Enhanced Mobility on General Surgery

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BACKGROUND

- General Surgery Department implemented Enhanced Recovery Program (ERP) in June 2017.
- Prolonged bedrest can lead to deconditioning, impaired mobility and potential for longer hospital stay.
- Delayed mobilization makes patient high risk for hospital-associated complications like pressure injury, DVT, falls and delirium.
- Although all clinical nurses and nursing assistants were educated regarding the importance of early ambulation some challenges with consistency remains.

PURPOSE

- To track the effectiveness of education, resources and communication tools for implementation of early ambulation.
- Will utilization of Ambulation Board and Home Sweet Home booklet help with patient and family engagement in early mobility and increase amount of ambulation each day?

REFERENCES

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METHODS

- Sample: RN, NA, Unit Secretary, patients and family.
- Inservice/education provided to staff.
- Education provided to patients and family regarding Home Sweet Home booklet and use of Ambulation Board.
- Quality improvement audits of the EHR conducted.

RESULTS

- Occurrences of ambulation increased from baseline data to intervention period.
- No significant change in the number of times a patient was up to a chair.

DISCUSSION

- Initial promising results from ambulation project with more consistent ambulation on day 2 following surgery.
- The project was aborted at the beginning of the COVID-19 epidemic when general surgery patients were moved to a different unit.
- Consider training RNs on 5 West (current home of General Surgery patients). Home Sweet Home booklet provided to new unit.

CONCLUSIONS

- An Ambulation Board and the Home Sweet Home Booklet had an impact on patient ambulation during early 2020. Full impact of the program could not be determined because of interrupted implementation.