LET’S TAKE A WALK! SSEM PCU AMBULATION PROTOCOL
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Problem
• In 2012 and early 2013 the average hospital acquired VTE rate was 1.6 clots/month.
• The team identified a need to implement a standardized method for mobilizing patients in the PCU.

Methods
• Metric Definition: Compliance was considered positive for any patient on the PCU census with documented mobilization on the nursing flowsheet at least once within the first 3 days of hospitalization
• Exclusion Criteria: Any patients with an order for Bedrest or patients who were discharged in < 3 days.
• Pre-intervention Data Plan: Three weeks baseline data
• Intervention: Educational in-service for staff on the protocol
• Post-Intervention Data Plan: Daily audits for three months. Weekly audits for months 4-6.

Approach to the Problem
• The team identified a need for a mobility protocol and conducted a literature review.
• A protocol was adapted from Drolet et al. (2013) and selected for daily use in practice.
• Key stakeholders: nurses, clinical techs, physical therapists, and physicians were involved

Results
• Pre-intervention Compliance: 57%.
• February – June 2014 Average Compliance: 77%
• Variability in compliance existed for July and August of 2014
• End of the year data for 2014 reflected 93% compliance.

Conclusions & Outcomes
• The ambulation protocol did not have an effect on hospital acquired VTE.
• The team felt that patient benefits of mobility extended far beyond VTE prevention and that the practice of ambulating patients in a standardized way was beneficial to patient outcomes.