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The Effects of Early Mobilization on Length of Stay for Patients Undergoing Total Joint Replacement Surgery

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PURPOSE:
The purpose of this project is to study early mobilization of patients receiving primary TJR surgery on POD #0 and its relationship on hospital LOS.

BACKGROUND:
Early mobilization through standardized interdisciplinary clinical care pathways can reduce LOS, decrease adverse events, and allow patients to endure better overall functional outcomes. With the shift towards bundled payment reimbursement, this advancement in care, stands to benefit both the patient and the hospital. Focusing on a clinical pathway that involves initiating mobility on the day of surgery has been found to be associated with a shorter LOS. Focused patient pre-operative education, setting of patient expectations, nursing and staff education, and interdisciplinary communication has led to internal cultural change. The addition of a dedicated rehabilitation staff was incorporated for better continuity of patient care and establishment of shared goals for high quality and cost-effective care.

DESCRIPTION:
Early mobilization data was collected from July 2014 through January 2016, for primary total knee and hip replacement patients. The goal was to determine if early mobilization that involves initiating mobility on the day of surgery would affect length of stay. Early mobilization was defined as completion of a POD #0 evaluation by physical therapy, or by sitting edge of bed, standing at the bedside, or transferring to a bedside chair from a dedicated member of the interdisciplinary team. Mobilization was initiated on the orthopedic unit after sustaining an elective total joint replacement surgery were mobilized by the interdisciplinary team. At the completion of the project, an average of 97.25% of the patients admitted to the post-op orthopedic unit after sustaining an elective total joint replacement surgery were mobilized by the interdisciplinary team. This demonstrates a significant change by greater than 25% (25.8%) of patients now being mobilized through the early mobilization protocol.

REFERENCES:
1. deCharms RC, Sacco W. Early mobilization of cardiac surgical patients during their clinical day. Int J Cardiol. 1996;54(1):77-83.

CONCLUSIONS:
Amidst rising pressure to provide the highest quality care at the lowest price, healthcare organizations are placing greater emphasis on reduction of hospital length of stay while maintaining error reduction, promoting safety, and ultimately improving the service that is provided to the patient. The focus on early mobility of the elective total joint population is key in the overall reduction of hospital costs. The results of this project supported current evidence and confirmed the hypothesis that early mobilization on POD #0 was effective strategy in reducing LOS. The implementation of this clinical care pathway further reduced LOS by an average of 0.37 days.

Key Contributing Factors
• Dedicated Interdisciplinary Orthopedic Team
• Enhanced Pre-Operative Patient Education
• Enhanced Caregiver Involvement
• Establishment of Patient Expectations
• Surgeon, Hospitalist, and Anesthesiologist Engagement

Benefits
• Improved patient satisfaction
• Decrease in adverse medical events
• Empowerment and collaboration amongst the interdisciplinary team

Opportunities for Future Study
• Fast Track: Rapid Recovery Program with the incorporation of “Prehab.”
• Application of a standardized functional mobility assessment tool that spans from pre-operative to post-acute discharge for patients undergoing Total Joint Replacement for establishment of the most cost effective care path.