. It gives me hope!! There is so much that could be achieved with better communication between the two. It can only result in better outcomes for patients”
(Practice Nurse)

“I cannot overstate the impact that this work is having - every GP to whom I have spoken has been excited about the idea and loves that we are being consulted. When we combine our forces, we get much better solutions. The respect that you are showing to GPs is so important for building those bridges”(GP)

My PreHab Program

Implementation Progress & 1-Year Results

Ellie Bills

Clinical Manager
Surgery PreHab Program



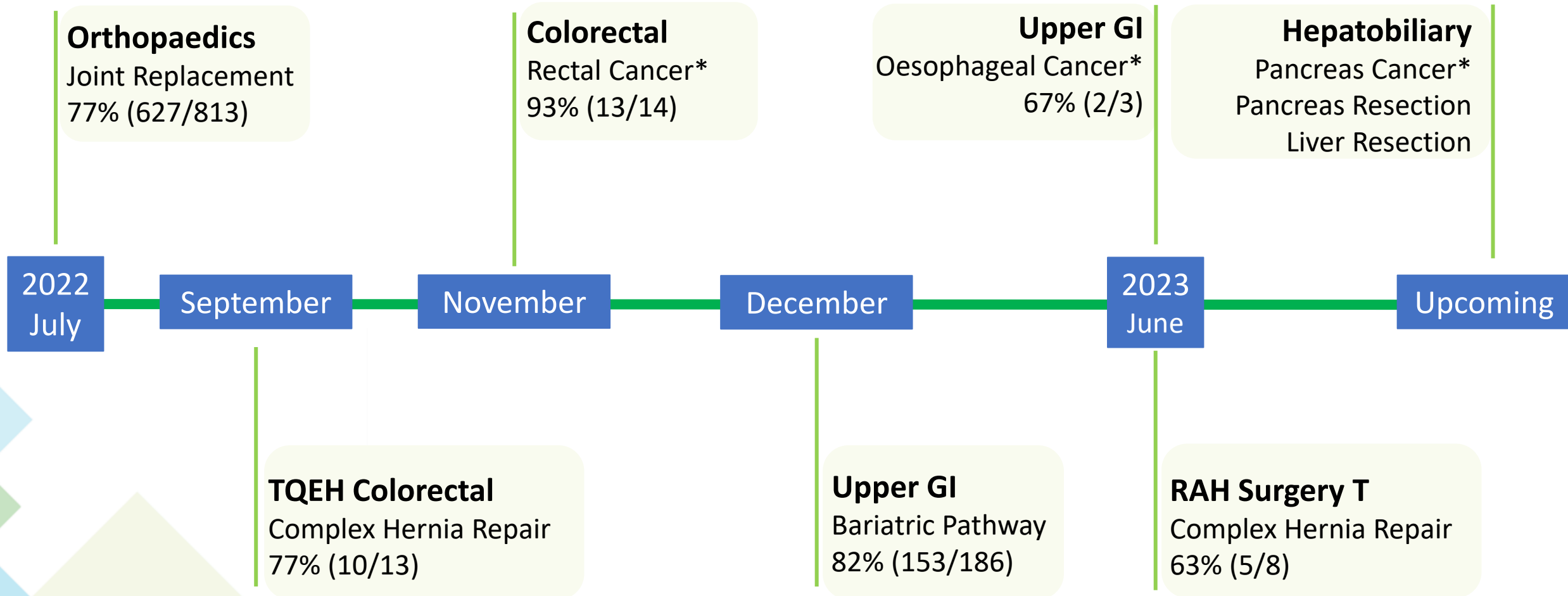
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Implementation Progress



**Neoadjuvant therapy prior to surgery*

Acceptability, Appropriateness and Feasibility

	Joint Replacement	Bariatric Pathway	Complex Hernia Repair	Rectal Cancer	Overall
Acceptability	3.2	3.4	3.7	3	3.2
Appropriateness	3.4	3.5	3.7	3.2	3.2
Feasibility	3.3	3.5	3.9	3.3	3.3

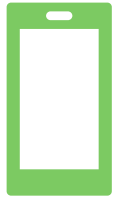
Assessed on a 5-point Likert Scale

✓ *Post-op (joint replacements):*
▪ *Acceptability: 3.8* ▪ *Appropriateness 3.7* ▪ *Feasibility 3.9*



1 Year Results: Joint Replacement Pathway

Overview: Year ONE



Registration
79% (547/689)



2 week feedback
72% (367/512)



Health screen
98% (536/547)

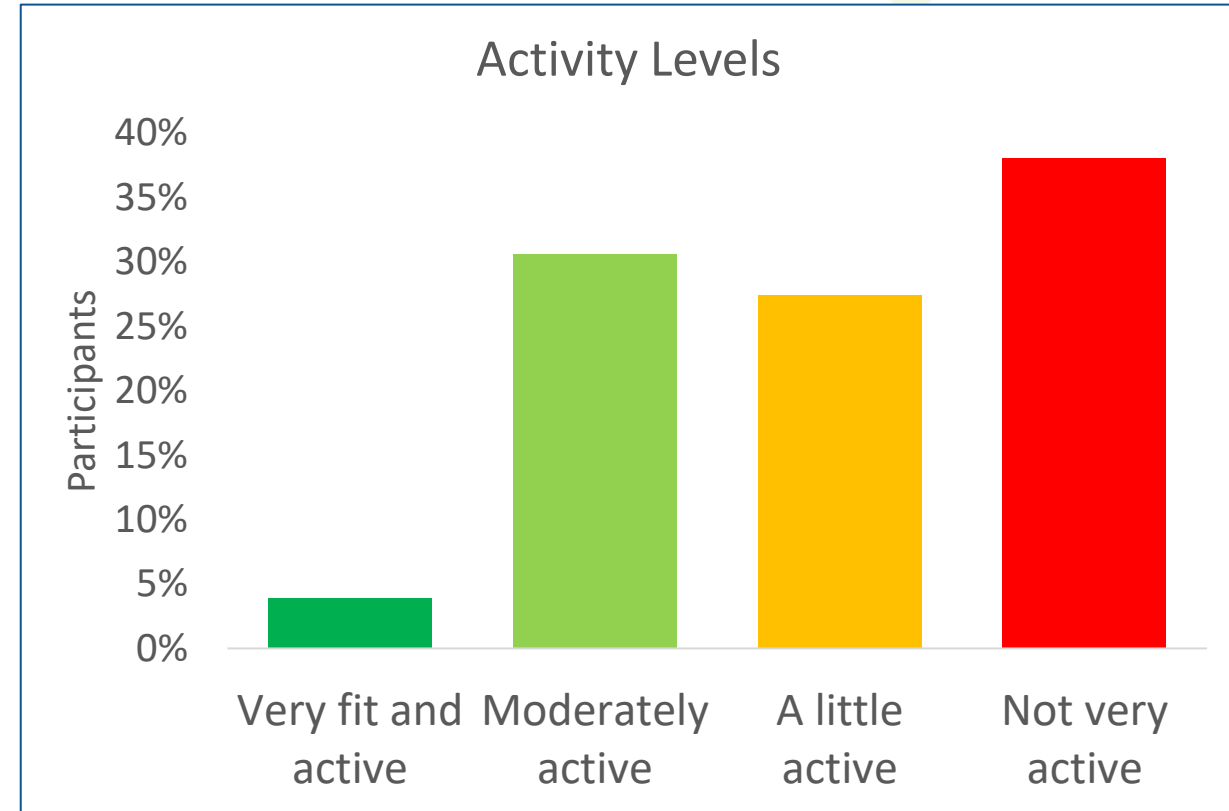
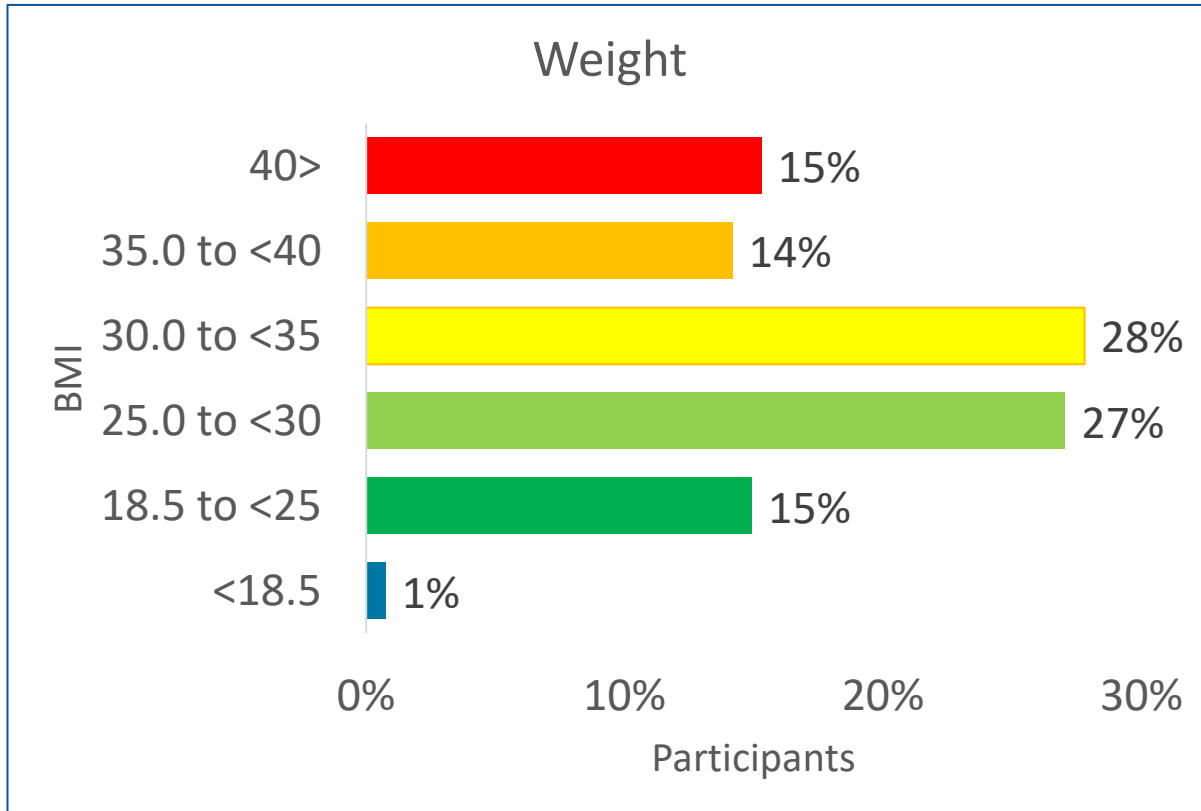


Post surgery feedback
69% (18/26)



Referrals declined
36 new referrals

Common Optimisation Opportunities



79% Chronic Pain

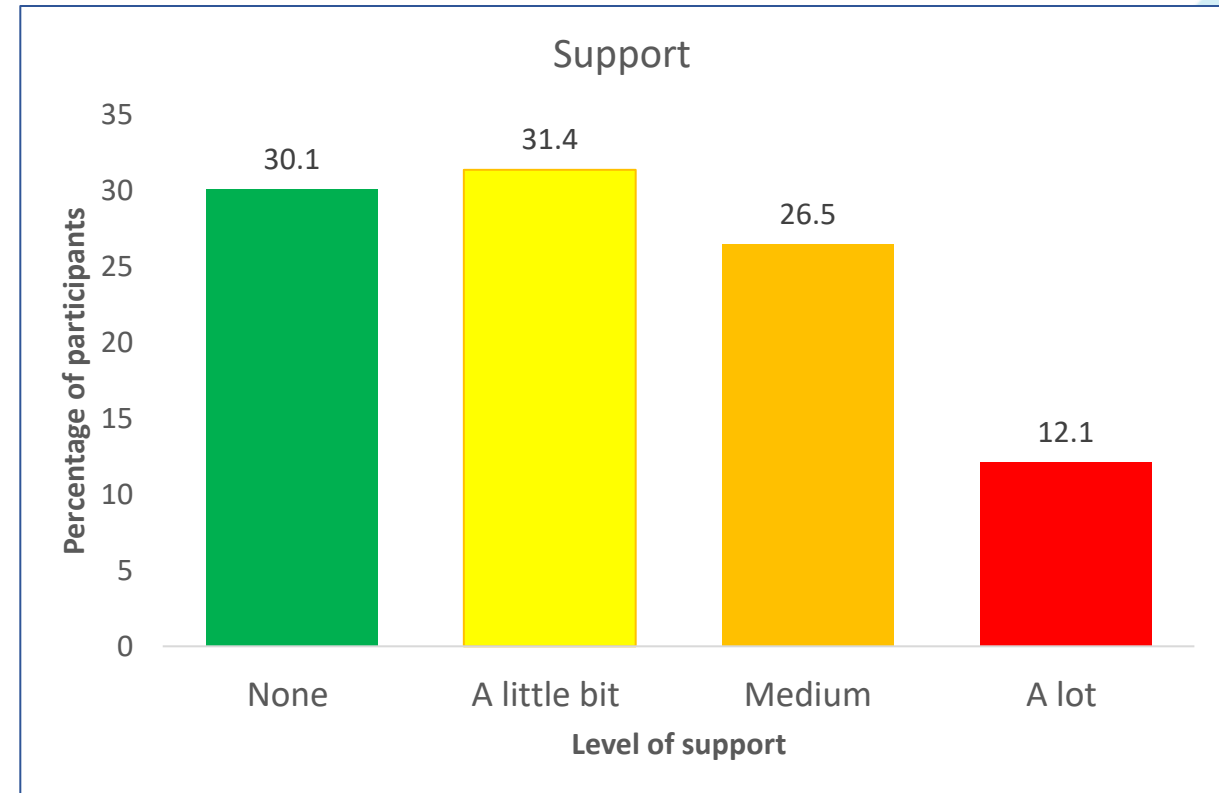
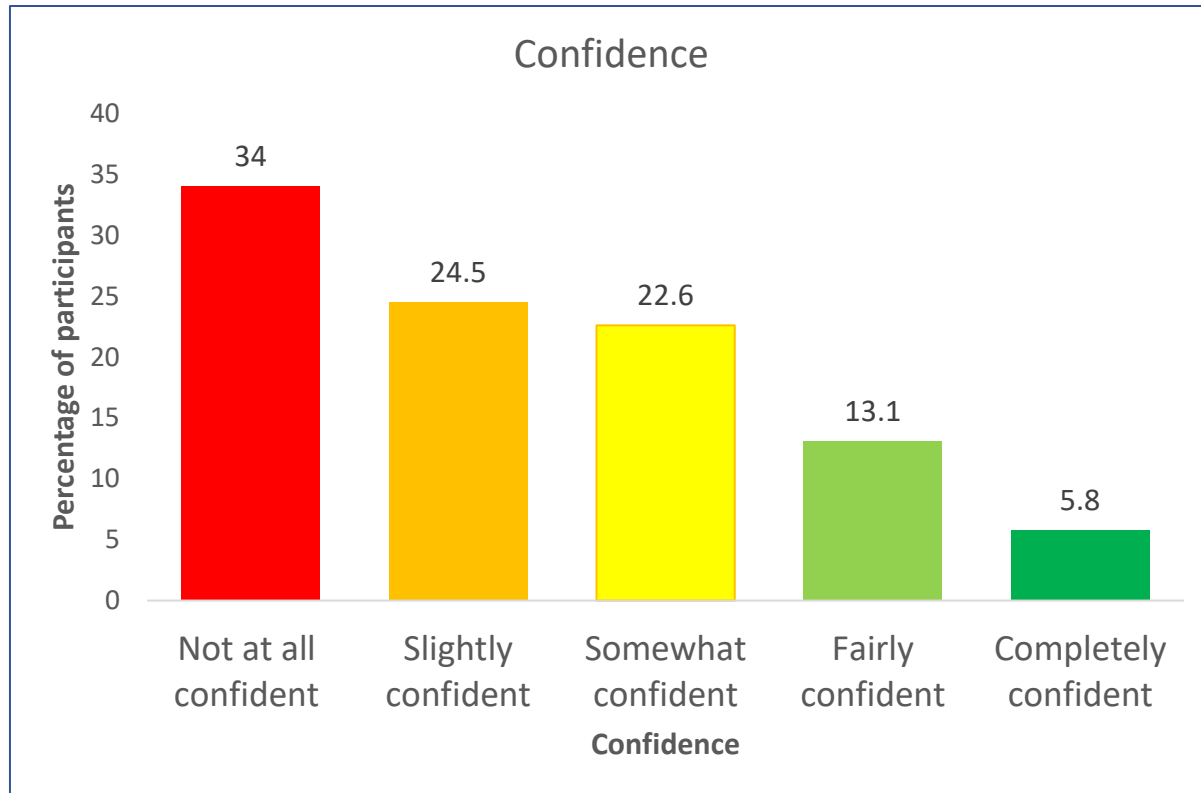


42% Frail

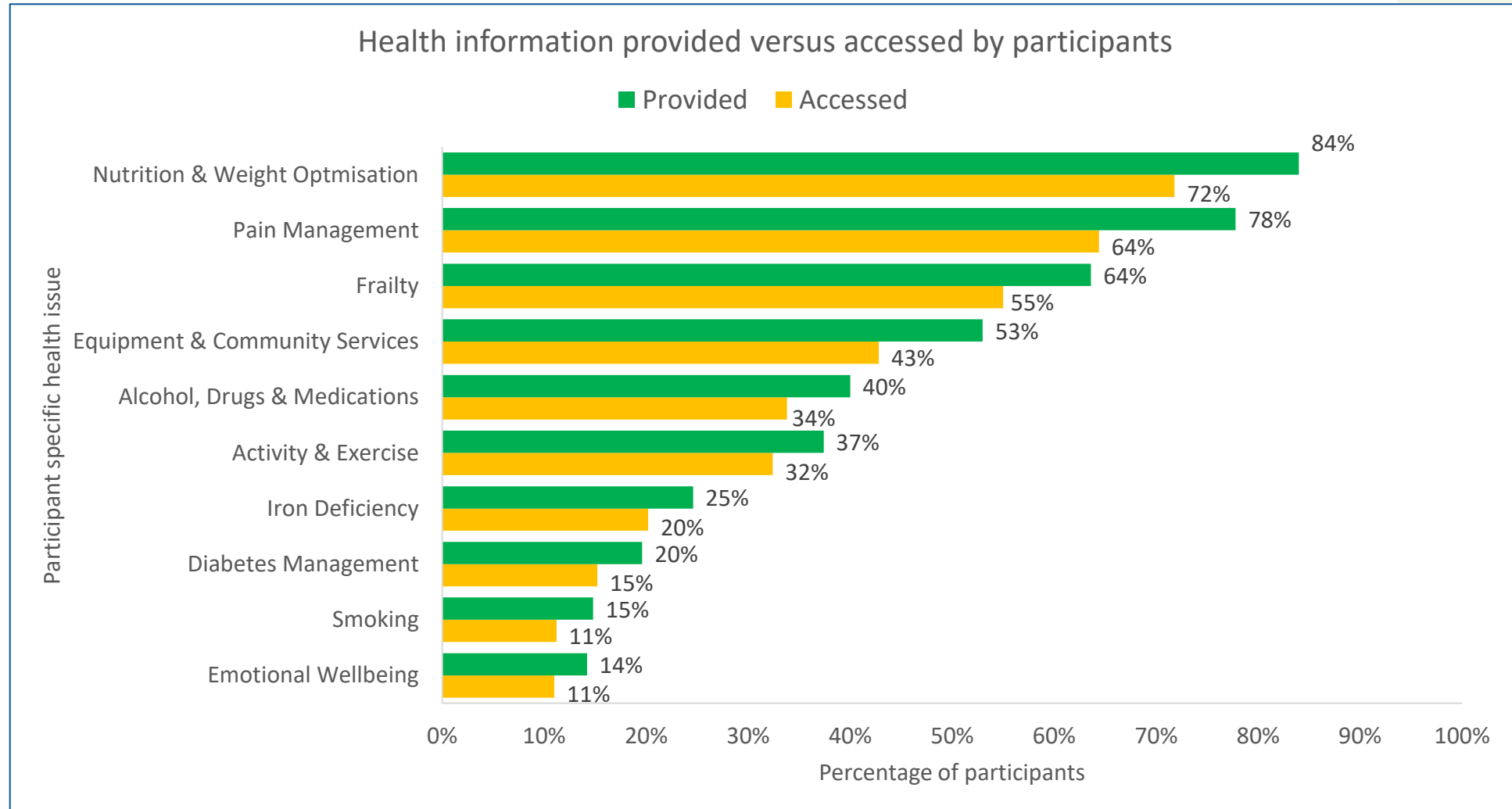


19% Diabetic

Confidence and Support



High Rate of Access

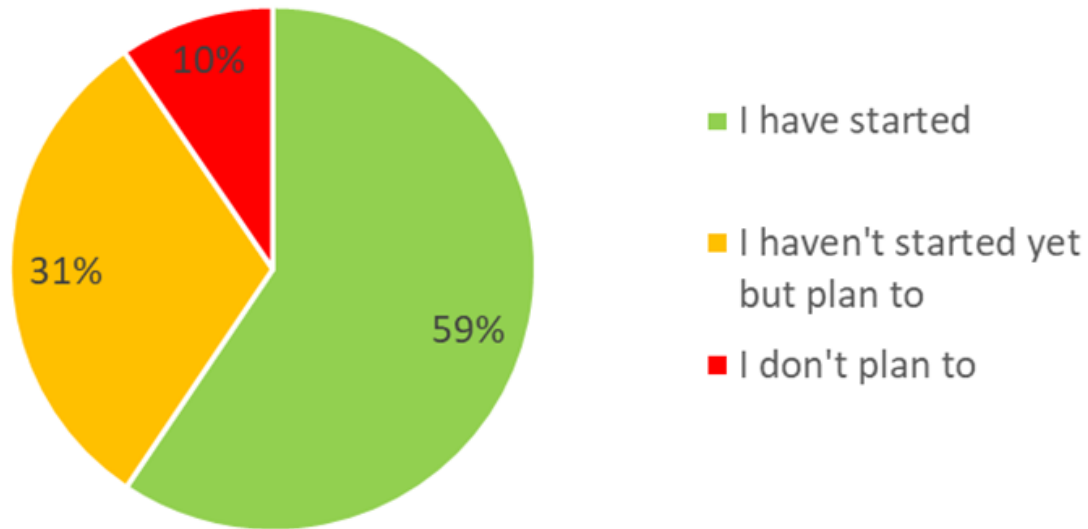


**80.4% reviewed all activities*

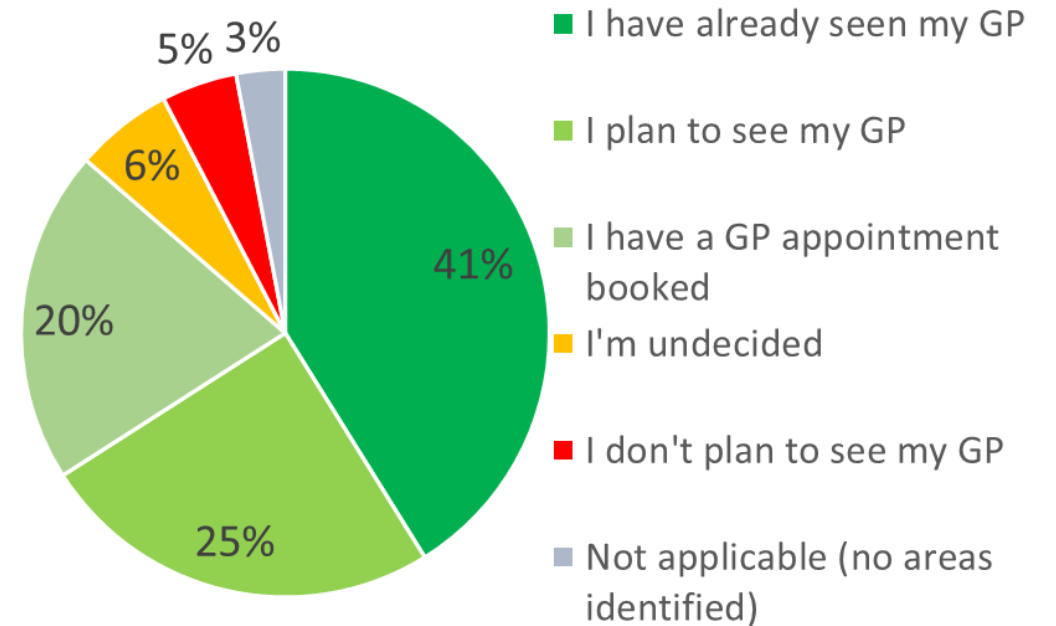
Self-Reported Engagement

2 weeks post registration

Have you started working on improving any health areas noted in your My PreHab Report?



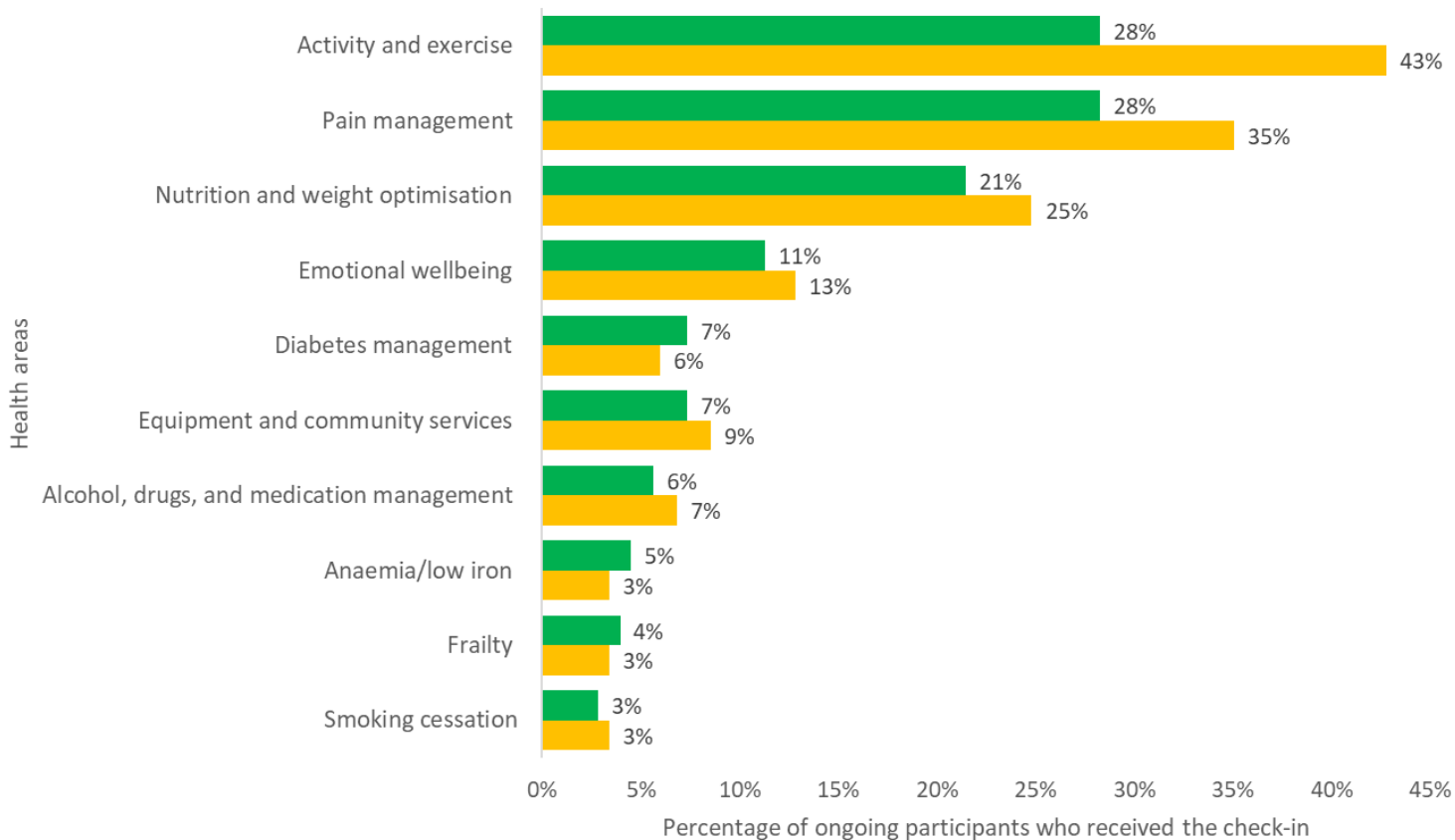
Have you made plans to see your GP?



Ongoing Engagement at 6-month 'Check-In'

Progress or completion versus intention to address health areas

■ Health areas in progress or completed ■ Health areas planned to address



80% discussed with GP



23 % completed



53% in progress

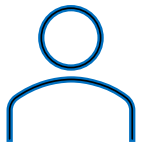
Equity of Access



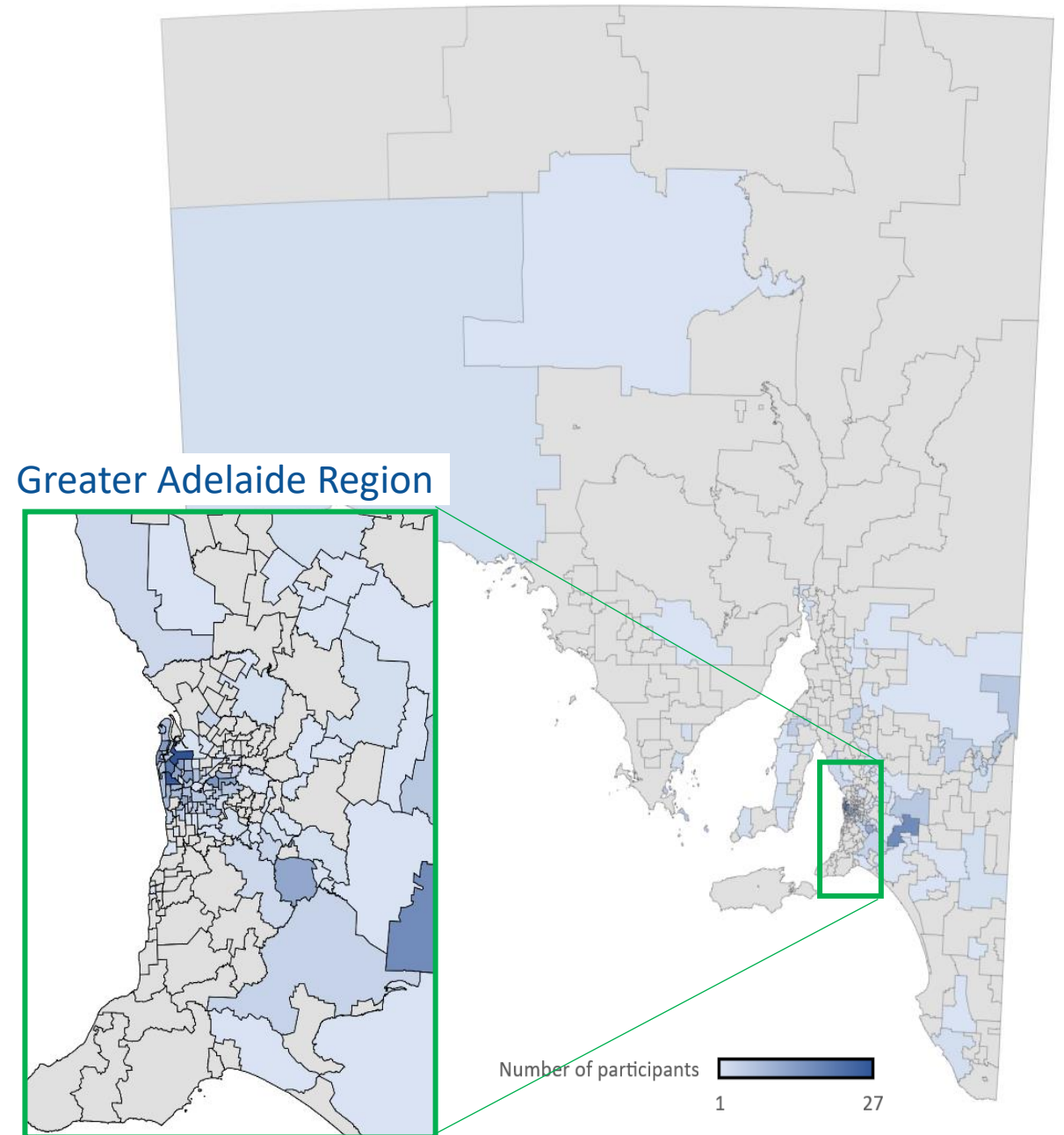
22% rural



40% IRSD ≤ 3

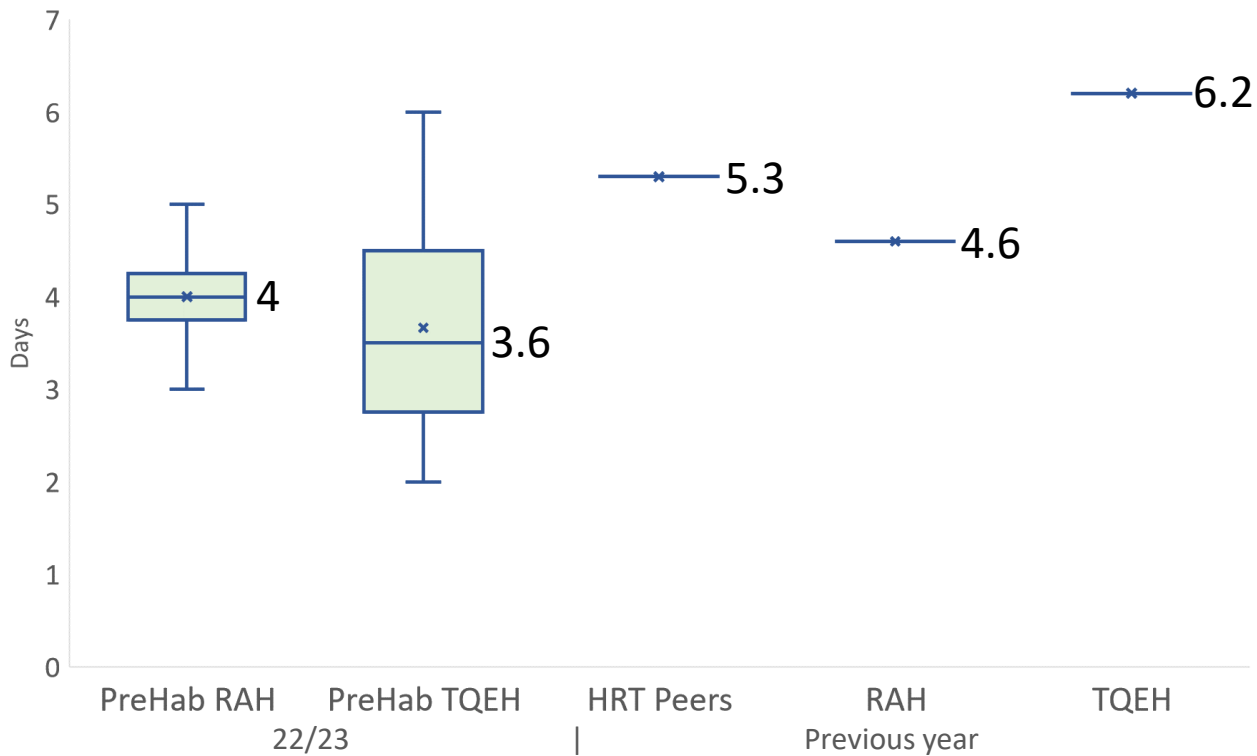


Age, gender, interpreter need, SES & indigenous status not barriers



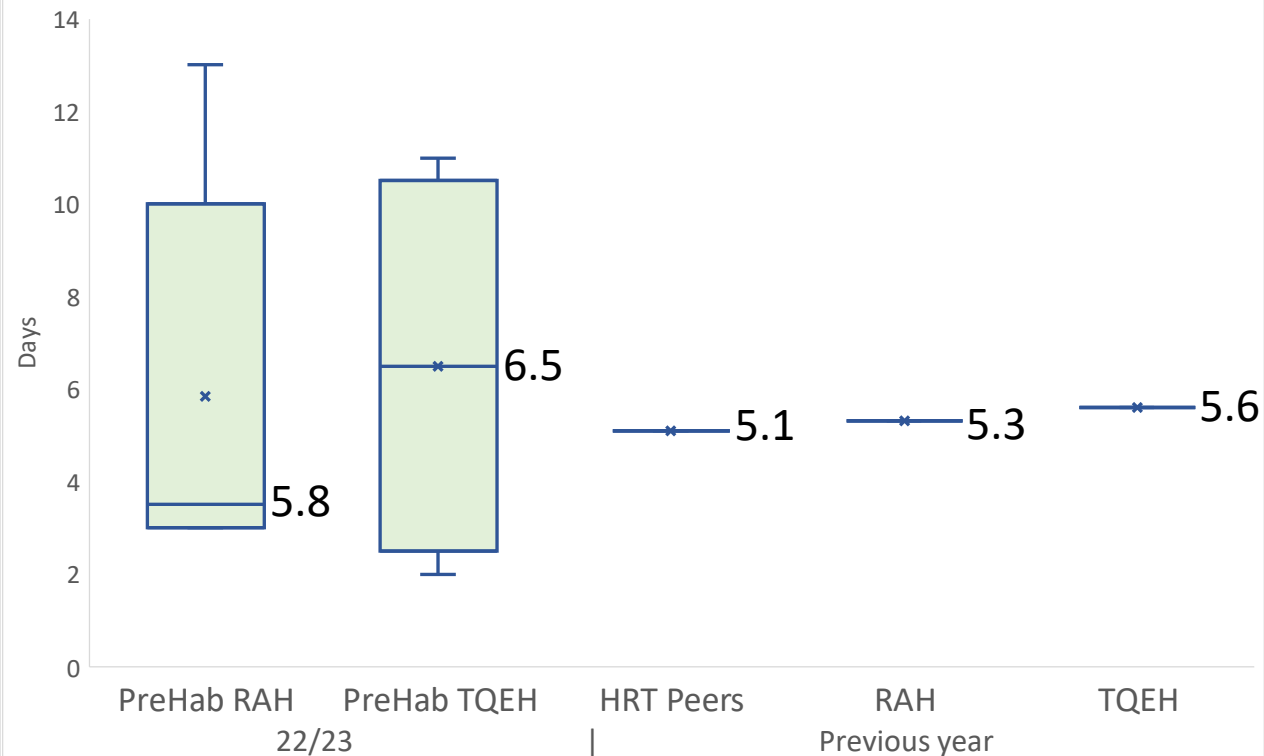
Preliminary Surgical Data – Length of Stay

Knees



RAH: N=10 TQEH: N=6

Hips



RAH: N=6 TQEH: N=4

Consumer Feedback

“It actually makes one feel like you **haven't been forgotten by the system**”

“It's **tailored** to my specific needs”

“It is **motivation to take responsibility** for my condition and supplied new ways to approach my painful knees”



“The advice has given me the **motivation and direction** I needed which is what I have been wanting”

“Gives me **confidence** to push on and know there is someone who **cares**”

“I would recommend the program for all future patients **well worth doing**”

My PreHab Program

Consumer Reflection

Sharyn Coles

Project Steering Committee Member
Consumer Representative



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Next Steps

Professor Jane Andrews

Project Lead

Gastroenterologist

Medical Stream Lead Surgery 3

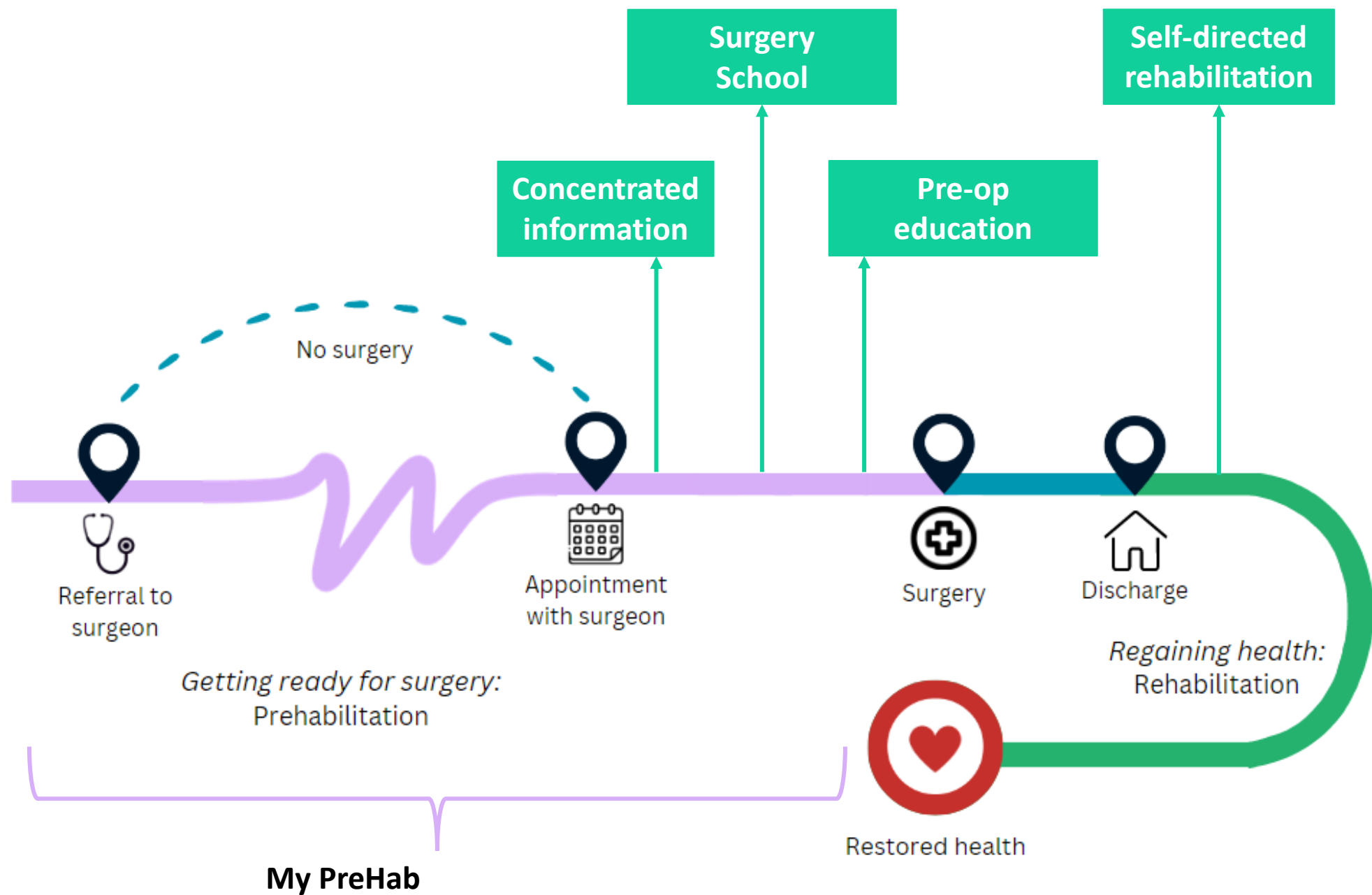


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Project Team



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Dr Ecushla Linedale

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Program Manager
Health Translation SA



Vicki Hume

Interim Program Director –
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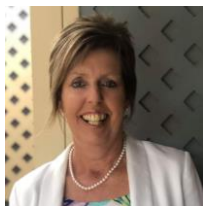
Kathryn Collins

Co-Director – Psychology
Allied Health Lead – Surgery 3
Central Adelaide Local Health
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A/Prof Anne Burke

Co-Director – Psychology
Allied Health Lead – Surgery 3
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Sharyn Coles

Consumer
Representative



Dr Jackie Yeoh

GP Liaison Officer
Central Adelaide
Local Health Network



Mandy Nolan

External Consultant
Allied Health Expert
(Nutrition and Dietetics)



Kirri Riley

Website Designer
Research Data Science Officer
Surgical Outcomes Registry Project
Central Adelaide Local Health Network

My PreHab Program

If you'd like to know more or collaborate, please get in touch....



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My PreHab Program

Thank you for
attending!

*Please enjoy the food and drinks provided
by*



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