EARLY AMBULATION PROGRAM
FROM AN INPATIENT PERSPECTIVE
HENRY FORD WEST BLOOMFIELD HOSPITAL

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Why did our site focus on early ambulation?

• High urinary retention rate for postoperative lumbar spine surgeries
• Evidence supporting benefits to early ambulation:
  • ERAS program
  • Early Postoperative Ambulation: Back to Basics
  • Clinical Practice Guidelines for Early Mobilization Hours After Surgery
• Pilot Patient Population – June 2016
  • >70 years of age, decompression cases, one-level lumbar fusions, all cervical fusions
  • Physical therapy driven initially regarding ambulation
    • Ambulated medically-appropriate patients
    • Physical therapy provided feedback on barriers
Target Intervention: Early Ambulation
Additional Aspects of Early Ambulation Program

- Implementation of urinary retention pilot protocol
  - Requires POD #0 ambulation
  - Increase threshold for straight catheterization from 240mL to 350mL
  - Removal of Foley POD #0
  - Attempt straight catheterization before automatically reinserting Foley catheter
  - Encourage ambulation to bathroom versus using urinal/commode
The Pre-Intervention Culture

- 33% of patients ambulated POD #0 (majority outpatient)
- Barriers to POD #0 Ambulation:
  - Fear (patient and staff) and Time (staff and PT)
  - Late arrival to unit
  - Lack of education/training on safe ambulation
  - Lack of proper documentation (too many places to document, also hard to track)
  - Inconsistencies among surgeons regarding ambulation orders
  - Patients too sedated
The Quality Improvement Team

• Surgeon Champion
  • Assisting in surgeon buy-in
  • Providing evidence-based research
• MSSIC Abstractors
  • Introduce MSSIC initiatives
  • Support nursing with tracking and implementation
• Unit Manager
  • Assist with staff buy-in and continual monitoring of compliance
  • Promote safe ambulation – gait belts
The Quality Improvement Team Continued...

- APP’s
  - Assisted with order set development
- Physical Therapy Staff
  - In-service for nursing staff for safe ambulation practice
- Spine Coordinator
  - Patient, Nursing and APP Education
  - Creation of tools for measuring ambulation (see next slide)
  - Order set development and surgeon education
Approximated Ambulation Distances

Bed to Toilet - approx. 10 feet
Bed to door of room - approx. 9 feet
Back Acorn Hallway – approx. 22 feet
Leaf to Leaf in halls – approx. 25 feet
Between leaves at lodge separation – approx. 65 feet
Around Acorn Unit – approx. 300 feet
Around Birch Unit – approx. 300 feet
1 Entire Lap Around Acorn and Birch – approx. 600 feet
Documentation

Nurses instructed that documentation must include the words **walked/ambulated** along with a numerical number on initial post op ambulation.
Order Set Updates

- **Early Ambulation Protocol**
  Routine, Until discontinued starting Today at 17 tolerance. Sign & Hold

- **OT eval and treat**
  Routine, Once First occurrence Today at 1658
  Acute Occupational Therapy Evaluation: Decline in Self Care Status from baseline
  Sign & Hold

- **PT eval and treat**
  Routine, Once First occurrence Today at 1658
  Acute Physical Therapy Evaluation: Decline in Functional Mobility from baseline
  Sign & Hold
Initiative Roll Out – February 1, 2017

• Early Ambulation orders implemented (all surgeons, all spine surgeries excluding durotomy or medically unstable)

• Urinary Retention Pilot Protocol Implemented

• Prehab Class participation strongly encouraged by surgeons
Ambulation Benefits: Patient Perspective

Educate! Educate!

Educate!

- Reduces:
  - Infections
  - Pneumonia
  - Blood Clots
  - Muscle Spasms
  - Ileus
  - Constipation
  - Urinary Retention
  - UTI
Auditing Tools - Lean Daily Management Board and Pareto charts used for reinforcement

A full month of green dots was indicative of a culture change
Sustainability and Spread

• These results have been sustained at Henry Ford West Bloomfield for 20 consecutive months.

• The processes of POD #0 ambulation have now become standard practice for nursing staff on Garden GPU.

• Lean daily management tools continue to be utilized daily by Garden GPU staff to track and identify barriers to POD #0 ambulation.

• Share practices with all Henry Ford Spine Surgery Sites
Lumbar UR Rate before...
Lumbar UR Rate after...

Adverse Events/Complications - Urinary Retention
Lumbar, 02/01/2017 - 09/30/2017

LEGEND
- Other Hospital
- Henry Ford West Bloomfield Hospital
- MSSIC - ALL
- 95% Confidence Interval
Where are we today?

Adverse Events/Complications - Urinary Retention
Lumbar, 01/01/2018 - 06/30/2018

LEGEND
- Other Hospital
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Early Ambulation Improvement

Day of First Ambulation (post surgery) - Day 0

Legend:
- Henry Ford West Bloomfield Hospital
- MSSIC - ALL
Additional Benefits to Early Ambulation – Reduced LOS
Final 2017 Quality Improvement Data

- Urinary retention in lumbar patients undergoing spine surgery at HFWB has been reduced by 70%.

- The POD #0 ambulation rate for all spine patients at HFWB has increased from 33% to 77.6%.

- The length of stay for spine patients at HFWB has decreased from 2.67 days to 2.10 days.
Questions?