



Improving Patient Mobility With the Implementation of a Collaborative Workflow on transfer from Peri-op to Orthopaedic Unit

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Introduction

Patients undergoing Total Hip and Total Knee Replacement Surgery, are to ambulate within the first four hours post-operatively, in order to reduce incidence of post-op complications. This is a requirement for the Joint Commission Advanced Certification for Total Hip and Total Knee Replacement Program.

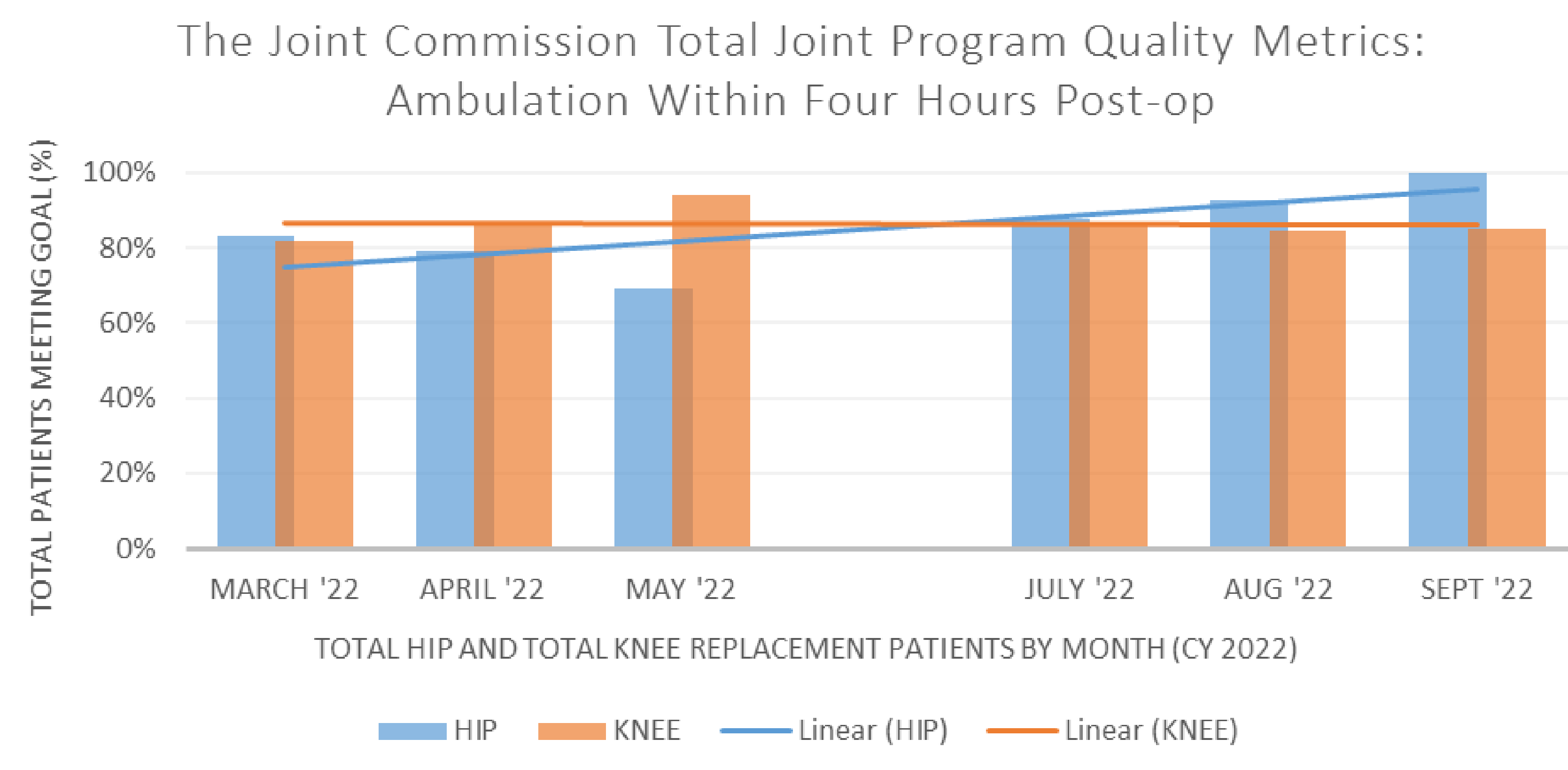
Aim of the Project

- To improve the workflow of transfer from the Post Anesthesia Care Unit (PACU) to the inpatient unit, to promote early mobility after surgery, and to ensure the Joint Commission standard of care is fulfilled.
- The desired goal is to ambulate the patient at least ten feet, upon arrival to the unit or within four hours and to achieve at least 90% documentation compliance, within three months.

Interventions

- Both unit's leadership team established a workflow where all Total Hip and Total Knee Replacement patients are transported to unit via a stretcher
- Patients ambulate from the stretcher to the bed upon arrival
- Nursing staff document the patient's highest level of mobility, utilizing the Johns Hopkins Highest Level of Mobility (JH-HLM) Scale

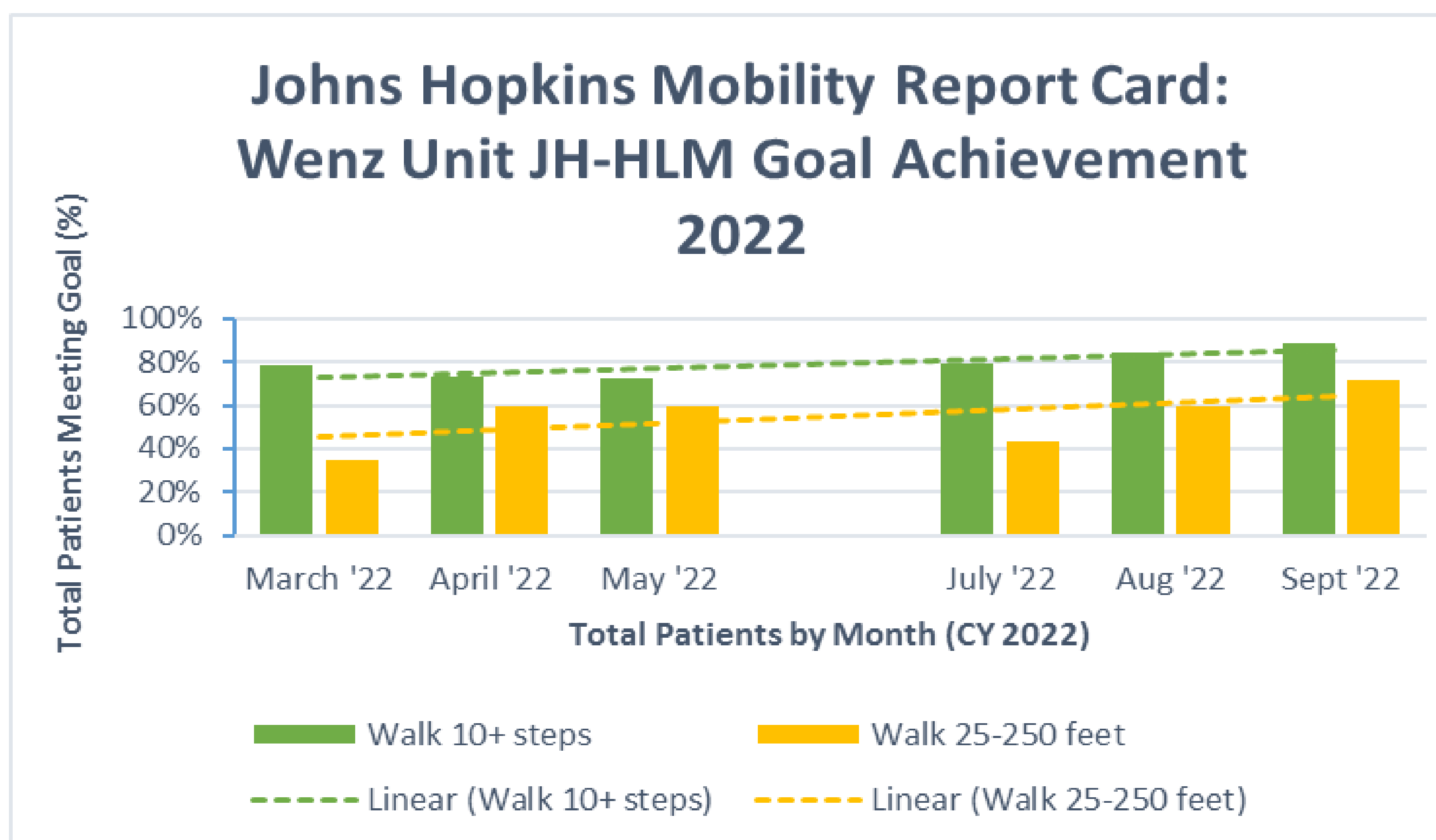
Results



The above graph represents one-hundred and seventy-seven total patients. Sixty-seven underwent Total Hip Replacements and one-hundred and ten underwent Total Knee Replacements.

There was a +31% improvement for patients undergoing Total Hip Replacements, from the month prior to intervention to three months post intervention.

There was a -9% decrease for patients who underwent Total Knee Replacements, during the same time frame.



Results (Continued)

There was a +16.8% improvement in patients achieving JH-HLM goal of 6 (walk 10 steps or more) from month prior to intervention to three months post-intervention

There was a +11.% increase in patients achieving JH-HLM of 8 (walk 250ft or more) in the same time period

Data Collection and Analysis

Documentation compliance of patient ambulation and JH-HLM via:

- Johns Hopkins Mobility Report Card via Tableau
- Hospital Quality Metrics for the Total Joint Program via Total Joint Program Coordinator

Discussion

The workflow remains in use on the orthopaedic unit and has demonstrated mobility improvement and sustainability.

Barriers to goal achievement:

- Patients waiting longer in or boarding in PACU due to capacity issues
- Patients that cannot safely mobilize upon arrival to the unit or within the first four hours- ex. Lower extremity numbness, pain, low blood pressure, etc.
- Non-unit staff who are unaware of the collaborative workflow
- Non-unit staff who are unaware of documentation expectations

References

References available upon request