

Ambulating Open Heart Surgery Patients on TOHU

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Background/Significance

- Patient's coming out of open heart surgery need to be ambulating multiple times daily.
- If the patient is walking, it is often not documented in Epic, leading it to appear that patient's are not ambulating.

Current Practice at LVHN:

Ambulation Protocol -

POD #1: OOB to chair, ROM and ambulate in room, OOB for lunch and dinner, ambulate 100 feet twice at PM

POD#2: Ambulate 240 feet 5-6 times throughout day, OOB to chair for all meals

POD #3: discharge: Ambulate 480 feet 5-6 times throughout day, OOB to chair for all meals

Purpose: To restore and maintain optimal physiology and psychological status.

PICO Question

In open heart surgery patients on TOHU and the multidisciplinary staff caring for them, does the implementation of a standardized walking chart improve patient ambulation to meet protocol goals, and improve the communication of multidisciplinary staff as evidenced by accurate documentation of walks in Epic?

Process/Implementation

- Have staff on TOHU complete mandatory TLC.
- Distribute education sheet on the benefits of early ambulation to every open heart surgery patient meeting criteria for this project.
- Educate staff, families and patient's on the importance of filling out the new walking charts in every open heart surgery patient's rooms whenever the patient ambulates.
- Gather evidence weekly and ensure staff compliance.
- Perform chart reviews to ensure each patient walk is documented and each open heart surgery patient is walked 5-6 times/day per protocol.
- Review 30 OHS patient charts prior to implementation of project and review 30 OHS patient charts post implementation of project.

Evidence

Why is ambulating important?

- Early physical activity can prevent many serious and fatal complications in the post-op phase
- Physical inactivity in hospital has many unfavorable consequences:
 - neuromuscular dysfunction
 - metabolic disturbances
 - other organ system abnormalities that add to the disease burden
- Early ambulation in open heart patient's showed:
 - Improvement in respiratory features (crackles, dyspnea, lung functions)
 - ↓ dysrhythmia and atelectasis

Why does ambulation get missed?

- "There exists a time-honored impression that bed rest is therapeutic and physical activity harmful in the presence of illness."
- Qualitative studies on reasons ambulation doesn't happen in the hospital setting:
 - **Time/lack of staff**
 - **Ease of omitting ambulation**
 - **Believing ambulation was the job of a physical therapist**
 - Pain/weakness/fatigue
 - Invasive medical devices (IV line, urethral catheters)
 - **Lack of patient motivation**

POD #3				
Date:				
OOB in chair for ALL meals <input type="checkbox"/>				
	Time	Distance (ft) *goal = 480/walk	Who assisted?	Documented in Epic?
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6 ☺				<input type="checkbox"/>

Outcomes/Results

- Recorded walks on walking chart encouraged patient's and staff to meet the number of walks per day.
- There have been an increased number of documented walks in EPIC since the implementation of the new walking charts.

Barriers:

- Staff were not consistently recording walks on walking charts.
- Complications from surgery, requiring patients to stay on OHU longer than expected.
- Patient's were discouraged by the current protocol stating that the patient had to walk said number of feet per walk.
- Float RNs that do not know the current CT surgery protocol.

Next Steps/Lessons Learned

Next Steps:

- Continue to educate patient's on the importance of early ambulation after surgery.
- The current walking chart will need to be modified to improve staff compliance on recording walks on chart and in EPIC.

Lessons Learned:

- Every patient outcome after surgery is different and unexpected and this needs to be taken into consideration when educating patients about their expected number of walks per day.

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