Implementing early mobilization within an ERAS Pathway after colorectal surgery.

MARIA EUGENIA DALTON, FULD FELLOW, BSN CANDIDATE 2014; DEBORAH HOBSON, BSN, PATIENT SAFETY CLINICAL SPECIALIST, SURGICAL INTENSIVE CARE NURSE AND SURGICAL COORDINATOR

JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MD 21205; ARMSTRONG INSTITUTE FOR PATIENT SAFETY AND QUALITY, JOHNS HOPKINS HOSPITAL

Background

ERAS (Enhanced Recovery After Surgery) is a protocol designed to improve patient outcomes after surgery and reduce length of hospitalization. Early ambulation after surgery is one of the key interventions to optimize patient recovery (Ricciardi, Mackay, 2013). This clinical improvement project seeks to identify an implementation path to establish an ambulation protocol on an inpatient unit, by defining ambulation goals, establishing metrics, and capturing individual patient data.

Objectives

1. Engage patients by implementing a patient checklist for mobility
2. Define post-op ambulation goals
3. Devise a walking track in the unit and develop markers for distance
4. Standardize nursing mobility documentation method in existing Sunrise/POE system

Methods

- Multiple literature searches were conducted to determine explicit parameters for post-op ambulation.
- Collaborated with Physical Therapy personnel to establish ambulation goals.
- Created scale diagram of inpatient unit floor plan, measured and posted distances between common landmarks.
- Collaborated with nursing manager and staff to identify units of measurement and distance markers
- Distributed distance markers throughout unit hallways at 10 foot intervals.
- Collaborated with unit staff to create patient documentation materials and methods for recording and collection of data.

Markers designate 10 ft intervals along hallways
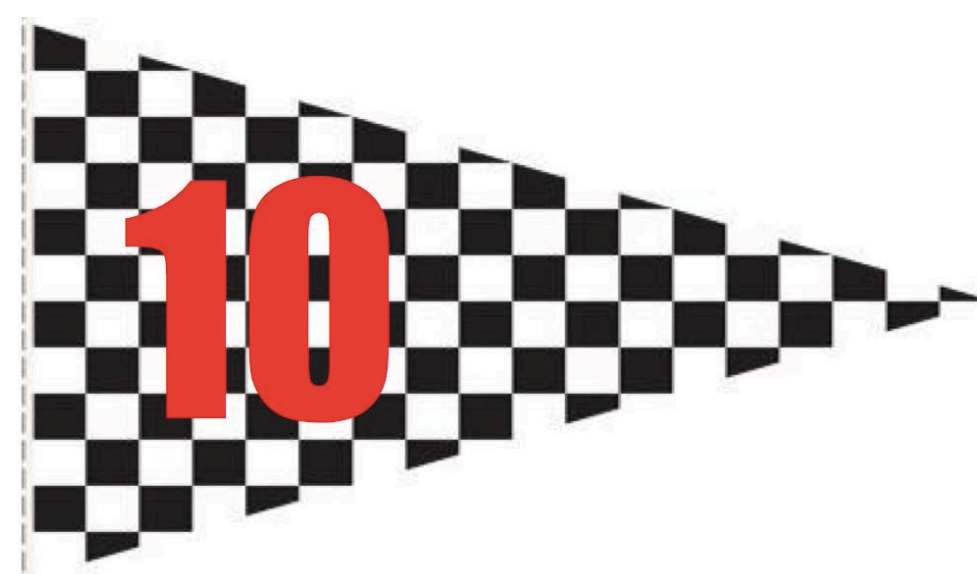
Racing motif designed by unit staff is carried throughout.

Table 1
Checklist compliance by ERAS patients

ID	3/18/14	3/19/14	3/20/14	3/21/14	3/22/14	3/23/14	3/24/14	4/1/14	4/2/14	4/3/14	4/4/14	4/5/14	4/6/14	4/7/14	4/8/14	4/9/14	Compliant	Non-compliant
pt1						0	0										0	2
pt2	0	0	0	0													0	4
pt3		0	0	0	1	1											2	3
pt4		0	1	1	1	1	0										4	2
pt5			0	1	1	1											3	1
pt6								0	0	1	1	0					2	3
pt7								0	0	1	1	1	0	1	1		5	3
pt8													1	1			2	0
pt9										1	1	0	1	1			4	1
pt10										1	1	0	1	1			4	1
pt11								0	0	0	1	1	1	0			3	4
pt12															0	0	0	2
																	29	26

*No data available for 3/25 - 3/31

Compliance Rate = 53%

Findings

Gaps exist in the ambulation data recorded due to the following implementation challenges:

1. ERAS protocol eligible patients are not always accurately identified in unit.

2. Patients do not receive checklists consistently resulting in gaps in ambulation data.

3. Electronic Medical Record (POE) does not contain fields to enter all needed ambulation data (for example, time sitting up in chair).

4. The current checklist requires that patients count distance markers and apply small stickers to their checklists as a tally of their total ambulation distance. Since each pennant marks a a 10 foot span, counting and recording the total number of markers is cumbersome.

5. Checklist compliance by ERAS patients was measured to be 53% (In a survey of 12 patients during a three week span, patients had 55 opportunities to enter ambulation data, and complied 29 times, vs. 26 non-compliance.) Please refer to Table 1.

Conclusions

- Develop method to correctly identify ERAS protocol patients upon admission to inpatient unit.

- Based upon preliminary analysis of compliance, patient checklist and documentation of ambulation data should be revised.

- Develop standardization for POE documentation by PM nursing staff.

Future Directions

Streamline current process:

- Identify ERAS patients consistently in unit census and status report

- Educate administrative personnel

- Streamline checklist based upon feedback collected from staff and patients

- Partner with systems support specialists to add necessary parameters to Sunrise/POE and reminders so as to capture data more accurately (Kibler et al., 2012)

- Work with PM staff to identify barriers to uniform documentation, partner with RN staff to design more efficient protocol to promote compliance

References

Ricciardi, R. Fast-track protocols in colorectal surgery. In: UpToDate, Weiser, M (Ed), UpToDate, Waltham, MA 2013.

Kibler, V. A., Hayes, R. M., Johnson, …Wells, N. L. (2012). Early postoperative ambulation: Back to basics. *American Journal of Nursing*, vol. 112, No. 4, 63-69.

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