Push for Progressive Mobility: A motivational strategy of pedometer use in postoperative patients to gain a Mobility Technician resource.

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Background
- Mobilization post operatively is a standard of care.
- Post op mobilization improves postoperative infection, venous thromboembolism, delirium, length of stay, patient satisfaction and cost of hospitalization (King, 2012).
- Also affects disposition for discharge planning; home versus rehab facility (Exum & Hull, 2019).
- Pre intervention complication rates in total joint replacements in a 6 months span were at 18%.

Methods

Initial phase
- The team (charge RN, Nurse Manager, Attending Surgeon) met to review current state of ambulation and perform a lit review.
- In-scope population: all elective total joint replacements.
- Eventual expansion to all elective surgeries
- Pamphlets developed in English, Spanish and Polish to educate patients on the program.
- Staff educated to the project including operating the pedometers, data collection log, and emphasis on ambulation

Pedometers
- An application was completed and granted for an allocation to purchase the pedometers from the Medical Center Presidents 2020 fund.
- These were given to patients new, and patients were encouraged to take home and continue use.

Purpose
- This program was an EVP project.
- Data collection to demonstrate the importance of dedicated mobility with direct correlation to outcomes.
- If the outcomes improved as suspected, there was a stretch goal to advocate for a full-time dedicated mobility technician on the nursing unit.
- The data collected focused on post operative outcomes; steps during hospitalization, Length of Stay (LOS), complications, discharge disposition.

Findings
- In the three months following implementation, joint replacement patients saw a reduction in total complications by over 60% (from 18% to 11% of cases; p<0.01)
- Control group unchanged

Discussion
- The value of early and often mobilization in surgical patients improved patient outcomes as they relate to reduction in overall complications.
- The first part of this project was to further the point that dedicated mobility is a worthy investment as they improve outcomes and overall patient care.

Documentation
- See figure 2
- Initiated by primary RN to include ambulation episodes, disposition and LOS
- Final data aggregate compared all variables and post operative data including complications.

Length of Project
- This project data collection window was August 2020-December 2020

References