

2022 Michigan Spine Surgery Improvement Collaborative Quality Initiative Performance Index – Supporting Documentation

MSSICQI Report Template:

1. Prepared by: <i>Kari Jarabek, BSN, RN</i>	Date: <i>9/22/22</i>
2. MSSIC Site: <i>Avenger Medical Center</i> 	
3. QI Metric: <i>Urinary Retention Rate of Lumbar Spine Surgeries</i>	
4. Team Members/Departments: <ul style="list-style-type: none"> • <i>Dr. Steve Rogers- Surgeon Champion, Dr. Bruce Banner- Director of P.T., Tony Stark- Manager Ortho/Neuro Unit, Natasha Romanoff- CNS, Clint Barton- staff RN, Nick Fury- staff CNA, Kari Jarabek, MSSIC Abstractor.</i> 	
5. Baseline Data: <ul style="list-style-type: none"> • <i>Baseline Time Frame: 10/01/2020 – 09/30/2021</i> • <i>Baseline Data: 36/297 = Lumbar Urinary Retention Rate: 12.12%</i> • <i>Overall MSSIC Rate for the same time frame: 7.98%</i> 	
6. Goal/Target: <ul style="list-style-type: none"> • 20% reduction in the baseline Urinary Retention rate of 12.12%. • Post Intervention target: 9.70% 	
7. Analysis/Root Cause: <i>Why is our UR rate higher than desired?</i> <ul style="list-style-type: none"> • <i>Do we ambulate our patients early?</i> • <i>Our current early ambulation rates: W/in 8hrs= 21%, >8-12hrs= 48%, >12-24hrs= 14%, >24hrs= 7%, Not Doc=10%</i> • <i>Why are we only ambulating 21% of patients w/in 8hrs? Per staff interviews:</i> <ul style="list-style-type: none"> ○ <i>No Ambulation protocol to clarify best practice expectations for lumbar spine patients. When should patients ambulate, how far and how often?</i> ○ <i>Nursing Staff is not comfortable ambulating patients prior to the PT evaluation. This frequently does not occur until POD 1.</i> ○ <i>Lack of clear documentation expectations- what to document and where in the EMR.</i> ○ <i>If our patients still have an indwelling catheter, they are afraid to walk. They are afraid the catheter will get pulled. They tell us they will wait until it is out.</i> ○ <i>Patients do not know that it is important to walk the day of surgery. They are afraid they might hurt something if they move too early. They want their surgeon to give them the “o.k.” to walk.</i> 	
8. Proposed Countermeasures: <ul style="list-style-type: none"> • <u>Focus Intervention:</u> <i>Implementation of an Early Ambulation Program with goal to ambulate patients w/in 4hrs of floor arrival.</i> <ul style="list-style-type: none"> ○ <i>Walking expectations and education regarding its importance initiated during surgeon office visit and reinforced in pre-op Spine Class</i> ○ <i>PT to work with surgeons to develop an Ambulation Protocol with measurable goals.</i> ○ <i>PT to provide Mandatory Training of RNs, LPNs and CNAs to increase confidence and competency with early ambulation.</i> ○ <i>Designated place in the EMR to document ambulation- standardized work flow</i> ○ <i>Documentation expectations: each time and in measurable distances</i> 	

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<ul style="list-style-type: none"> ○ Visual cues and reminders on the unit indicating a patient's progress towards goals, clearly marked distances in halls & rooms, visuals at the bedside to engage patients and families, etc. ○ Surgeon Champion to meet with colleagues to promote earlier catheter removal- in PACU if medically able. 			
9. Plan: (Timeline with who is responsible for what, when, where and how.)			
<u>What</u>	<u>Who</u>	<u>When</u>	<u>Status</u>
"Importance of Early Ambulation" module development for Spine Class	-Natasha Romanoff- CNS	2/1/22	Complete
Spine Surgeon Meeting: <ul style="list-style-type: none"> ● Introducing ambulation expectations w/ patients ● Promote early removal of catheters- PACU if possible 	-Dr. Steve Rogers, Surgeon Champion	2/14/22	Complete
Ambulation Protocol Development	-Dr. Steve Rogers, Surgeon Champion -Dr. Bruce Banner- Director of P.T.	2/1/22	Complete
Ambulation Training In-service Development and Scheduling	-Dr. Bruce Banner- Director of P.T. -Tony Stark- Manager Ortho/Neuro Unit	2/1/22	Complete
Feb. 2017 Ortho/Neuro Unit Staff Meeting: <ul style="list-style-type: none"> ● Introduction of the Ambulation Protocol ● Standardized EMR documentation education for ambulation- where, each time and measurable. 	-Tony Stark- Manager Ortho/Neuro Unit -Natasha Romanoff- CNS -Clint Barton- staff RN	2/20/22	Complete
First Ambulation Training In-service Bi-monthly training on calendar after that	Dr. Bruce Banner- Director of P.T. -Tony Stark- Manager Ortho/Neuro Unit	2/27/22	Complete
New Ambulation Protocol Go Live	Tony Stark- Manager Ortho/Neuro Unit Natasha Romanoff- CNS Clint Barton- staff RN	3/1/22	Complete
Visual Cues to Promote Early Ambulation: <ul style="list-style-type: none"> ● Colorful posters in halls and patient rooms promoting Ambulation ● Daily Ambulation Tracking Cards at the bedside to 	-Tony Stark- Manager Ortho/Neuro Unit -Natasha Romanoff- CNS -Business Development staff for posters and tracking cards	3/1/22	Delayed- Issue with printing company. Misspelled hospital name. New posters by 3/15/22

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<i>engage patients and families</i>			
<ul style="list-style-type: none"> Distance Visuals in halls for measurement 	<ul style="list-style-type: none"> -P.T. for distance visuals in halls -Tony Stark- Manager Ortho/Neuro Unit 	3/1/22	Done
<ul style="list-style-type: none"> Ambulation Scorecard for each patient on electronic white-board 	<ul style="list-style-type: none"> -IT staff for electronic white board -Tony Stark- Manager Ortho/Neuro Unit 	3/1/22	Delayed- Problem with interface. Will need new modules. Cost to be reviewed 3/10/22

10. Evaluation Summary:

Baseline Time Frame:

- 10/01/2020 – 09/30/2021; Baseline Data: 36/297 = Lumbar UR Rate: 12.12%

Goal/Target:

- 20% reduction in the baseline UR rate to post-intervention target: 9.70%

Post-intervention Result:

- Lumbar UR for OR dates 2/1/22-8/31/22: 8.94% (16/179). Rate reduced by 26%.**
- GOAL MET.**

Target Intervention: Baseline Ambulation w/in 8hrs- 21%. Post-intervention Ambulation w/in 8hrs - 87%.

Lessons Learned:

- Ambulation training of RNs showed to be the most time consuming. This required education time away from patient care for both PT and nursing.
- There continues to be an ever increasing demand on nursing's time and resources. However, with administrative support and enhanced tools to focus attention on this important nursing function, nurses were able to improve their practice without feeling overwhelmed by new expectations.
- In May, there was some turn-over in staffing that tested our plan on how to assure new staff were properly trained and understood the Early Ambulation program. New staff orientation materials and check lists were developed to assure all areas were covered and future new staff would be appropriately educated.
- Having one designated place in the EMR to document ambulation made finding a patient's ambulation status simple and consistent.
- Despite the increase in ambulation w/in 8hrs, there was no increase in patient falls.
- Clinical updates and discussions between nursing and Case Management has increased as a result of nursing's front line awareness of functional status and potential discharge barriers.
- Accurately measured distances in the halls and rooms helped Case Management work with PT and surgeons to establish appropriate placement or need for services at discharge.
- Patients and families are highly satisfied with the Early Ambulation program. They feel an

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emphasis on a return to functioning and feel more engaged in their care.

Remaining Issue:

- Ambulation Scorecard for each patient on electronic white-board is still not accomplished. IT issues and cost continues to be a barrier.

Ongoing P-D-C-A:

- The Early Ambulation program has become standard of care and practice on the Ortho/Neuro Unit.
- The Unit's Nurse Governance Committee has included Early Ambulation as a nursing best practice of focus. To ensure this, the committee will:
 - Perform random, monthly chart audits on ambulation documentation
 - Review monthly UR and Same Day Ambulation rates
 - Review cases where patient was not ambulated on POD #0 to determine the reason and discuss any continued barriers to ambulation
 - Add an Early Ambulation component to the Annual Nursing Competency module.
 - Offer a 30 minute Early Ambulation training refresher on a quarterly basis for staff that are interested (performed by PT).
- UR will remain the measure for QI Initiative for 2023. In addition to establishing and refining our new Early Ambulation program, we would like to look at other opportunities in our post-op UR protocol and order sets.