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"Rise and Shine" Early Ambulation in Surgical Patients

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Rise and Shine

Early Ambulation in Surgical Patients

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Abstract

An assessment done in a hospital unit established low rates of early ambulation for patients in postoperative care. At the same time, early ambulation after surgery has been shown to improve clinical outcomes and patient satisfaction. Some of the factors for the low rates of early ambulation include inadequate nurse staffing, poor teamwork, and the inability to utilize technology effectively. Consequently, a project was designed to empower nursing staff, promote interprofessional collaboration, and obtain technologies for ambulation. It is expected that the project will improve rates of early ambulation and lower hospital length of stay.

Rise and Shine

Introduction

Problem Description

A critical problem identified relates to the inability of the hospital to effect early ambulation, which has adverse effects on clinical outcomes and patient satisfaction. Early ambulation is postoperative care technique in which a patient engages in light physical activity soon after an operation (De Almeida et al., 2017). The problem of late ambulation can be attributed to the high workloads nurses must bear and the lack of adequate interprofessional collaboration. Ensuring early ambulation is an important goal for the organization as it would help lower costs, improve clinical outcomes, and increase patient satisfaction.

Available Knowledge

Available knowledge supports the need for health care organizations to include early ambulation in postoperative care. The available evidence can help in answering the PICOT question: Among surgical patients, does early ambulation, as compared to no intervention, improve clinical outcomes within the treatment period? Miwa et al. (2017) conducted a study to establish the impact of early ambulation among cardiac surgery patients and found that early ambulation reduced post-operative hospital stay (Miwa et al., 2017). Additionally, early ambulation lowered care costs and enhanced clinical outcomes. De Almeida et al. (2017) also established that early ambulation improved functional capacity and supported healing.

Rationale

The proposed intervention is supported by Jean Watson's theory of human caring, which focuses on health promotion and disease treatment. It identifies carative factors that support the caring experience of patients (Pajnkihar, Štiglic, & Vrbnjak, 2017). In addition, it emphasizes the

need for nurses to create transpersonal caring relationships with patients and to develop caring moments (Pajnkihar, Štiglic, & Vrbnjak, 2017). Based on the theory, caring for patients improves clinical outcomes and patient satisfaction. Similarly, this theory can be used to predict that early ambulation can enhance clinical outcomes since the intervention presents a caring activity.

Specific Project Aim

The aim of the project is to implement strategies such as promoting interprofessional collaboration, using technology, and empowering nurses to effect early ambulation. Increased rates of early ambulation are expected to improve clinical outcomes, reduce the length of stay, and improve nurses' level of satisfaction.

Methods

Context

The project is based in an inpatient setting that offers care to patients who have undergone surgery and other treatments. Based on the microsystem assessment, the unit has inadequate nursing staff, which limits the ability to offer continual personalized care. There is also a low level of collaboration among nurses, physicians, therapists, nurse practitioners, and other health care workers. Poor teamwork and collaboration present barriers in terms of offering optimal care to patients. The unit has a diverse staff population in terms of ethnicity, race, gender, and age. The diversity is important as it allows the hospital to offer appropriate care to its diverse patient population. In fact, this diversity can be considered an essential strength. Another strength, based on the SWOT analysis, is the willingness of the management to support continual improvement change programs. Also, the organization has developed effective leadership structures and practices. However, inadequate staffing and low teamwork are key weaknesses. Nevertheless,

there are opportunities for the organization to improve itself through institutionalizing evidence-based practice and relying on emerging technologies. A major threat is the current regulatory environment that requires health institutions to offer quality and safe care. Finally, the communication practices implemented in the organization are effective as they promote staff involvement.

Intervention

The proposed intervention entails executing various strategies to improve early ambulation within the unit. The strategies include empowering nurses, enhancing the use of technology, and promoting interprofessional collaboration. Empowering nurses would entail addressing barriers they face when effecting early ambulation and increasing the nursing staff to minimize workload. In addition, various technological supports would be acquired for patients who can use them to ambulate. The use of such technologies will reduce human resource needs and increase patients' self-efficacy. Furthermore, increasing interprofessional collaboration would enable synergies and teamwork to effect ambulation. The process of implementing these changes would encompass creating a project team to oversee the implementation.

Measures

Two measures, one outcome and one process measures, are selected for use in evaluating the intervention. The process measure would be the percent of patients who underwent early ambulation after surgery. This measure is necessary as it aims to establish whether the strategies implemented translated to increased early ambulation practices for patients in postoperative care. The outcome measure would be the length of hospital stay between those who receive early ambulation and those who do not. This outcome measure would help in determining whether early ambulation improved patient outcomes in terms of reduced hospital stay.

Ethical Considerations

A critical ethical aspect that would be considered is participant privacy and confidentiality. Patients, nurses, physicians, and other health care workers who will take part in the study will provide information, which must be kept private and used only for the intended purposes. In addition, patient autonomy will be preserved by ensuring that only patients who consent to take part in the study are involved. Consequently, the patients or their close family members will be required to fill a consent form. There is no conflict of interest.

Results

The implementation process encompassed executing the strategies identified in the intervention. Appendix 1 (timeline diagram) illustrates the activities conducted within the twelve weeks of the project. The first step, in the planning phase, involved creating the project team, which included nurses, physicians, therapists, and other critical stakeholders. It was important to develop a multidisciplinary team as evidence shows that such teams promote the attainment of program goals by enhancing decision-making, problem-solving, innovation, and performance (Soukup, Lamb, Arora, Darzi, Sevdalis, & Green, 2018). The project team was charged with the responsibility of overseeing the implementation process while monitoring and controlling it. Additionally, the team managed stakeholder engagements through the adoption of a communication plan.

Nurse empowerment was one of the strategies implemented to enhance early ambulation. To do so, the team engaged the nursing team and sought to know the challenges they face. A critical issue that emerged is that nurses lacked adequate time to offer ambulation mainly because of the many patients they served. To address this problem, the project team developed new nursing schedules that included ambulation as a key activity. Additionally, a training

program was instituted to improve nurses' knowledge and attitudes towards early ambulation. The second strategy involved using technology for ambulation. Accordingly, the project team explored available technologies and recommended the procurement of the appropriate ones. Through effective engagement, the team was able to convince the management to fund the procurement. Nurses and other health care workers were also taught on how to use the tools and equipment bought during patient ambulation. Interprofessional collaboration was the final strategy implemented. Early ambulation can be effectively adopted if nurses, physicians, and other professionals collaborate when caring for patients. Consequently, the project team held meetings with health professionals within the organization to emphasize the need to collaborate. More importantly, it was decided that care plans must reflect interprofessional collaboration. As a result, new care plans were created in which nurses had to collaborate with other professionals to support early ambulation.

The process measures, which are represented by the three strategies highlighted above, were largely successful. In addition to empowering nurses, the project was successful in obtaining ambulation technology and initiating a culture of interprofessional collaboration. Regarding the outcomes, it was observed that the percentage of patients who underwent early ambulation increased by 20%. Contextual elements such as the availability of effective leadership, diversity, and appropriate communication practices supported the attainment of positive outcomes. The implementation process faced one challenge, which was staff resistance during the initial steps. Staff members were concerned that the program would increase their workload. However, after engaging them, they were able to see the importance of the project and the fact that the project actually reduced workloads.

Discussion

Summary

The key finding observed from the change program is that the implementation of the various interventions increased early ambulation rates. To start with, nurse empowerment enhanced the ability of nurses to advocate for patients and increase their involvement in early patient ambulation activities. According to Holdsworth, Haines, Francis, Marshall, O'Connor, and Skinner (2015), nurse empowerment that focuses on enhancing knowledge and attitudes towards patient mobilization can support early ambulation. More importantly, strategies that reduce workloads and enhance nurse availability are essential (Holdsworth et al., 2015). Similarly, this project focused on equipping nurses with skills and competencies and enhancing their availability to offer ambulation, which explains the positive outcome realized. Besides nurse empowerment, the project's success can also be attributed to the utilization of ambulation technology. Lastly, the interprofessional collaboration supported the provision of holistic care by involving diverse professionals within the caring process. According to Holdsworth et al. (2015), interprofessional collaboration enables the creation and implementation of care plans that include early ambulation.

In addition to implementing appropriate interventions, other factors that contributed to the success of the project included the support of the management and availability of effective leadership. The organization's management provided funding and approved staffing plans to support early ambulation. It also set the tone necessary for staff members to accept the change. Moreover, formal and informal leaders within the organization played an important role of ensuring that key stakeholders accepted and owned the change program. According to Leviton and Melichar (2016), stakeholder engagement is essential in obtaining buy-in and commitment.

Likewise, the success of this project depended on involving stakeholders in decision-making and addressing their concerns and needs.

Conclusions

Based on the findings, nurse empowerment, interprofessional collaboration, and the use of rehabilitation technology enhanced early ambulation. The project was useful as it helped to promote the quality of care services offered. Early ambulation has been associated with reduced recovery time for post-operative patients. Besides reducing morbidity and mortality, early ambulation enhances nursing practice. Accordingly, by implementing measures that enhanced early ambulation, the project advanced the organization's goal of offering quality care services. Going forward, it is important for the organization to sustain interprofessional collaboration and continue investing in mobilization technology. Additionally, it should continue assessing nurses' workloads to ensure that they have adequate time to perform ambulation. Conducting training programs to improve nurses' knowledge and attitudes towards ambulation is also necessary. Concerning implications for nursing practice, the study highlights the importance of early ambulation in post-operative environments and strategies leaders can use to effect it.

References

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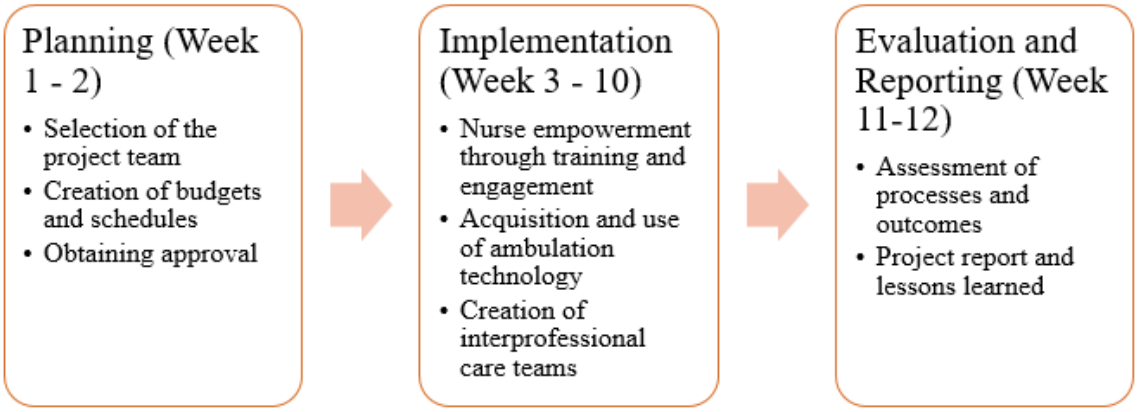
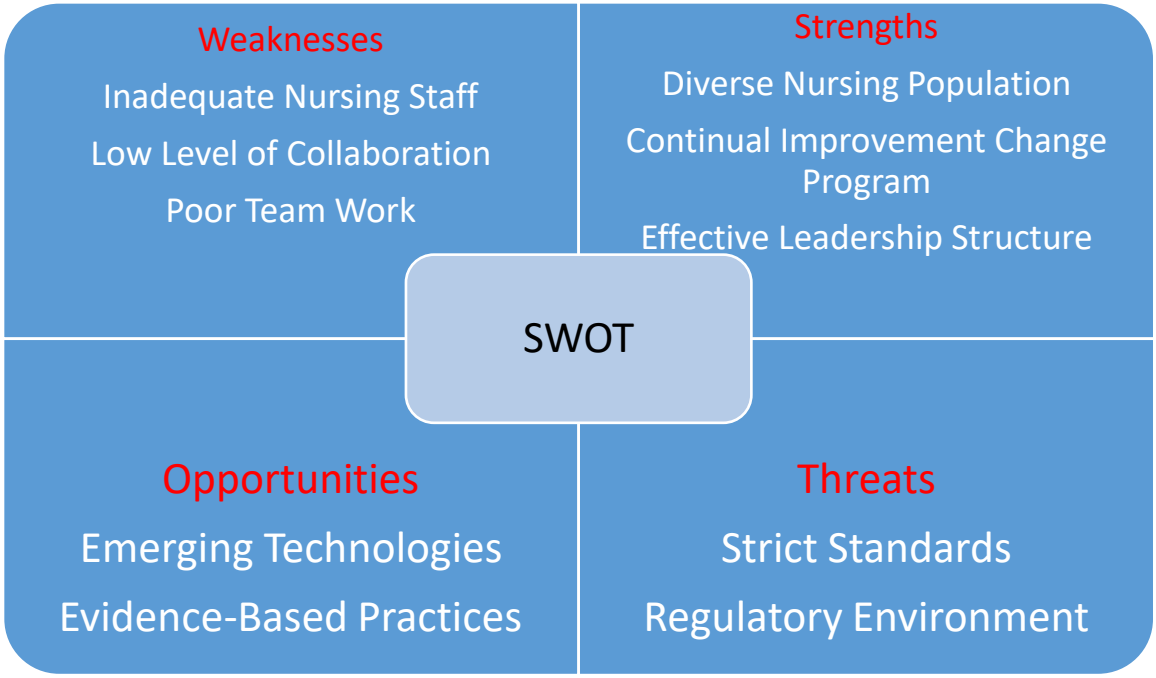
Appendix 1: Timeline Diagram



Appendix 2: SWOT Analysis



Appendix 3: Fish Bone Diagram