

Adherence of Early Mobilization in Post-surgical Patients to Decrease Length of Stay

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Background

A 30-bed medical surgical unit has an **average length of stay of 5 days** for post-surgical colorectal surgeries. The unit serves adults 18 years and older during pre- and post-surgical care. An interview with the unit manager revealed that the unit struggles with postoperative mobility. Consequently, patients take longer than expected to recover. Evidence suggested that early mobilization is beneficial in improving functional capacity, preventing postoperative complications, accelerating the recovery process, and decreasing hospital length of stay.

Purpose and Goals

Purpose To implement the Activity Measure for Post Acute Care (AM-PAC) inpatient tool from Johns Hopkins Highest Level of Mobility (JH-HLM) scale to increase early mobilization in post-surgical colorectal patients, so that hospital LOS is less than 4 days, avoiding post-surgical complications.

- By November 20th, 2023, 100% of Post-surgical patients on the surgical floor will be ambulated within 12 hours after arriving in the unit and documented in the AM-PAC inpatient mobility tool by staff (nurses, PCTs).

Outcome Goal

- By December 16th, 2023 100% of post-surgical patients in the surgical unit will have decrease hospital length of stay with an average of 3 day.
- By December 16th, 2023, 100% of post-surgical patients in the surgical unit will have decrease hospital complications due to immobility (Falls, DVT, Pressure ulcers etc.).

Method

Settings and Population

- 30-bed medical surgical unit in a suburb hospital
- Patients 18 years and older undergoing colorectal surgery
- A total of 17 surgical inpatients participated in the project.

Intervention

- Staff education (RNs, PCTs) during unit-based council, change of shift huddle, and one to one section.
- Informed Patient of mobility plan when they arrived on the unit; Nurses medicated patient as needed prior to ambulation.
- Email sent monthly as reminder during the implementation periods.

Data Collection

- A 17-week collection period.
- The AM-PAC inpatient tool from JH-HLM was audited twice weekly by project lead to gauge staff nurses' compliance.
- Audit continued until patients were discharged or transferred out of the unit.
- Data was collected from patients' EHR and manually transferred on the REDCap online form.
- Run chart used for data analysis

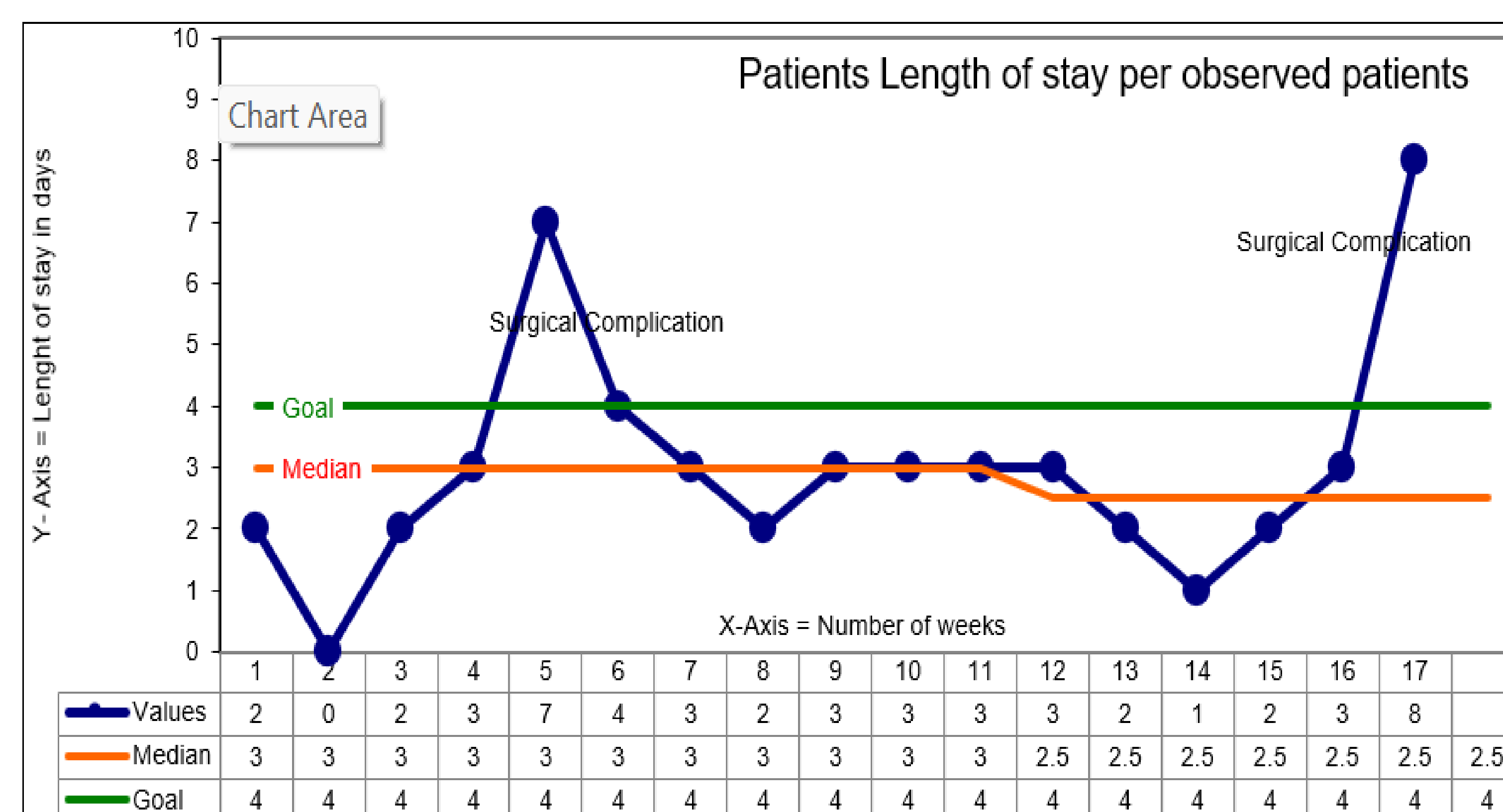
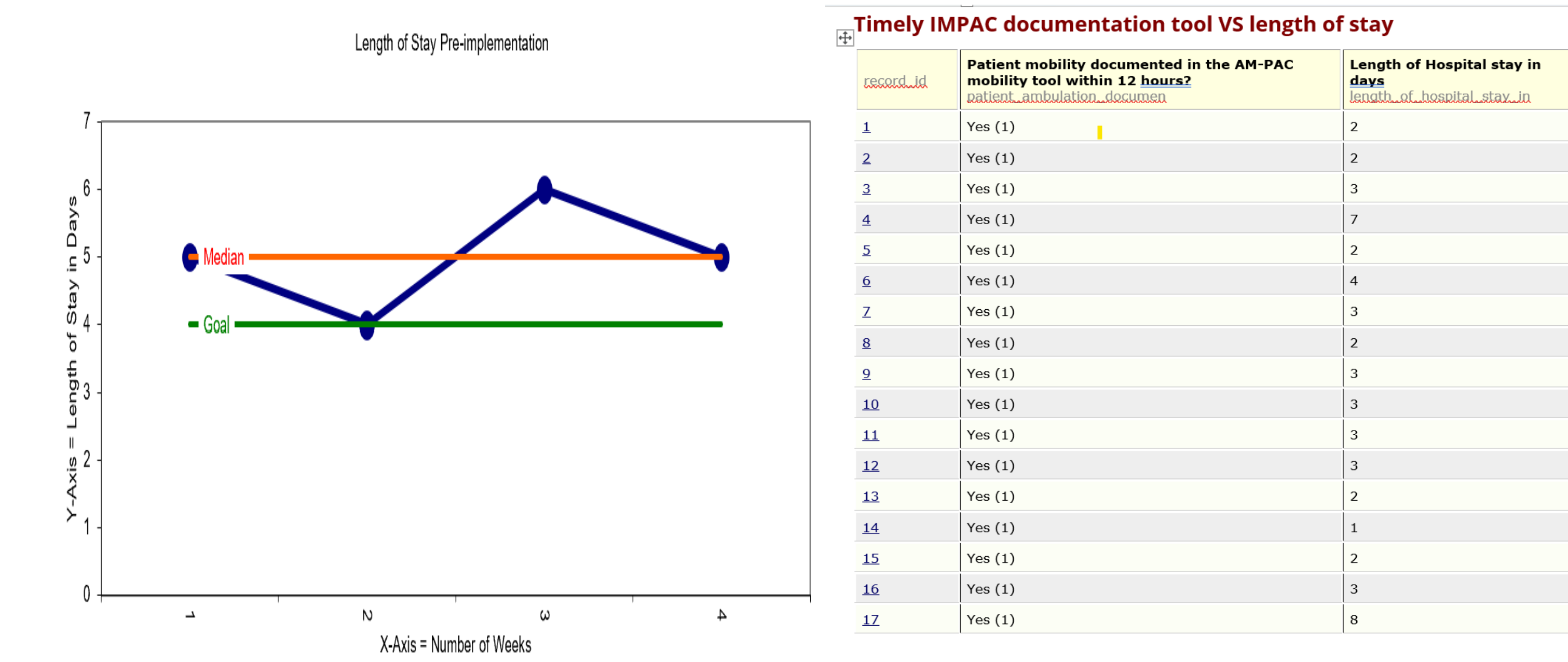
Implementation Strategies

- Champions identified; incentive provided to recognize staff.
- Weekly project progress discuss with leadership.

Results

- A total of 17 patients were tracked and were ambulated during the project.
- During the 17 weeks period there was 100% (n=17) adherence to ambulation of patients within 12 hours of arriving on the unit.
- A total of 6 patients (n=6) were discharged from the hospital withing 2 days or 35% of all patients and 11 patients (n=11) were discharged from the hospital within 3 days (65%).**
- Week two had no observed patient.
- Weeks 5 and 17 had patients that had stay longer due surgical complications (Patients with multiple comorbidities).
- Early mobilization of patients resulted in a significant reduction in hospital length of stay with the mean average length of stay of 3 days as compared to 5 days prior to the intervention.

Figures



Discussions

Findings

- The project findings underscore the potential benefits of incorporating early mobility protocols into patient care.
- Early mobilization accelerates the recovery of functional walking capacity.
- The incorporation of AMP-AC documentation in the work list assisted in measuring patients' ambulation.

Challenges

- The inability to capture all patients because some were sent to different units.
- Surgical complication noted on two patients that were eventually transferred out to an intensive unit.
- Float nurses and patient care technicians from different unit were not always trained.

Conclusion

Implication for Practice

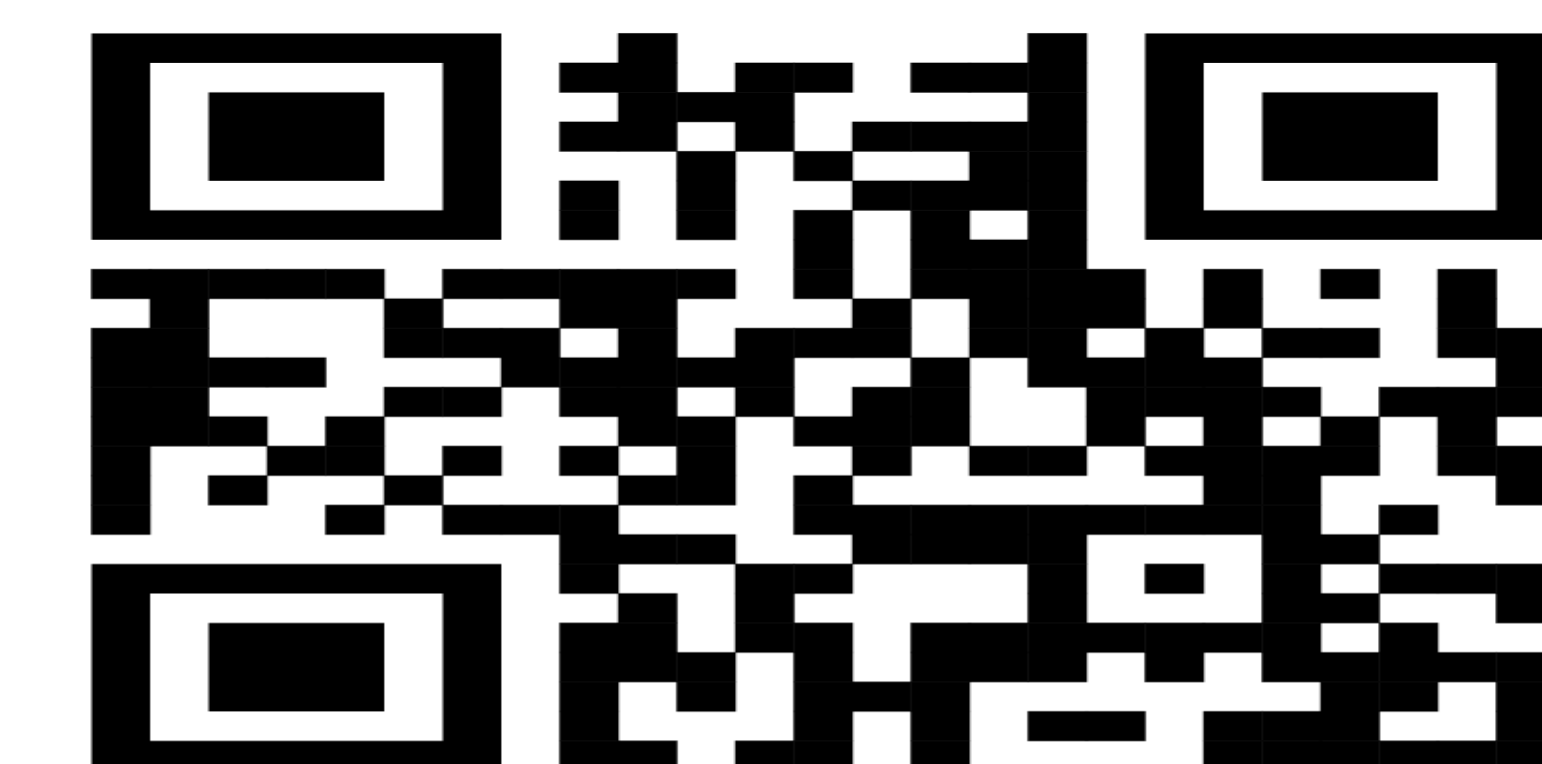
- Early mobilization of post-surgical colorectal patients demonstrated a decrease in hospital length of stay from 5 days to an average of 3 days.**

- as patient is practicing movement out of bed.
- The AM-PAC inpatient tool from JH-HLM is an effective tool that help measure patient mobilization.
- Early ambulation among post colorectal surgical patients can help avoid post surgical complications such as falls, pressure ulcers, and DVT.

Next step

- Involving PACU into ambulating Pt 6 hours after surgery, doing so after patient strength assessment is done; by encouraging the use of bed side commode instead of urinary and fecal management devices.

Bibliography



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