

Effect of Nurse Driven Early Ambulation and Early Oral Intake on Same Day Discharge and Length of Stay for Ambulatory Orthopedic Patient Population

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Introduction: The demand for total joint arthroplasty is expected to increase significantly with greater than 50% of surgeries anticipated to be performed in the outpatient setting by 2026.

Identification of the Problem: Enhanced recovery protocols identified multiple risk factors in peri-operative phases. For post-operative orthopedic surgery patients, multimodal analgesia, early ambulation and early oral intake are considered vital to decrease length of stay and overnight admissions. There is no direct correlation between early oral intake and accelerating discharges, but it is considered an important component of enhanced recovery protocols.

QI Question/Purpose of the Study: Early mobilization and encouragement of oral intake by nurses postoperatively may facilitate safe discharge home and decreased length of stay for patients.

Methods: Nursing staff provided education on encouraging early oral intake and early nurse mobilization. Charge nurses reinforced these practices throughout all shifts, placing signs on laptops/workstations to remind staff to chart events in EPIC. An hourly discharge criteria checklist was also created to aid nurses. Time to first oral intake (po), ambulation, void, physical therapy (PT) clearance, and discharge were recorded from EPIC data for ambulatory patients over the duration of 4 months.

Outcomes/Results: Time to first po decreased from 190 to 114 minutes. Time to first ambulation decreased from 201 to 176 minutes. Time to first void decreased from 172 to 159 minutes. Time to clear PT decreased from 313 to 218 minutes. Time to discharge decreased from 604 to 325 minutes.

Discussion: Multiple initiatives were instituted during the trial time frame, possibly decreasing LOS. Decrease to first void, a criterion that needs to be met for discharge from PACU, could be linked to early ambulation and oral intake.

Conclusion: Nurse driven early ambulation and oral intake were associated with decreased time to clear PT and LOS.

Implications for perianesthesia nurses and future research: This study demonstrates postoperative nurses' actions in the recovery of ambulatory patients, in alignment with trends aiming to decrease hospital length of stay, were impactful. Further nursing interventions should be investigated.