

Operation Ambulation

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BACKGROUND

Postoperative thromboembolism (TE) is a significant yet preventable complication in surgical patients. Orthopedic, neurosurgical, and vascular procedures are classified as high-risk for TE, prompting guidelines to advocate for prophylactic measures. Prolonged immobility is recognized as a risk factor for venous TE and post-op complications. Postoperative TE is monitored as a quality indicator.

THE PROBLEM

Our hospital has seen a rise in VTE cases and a decrease in patient mobility, with 30 post-operative VTEs reported over a six month period, double the rate of comparable medical centers. Chart reviews of the 30 post-operative VTE patients revealed that only 37% had documented use of mechanical prophylaxis and only 11.5% had documented ambulation at least once within a 24-hour period.

PICO QUESTION

In same day admission (SDA) post-op patients with ambulation orders, will early mobilization after 3 hours in PACU and ensuring that pharmacologic and mechanical prophylaxis are properly ordered, as compared to remaining on bedrest until arrival to inpatient floor, reduce post op VTE rates?

IMPLICATIONS

In the PACU, SDA's often experience delays in transferring to their postoperative rooms due to throughput issues, spending extra hours in the PACU after recovery waiting for an inpatient bed.

This time presents an opportunity for PACU nurses to support our post surgical patients and collaborate with inpatient nurses to initiate early mobilization, provide VTE education, and ensure pharmacologic and mechanical prophylaxis are properly ordered.

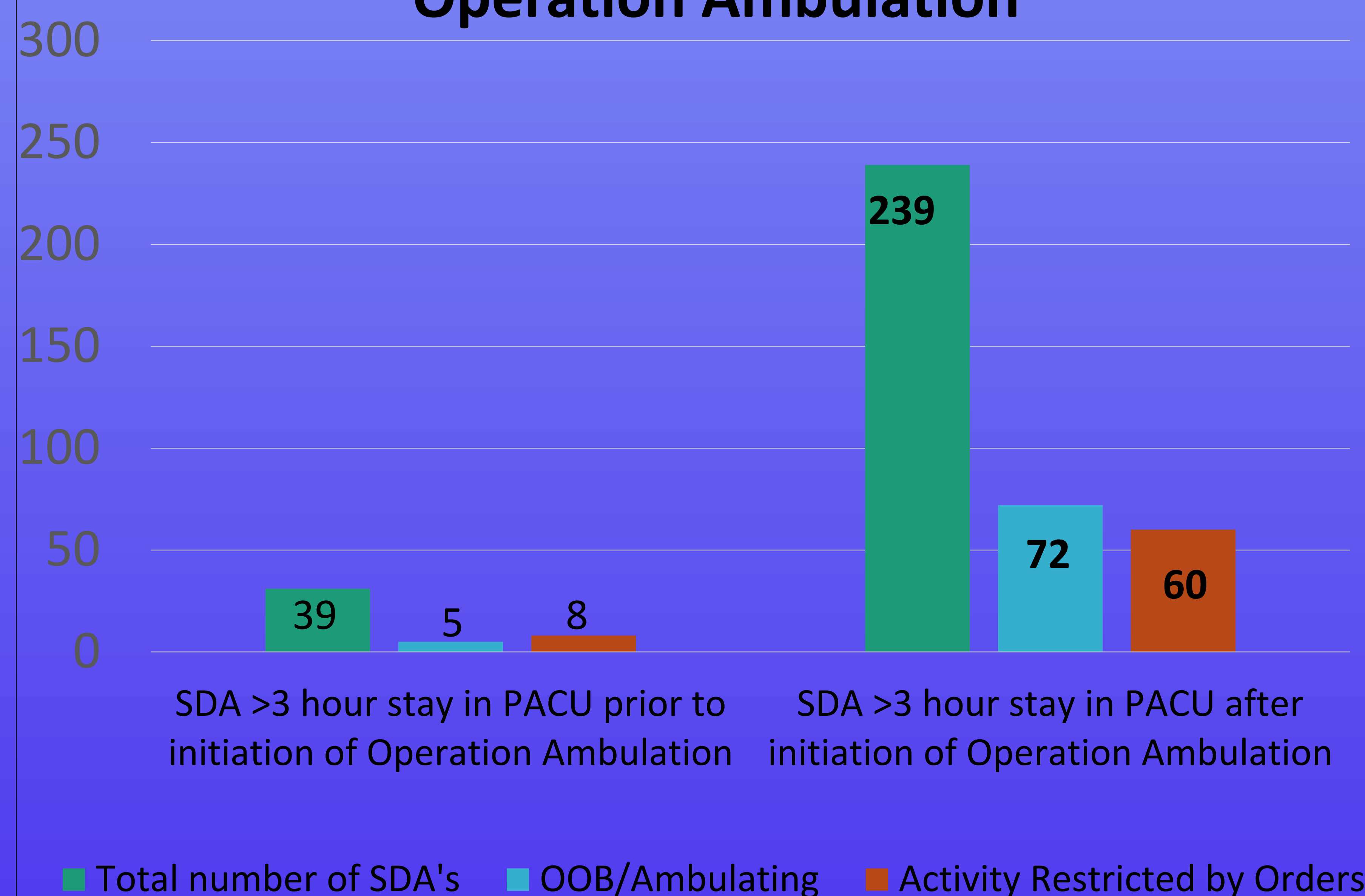
RESULTS/OUTCOMES

Outcomes were measured by auditing the number of patients who met criteria, if they were mobilized, and if pharmacologic and mechanical prophylaxis was ordered. The number of VTE's that met AHRQ criteria for the 4 months prior to Operation Ambulation was 0.00447% (14 out of 3129 patients). This number decreased to 0.00370% (11 patients out of 2967 patients) after the initiation of Operation Ambulation in PACU.

In the PACU, we saw a significant increase in early mobilization after initiating Operation Ambulation from

16% → 40%

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METHOD/EVIDENCE

The Johns Hopkins Evidence-Based Practice Model was used for this project. Inclusion criteria: post-operative same day admission with ambulation orders. Exclusion criteria: pain score > 5, nausea or vomiting, bleeding, unstable vital signs, & RASS score > +1 or < -1.