

Mobilizing to Improve Outcomes, Satisfaction

Baptist Memorial Collierville Sees Success with Post-Op Program

As part of Baptist Memorial Collierville's process to obtain Advanced Hip and Knee Replacement Certification, an onsite surveyor with The Joint Commission identified early mobility as one area for potential improvement in the busy joint center.

"She said the golden standard was four hours within arrival to the unit for ambulation so that became our goal," recalled Rhonda Davis, BSN, RN, nursing staff development specialist for Baptist Collierville. With the new objective in mind, the hospital launched a successful journey to rethink the processes and identify potential barriers impacting a patient's mobility following orthopaedic surgery.

National clinical guidelines highlight a decreased length of stay, improved outcomes and increased patient satisfaction with ambulation occurring the day of surgery. "Early ambulation has been linked to prevention of all kinds of conditions – pneumonias, delirium, blood clots, infection, ileus," explained Melinda Wolfe, RN, program coordinator and performance improvement specialist for Baptist Collierville.

She continued, "Our old order sets said to get patients up post-op day one so obviously that had to change. They now say post-op day zero."

Prior to launching the initiative in March 2017, patients were up and moving within 16 hours of discharge from the Post Anesthesia Care Unit (PACU). "Physical Therapy got these patients up for the first time, every time," noted Cara Beard, MSN, RN, nurse manager at Baptist Collierville. While many patients got up sooner than 16 hours, others waited if a physical therapist wasn't immediately available.

To make the transition to a four-hour window required changes addressing a number of barriers including staffing, culture, equipment, knowledge, order sets, and communication. One key was to train and empower additional staff to assess patients and get them upright. The two most impactful changes were having the Physical Therapy Department adjust staffing to better match surgery schedules and training nurses to assess patient mobility readiness.

"The recommendation (to move to a four-hour window) came in March, and we actually had our RN Skills Fair planned for April," Davis recalled. She said comprehensive education on early ambulation was incorporated into the event. Davis said physical therapist Sean O'Connell led presentations to train different groups of nurses each day to show them safe techniques to mobilize patients and to assess readiness.

"Through the skills lab, we had to incorporate a culture change so that nurses were comfortable in knowing when the regional anesthesia wore off," added Beard. "They learned how to assess the patient to determine if it was safe to get them up for the first time."

Davis said, "Physical therapy focused on making sure the nurses understood the difference in anterior and posterior hips in doing the sensory and motor function assessment because we do them both." She added there are different precautions specific to each surgery.

During the transition period, Davis said it also became clear the floors needed additional assistive equipment on hand, such as transfer belts, to

make it easier and safer for nurses to get patients up. The hospital ordered extra equipment for the PACU and each station, and physical therapists briefed the nursing staff on how to adjust belts and walkers for optimal safety.

One of the biggest cultural changes was to enhance communication between physical therapists and nurses to break down traditional silos and foster greater teamwork. The new system, said Wolfe, automatically populates works lists for both therapists and nurses to get patients up and moving without assigning responsibility to one group or the other.

A strong emphasis on documentation in the electronic medical record has also helped with care transitions between providers and during shift changes. "If there's a late case and physical therapy assesses the case and determines the patient is not ready to get up, they actually document that for the nurse and note the patient needs to retry in an hour," said Wolfe.

The results have been impressive. "Our baseline in March 2017 was in the 67th percentile," Davis said of the percentage of patients ambulating within four hours.



(L-R) Physical Therapist Sean O'Connell, Program Coordinator Melinda Wolfe, Nurse Manager Cara Beard, and Nursing Staff Development Specialist Rhonda Davis led the successful launch of the early mobility initiative at Baptist Memorial Collierville.



"After the April education, we jumped to the high 80s for the next two to three months," she continued. After the Physical Therapy Department adjusted scheduling for therapists, the increase was even greater. "We jumped up to the 93rd percentile in July 2017 and haven't been below that point since."

Beard shares the metrics each month to maintain visibility for the initiative and keep providers on track. "We acknowledge good work, as well. Melinda sends Internet 'high fives' for good documentation or hitting the four-hour window," she said. Davis added the chief nursing officer also sends out thank-you cards to staff members who have gone above and beyond in meeting goals.

To sustain their success, new employees are educated on the specifics of Baptist Collierville's 'Joint Venture' – the larger orthopaedic hip and knee program that includes the early ambulation initiative. New employees are also paired with a physical therapist for four hours to shadow and learn safe techniques for mobilizing post-op knee and hip patients. The multidisciplinary committee that was formed at the beginning of the mobility initiative continues to meet monthly to review progress and re-educate staff, as needed.

"It's been a huge culture change," acknowledged Davis. "I think everyone is doing fantastic now," she continued, adding that certainly includes patients who appreciate the decreased length of stay and improved pain management that come with early ambulation.

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.

