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Spinal Pathway Education

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Published In/Presented At

Reiss, C., Dalling, A., Dalling, D., Werkheiser, C., & Pham, K. (2020, August). Spinal Pathway Education. Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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Spinal Pathway Education

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BACKGROUND

- Nurses and technical partners noncompliance with ambulation guidelines due to lack of knowledge on spinal pathways
- Spinal pathway for elective lumbar fusion (1-2 levels) & lumbar non-fusion (laminectomy/discectomy, multiple levels) surgery
- On post-op day #0, patient is to be out of bed, ambulate 100 feet OR at preoperative baseline, advance 50 feet each time out of bed.
- On post-op day #1, patient is to be out of bed and sitting in chair for all meals, ambulating to bathroom, and ambulating at least 5 times a day.
- Patient should progress in walking protocol and increase in endurance (by 50 feet each ambulation)

PICO

- P: Nurses and Technical Partners
- I: Education
- C: No Education
- O: Registered nurses and technical partner's knowledge of spinal pathway ambulation guidelines

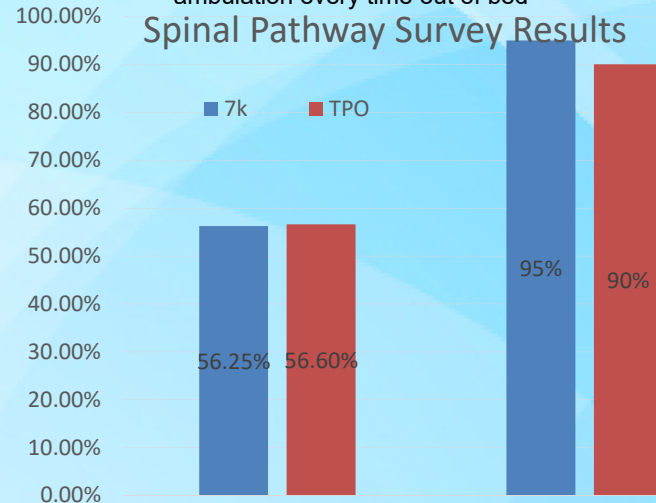
EVIDENCE

- Ambulation on the day of surgery or POD 1 decreases perioperative morbidities and LOS. Those who got OOB soon after surgery decreased their LOS by 16% (Epstein, 2014).
- Ambulation on POD 0 decreased LOS, rehab discharges, readmissions, and complications such as UTI, URI and ileus in spinal surgical patients (Zakaria et al., 2019).
- Early ambulation can decrease serious complications such as PE, pressure injuries, infections, paralytic ileus, delirium, deconditioning and muscle weakness. Nurses failing to get patients OOB promptly after surgery delays discharges (Rupich et al., 2018).
- Nurse and TP led mobility programs lead to decreased number of falls and readmission rates (Rupich et al., 2018).
- Early ambulation led by nurses decreases the incidence of falls and readmission rates (Rupich et al., 2018).
- Transfers in bed on discharge showed significant improvement compared to those who did not ambulate following surgery (Bizheva et al., 2016).
- Early mobilization after surgery leads to greater patient satisfaction as well as improved performance based functional tests (Burgess & Wainwright, 2019).

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OUTCOMES

- Prior to education:
 - 7K:
 - 24 completed surveys
 - Survey average score of 56.25%
 - TPO:
 - 15 completed surveys
 - Survey average score of 56.6%
 - 93% reported that they document patient's ambulation every time out of bed
- After education:
 - 7K:
 - 20 Completed surveys
 - Survey average score of 95%
 - TPO:
 - 10 completed surveys
 - Survey average score of 90%
 - 100% reported that they document patient's ambulation every time out of bed



Pre-education Post-education

Patient Imperatives	POD#0 Same Day Surgery	POD#1	Subsequent Postop Days
Functional Status Mobility/Ambulation	<input type="checkbox"/> Can patient walk 100 feet? Or <input type="checkbox"/> Is patient ambulating at preoperative baseline?	<input type="checkbox"/> Is the patient OOB in chair for all meals? <input type="checkbox"/> Is the patient ambulating to bathroom? <input type="checkbox"/> Is the PT initial evaluation completed?	<input type="checkbox"/> Progressing in walking protocol and increasing in endurance (50ftx5)? <input type="checkbox"/> Brace required for ambulation delivered (if applicable)?

IMPLEMENTATION

- Pre-education survey distributed to 7K and TPO registered nurses and technical partners
- TLC education assigned to staff. Education includes:
 - What procedure the pathway applies to
 - What the spinal pathway is
 - The benefits of following the spinal pathways based on evidence
 - Importance of documentation
- Post-education survey distributed
- Handouts posted at nurses stations on spinal pathways expectations

NEXT STEPS

- Stress the importance of educating patients
- Encourage registered nurses and technical partners to continue documenting patient's activity to monitor progress

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