Be a Hero, Get Up on Day Zero: 

*Exploring and Implementing Evidence Based Practice*
Introduction

• BSN from Dominican University of California
• New grad on 12 Long at UCSF
• “Be a Hero, Get Up on Day Zero” in 2012
The Unit

“Where the magic happened”

• The patient population
  – Primary total knee/hip arthroplasty (TKA/THA)
  – Complex revisions TKA/THA
  – Neurospine and orthospine surgeries
  – Plastics & reconstructive surgery

• Busy 36 bed unit with a high turnover rate
The Problem

Or a project idea...

- Arthroplasty attending requested that the patients get up on day of surgery (POD#0)
  - Top down directive
- The arthroplasty patients taught:
  - “The physical therapist will get you up on POD#1”
The Problem

Ambulating the average 12 Long post-op pt

- Many attachments
- Available walker
- Continuous monitoring
- Assistance of at least 2 people
- Time requirement – 15 to 45 minutes
The Problem

Continues...

- Perceived barriers by the RNs on the unit:
  - No standard protocol
  - Pain and nausea
  - NO TIME!

- RNs are ultimately accountable
  - Possible backlash if RNs fail to ambulate the patient
Evidence Based Practice Fellowship

Opportunity

- UCSF's EBP Fellowship program
  - Need at least 2 years of experience, 1 year at UCSF, and work >50%
  - Project proposal and a letter of support from unit manager and a coach
  - Competitive selection process
  - Accepted applicants must be able to:
    - Attend all the workshops
    - Complete their project in the time frame
    - Present project
Project Proposal

Fail...

- **EBP fellowship opportunity comes up**
  - *Project idea #1:*
    - Qualitative project: “Nurses' perceptions of barriers to POD#0 ambulation”
    - Need to come up with something better...stronger
    - Can we start with baby steps?
      - *Dangling off the edge of bed?*
EBP Proposal

Accepted!

• Proposed project title:
  – “Dangling the post-op day zero patient: Exploring nurses' and patients' perceptions of benefits and barriers to getting up to the edge of the bed to dangle on post-op day zero”

• Ending project title:
  – “Be a Hero, Get Up on Day Zero!”
The Inception

Questions to self

• Is ambulating patients on POD#0 an evidence based practice?
• How can I get my colleagues' buy-in?
• How can I get the patients' buy-in?
Gathering Evidence

*Literature review*

- Enlist the help of your local medical librarian
  - 1:1 session to help narrow down the search topic
  - *Pubmed, CINAHL, JBI*
  - Set-up an automatic, updating search
  - Gather all current available literature on the topic
  - Ongoing process
Gathering Evidence

Critical appraisal

- Peer reviewed research articles
- Systematic reviews
- Case studies, opinion articles
- Anecdotal evidence
  - Expert opinion/consensus
  - Other institutions
  - This can be used in EBP, QI, and process improvement projects
Literature Review

Article #1

Accelerated perioperative care and rehabilitation intervention for hip and knee replacement is effective: A randomized clinical trial involving 87 patients with 3 months of follow-up (Larsen, K., et al, 2008)
Literature Review

Article #1

- **Intervention group**
  - Pre-op education session and work-up
  - Admitted the day of surgery
  - Own clothes
  - Staff worked with the patient to achieve *preset goals*
  - Mobilization began on the day of surgery, with the goal being *4-8 hours out of bed*

- **Control group**
  - No pre-op education session
  - Admitted the day before surgery for work-up
  - Hospital gown
  - Expected to mobilize on the day of surgery
Literature Review

Article #2

Low risk of thromboembolic complications after fast-track hip and knee arthroplasty (Husted, H., et al, 2008)
Literature Review

Article #2

- Patients who received the fast-track approach
  - ambulated within 2-4 hours of surgery, had a short hospital stay (3 days), and had a shorter course of DVT prophylaxis
- Less incidence of PE and DVT in the patients who underwent the fast-track approach versus the conventional approach
- Lack of ambulation was predictive of venous thromboembolism
What Is Your PICO?

*Figuring out your PICO(T) question*

- **Population/people**
  - *Who are your subjects?*

- **Intervention**
  - *What will your test of change be?*

- **Comparison**
  - *Pre data vs. post data*

- **Outcome**
  - *What is your intended outcome for the project, what would you like to see happen?*

- **(Time)**
  - *What is your timeline?*
PICO

Population

- Intended to only collect data on primary total knee arthroplasty (TKA) patients
- Later included both TKAs and THAs (total hips)
- Increased the sample size (n=86)
PICO

**Intervention**

- Pre-op teaching about POD#0 ambulation to patients
  - *Pre-op class already established by NP*
- In-service for RNs at the staff meeting
Comparison

- Typically a comparison of baseline and planned intervention
- Began by “trying” to collect pre-data
- Patients who received the pre-op education vs. those who did not
PICO

**Outcome**

- Originally...
  - *intended to measure patients and nurses’ knowledge and perceptions to barriers...etc*

- Instead
  - *Change in rate of POD#0 ambulation*
My PICO Question:

Will pre-surgical patient education for patients undergoing primary total knee or hip arthroplasty increase the rate of patient ambulation on post-op day zero?
Project Design Overview

How am I going to implement all this?

• Bridge the gap in patient education
• Raise awareness of the project on the unit
• Campaign the RNs/staff
• Collect pre/post data
• Evidence of barriers to ambulation
Identifying Stakeholders

*Your project is in their hands!*

- Nurses
- MDs
- Nurse Manager
- Patients – most important
Nurse Education

- RNs:
  - “If it's good for the patients, we will do it”

- Post flyers that are fun and stand out

- Branding - “Be a Hero!”

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Post-op Day Zero Ambulation Fact Sheet

1. Research shows that early ambulation along with other interventions helps decrease risk of VTE, decreases hospital LOS, improves quality of life after surgery, and decreases mortality rates.

2. Remind the patient to always CALL FOR HELP when getting up.

3. Ask a PCA or another RN to help you get the patient up.

4. Ambulation within 2-6 hours of surgery is most beneficial, offer to get the patient up upon arrival from PACU during your initial assessment.

5. Sitting in the chair for 15-30 minutes counts as ambulation on POD#0.

6. Tell the patient to try out their new joint! It’s beneficial to start walking 15-30 feet on the day of surgery.

7. Continuously assess your patient for pain, nausea, and orthostatic hypotension.

Remember – You are still a HERO if you TRY :)
Patient (Re)education

- Managing patients' expectations
- Motivate to move
- “You're still a hero if you try!”

Post-op Day Zero Ambulation Fact Sheet

1. Always CALL FOR HELP when getting up
2. Your orthopedic nurse will help you get up using a walker
3. Try to get up within 2-6 hours of surgery
4. Sitting in the chair for 15-30 minutes counts as ambulation on POST-OP DAY 0
5. Try out your new joint! It’s beneficial to start walking 15-30 feet on the day of surgery
6. Tell your nurse if you have pain, nausea, or dizziness prior to getting up
7. Early ambulation helps decrease risk of blood clots, decreases hospital stay, and improves quality of life after surgery

Remember – You are still a HERO if you TRY :)
Data Collection

Crunching numbers

<table>
<thead>
<tr>
<th>Patient name (First, Last)</th>
<th>Type of surgery</th>
<th>Date of surgery</th>
<th>Attending</th>
<th>Ambulate on POD#0? (yes/no)</th>
<th>If no, what is the reason?</th>
</tr>
</thead>
<tbody>
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- Post-op day zero ambulation is the standard on 12 long
- Examples of POD#0 ambulation include walking or sitting in the chair within 2-6 hours of surgery for at least 15-30 minutes
- Monitor the patient for orthostatic hypotension, pain, and nausea while helping the patient mobilize on POD#0
Data Analysis

Total number of patients who had a THA or TKA
03/05/2012 – 05/29/2012
= 115 patients

Total patients included in the project n=86 (patients with missing data were not included)

- THA – 41% (n=35)
- TKA – 59% (n=51)
Results

Drumroll please...

- Did the patient ambulate on POD#0?
  - Yes – 50% (n=43)
  - No – 50% (n=43)

- What was the difference in ambulation rate between TKAs and THAs?
  - TKA – 47% (n=25)
  - THA – 51% (n=18)
Results

Did my intervention help?

• **74%** of patients who attended the pre-op class ambulated on POD#0

• **36%** of patients who did not attend the pre-op class ambulated on POD#0
Results

What were the barriers to ambulation?

Reasons for not ambulating on POD#0

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Patients</th>
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<tbody>
<tr>
<td>Nausea</td>
<td>10</td>
</tr>
<tr>
<td>Pain</td>
<td>9</td>
</tr>
<tr>
<td>Late admit</td>
<td>8</td>
</tr>
<tr>
<td>Drowsy</td>
<td>6</td>
</tr>
<tr>
<td>Low BP</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>2</td>
</tr>
</tbody>
</table>
Breaking Down Barriers

Nausea (n=10)

• Consulted Orthopedic Service Pharmacist
  – Suggested ondansetron as effective preventative agent

• Anesthesia made aware
  – Asked for intra-op ondansetron
  – Some anesthetists adopted this
  – RNs encouraged to assess and pre-medicate
Breaking Down Barriers

Pain (n=9)

- Multi-modal pain protocol
  - Evidence based practice
- Got rid of PCA
- Kept PNI or nerve block
- Focus on PO pain meds – Oxycodone/contin
- Using adjuncts – acetaminophen IV, Celebrex, gabapentin
Breaking Down Barriers

Late admit (n=9)

- Most challenging barrier
- Busy time on the shift after 1700-1900
- If patient admitted on night shift – will likely not get up
- In a dream world:
  - PT available until 1900 or later to work with post-op patients on POD#0
Breaking Down Barriers

Other barriers

• Drowsy (n=6)
  – *Multi-modal pain protocol*
  – *RNs encouraged to reassess*

• Low blood pressure (n=4)
  – *Standing order for PRN fluid bolus prior to ambulating for the first time (instituted after completion of project)*

• Patient refused (n=2)
  – *Personally encouraged the patient and explained about the benefits, but the patient still refused*
The Aftermath

Adjusting to increased risk of falls

• Several assisted falls
  2/2 patient's knee buckling
    – Anesthesia reduced the PNI bolus dose
    – Knee immobilizer for the first 24 hours
The Aftermath

Moving forward

• Earlier physical and occupational therapy
  – Comprehensive session on POD#0
  – Standardize practice
  – Increase patient satisfaction and reduce LOS
The Aftermath

*Sustainability*

- The data collection sheet is still being filled out by all charge RNs
  - *Used in MD rounds on POD#1 and patients are commended if they ambulated*
    - Patients like to be called “Heroes”
    - If patient did not get up – it's made a priority for early POD#1
    - Both patient and nurse are held accountable for ambulation
The Aftermath

Visible Change

Average Length of Stay for THA

Average Length of Stay for TKA
Professional Achievements

How this project affected my nursing practice

• Ambulation champion
• Interdisciplinary involvement
• Successful change of practice on the unit
Professional Opportunities

Presenting “Be a Hero” to a wider audience

- Research Days Conference 2012
- InQuERI Nursing Research Conference 2012
- UCSF's Quality Fair 2012
- ANCC Magnet Conference 2013
- Medical-Surgical Nursing Conference 2014
Lessons Learned

For future projects

• Planning
  – There is never enough time, so start right away
  – Be flexible
  – 7 different ways
  – Roll with the punches
Lessons Learned

For future projects

• Timing
  – …is everything
  – My project gained steam because LEAN project/bundled payment was happening at the same time
  – My “barriers” data helped push the MDs towards getting rid of the PCA, starting multi-modal
  – The project should align with unit and institutional goals to have the most chance at success
Lessons Learned

For future projects

• Realistic expectations
  – People – they are people and you will still have at least two refuse
  – Implementation – set out to do one thing and end up doing something else completely
  – Comparison
    • Want pre-data? – nope, sorry!
    • Want TKAs? – here is everyone!
  – Outcome – might not be what you expected
Conclusion

*Baby steps to breaking barriers*

- Set out to do some surveys
- Scientific process
  - Literature review
  - Developing PICO question
  - Project design
- End with a totally different project
  - Increased POD#0 ambulation rate
  - Identified important barriers
Acknowledgements

Thank you!!

• 12 Long Staff, UCSF (amazing RNs, PCAs, PT/OT)

• Kathryn Curcione, RN, BSN, ONC, NE-BC, Patient Care Manager, 12 Long, UCSF

• Debbie Burge, Assistant Manager 12 Long, UCSF (designer of the “Be a Hero” cartoon)

• Daphne Stannard, RN, PhD, CCNS, Director & Chief Nurse Researcher, INEx, UCSF, EBP coach and mentor

• Lindsay Bolt, RN-BC, MS, Clinical Nurse Educator, INEx, UCSF
Questions? Comments?

Contact information:

Olga Sukhenko

email: olga.sukhenko@ucsfmedctr.org

Please feel free to contact me with any questions or comments