PIMC Peri-Operative Surgical Home (POSH): Nursing Impact

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Objectives

At the completion of this session, participants will be able to:

1. Define the framework and purpose of the Peri-Operative Surgical Home (POSH)
2. Describe the “POSH U” and “We Move” initiatives that were developed within POSH
3. Identify the challenges and rewards of implementing a multidisciplinary program such as POSH
4. Develop strategies to lead and sustain patient care improvements and measure outcomes
POSH Description

- Peri-Operative Surgical Home (POSH) is an innovative, comprehensive, systematic, multidisciplinary, collaborative program for surgical care at Phoenix Indian Medical Center (PIMC), led by the General Surgery department.
POSH Mission

Our mission is to provide outstanding patient-centered surgical care throughout the surgical continuum with best practices based on evidence and designed specifically for PIMC patients.
POSH Goals

- Involve the entire health care team in a multi-disciplinary approach that places the patient at the center of the work
- Increase patient engagement & satisfaction.
- Strengthen a culture of safety, quality, and excellence grounded in evidence
- Deliver culturally appropriate & respectful care
- Value and support relationships among staff and patients
Most institutions have fragmented care across each area with duplicative processes in multiple venues with multiple providers. This can lead to patient confusion, wasted time and money, and unnecessary cost. The goal of POSH is to organize these processes in a patient-centered way.
Which patients are referred for the Assessment & Planning (A&P) Process?

**Criteria:**
- Multiple comorbidities
- High potential for intra-operative or post-operative complications
- Require multi-disciplinary involvement
Posh A&P Meetings

1) Ensure patients are appropriate for surgery
2) Optimize patient for surgery
3) Plan surgery and post-operative care

A&P meetings often lead to a change in the plan of care
Direct engagement between multiple levels of nurses and surgeons was unprecedented at PIMC.

First opportunity for nurses to be involved in multidisciplinary care planning of patients before admission to the hospital.

**POSH recognizes that nursing is a unique practice and that adequate care of complex surgical patients requires nursing input and guidance.**
We Move!

- Formal early mobilization program for all admitted patients to PIMC
- Major collaboration with nursing, physical therapy, nutrition services, surgery, medicine and acquisitions

The We Move program expanded POSH outside of surgery and into all inpatient areas, including OB
Ambulation was the most frequently missed element of inpatient nursing care in two studies.

In an observational study of hallway ambulation:
- 73% of patients did not walk at all during admission
- 19% walked once
- 5% walked twice
- 3% walked more than twice

In an observational study of 45 patients, 83% of the hospital stay was spent lying in bed.

We Move! Rationale

Limited mobility increases risk of many complications, including:

- altered medication effectiveness
- pressure ulcers
- depression
- bone wasting and deconditioning.

- pneumonia
- blood clots
- constipation
- urinary infection
- altered sugar regulation
- increased dependency on medical equipment and caregivers

Patients can have a decline in functional status within 2 days of admission

We Move! Rationale

Evidence demonstrates that early mobilization programs limit or prevent many post-operative complications and provide benefits such as:

- Enhanced pain control and mood
- Decreased incidents of blood clots
- Increased energy
- Decreased incidence of UTI
- Decreased Length of Stay

Enhanced quality
Decreased cost

We Move! Chairs

Purchased 55 new patient chairs for the hospital. Chairs were brought in and tested in the environment of care by workgroup members and nurses in each area. Safety and infection control participated.
We Move! Protocol

Order
- Provider assigns and orders each patient a mobility level: Walk, Stand, Sit, or Bedrest
- Nurse reviews provider orders each shift to ensure the appropriate mobility level is ordered

Educate
- Nurse assesses the patient and provides standardized instructions regarding We Move and fall risk
- The patient signs a pledge to adhere to fall risk precautions and the We Move program

Move!
- Patients are encouraged to get up out of bed as much as possible. When able, they walk follow the walking circuit on the unit.
- Physical therapy is consulted, as needed
# We Move! Order Set

<table>
<thead>
<tr>
<th>Activities</th>
<th>Bed Rest</th>
<th>Sit</th>
<th>Stand</th>
<th>Walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive ROM TID</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn q2 hours</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting position TID</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat meals in chair (or transfer to chair) TID</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Walk TID</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Attempt walking circuit</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
We Move! Order Set

Bedrest only permitted in limited, special circumstances!
We Move! Patient Pledge

Nurse reviews with patient and patient signs upon admission

PHOENIX INDIAN MEDICAL CENTER
WE MOVE! EARLY MOBILIZATION ORIENTATION
AND PATIENT PLEDGE

We Move! Orientation:

- At PIMC, it is our goal to get you feeling better and home as soon as possible!

- When you are admitted or have surgery, your provider will assess your ability to sit, stand, and walk.

- Based on your ability to do these things, you will be asked to:
  - Sit in a chair to eat your meals
  - Walk three times a day

- Getting out of bed during your hospital stay will help you:
  - Feel better overall
  - Avoid a blood clot
  - Avoid a pneumonia (lung infection)
  - Avoid a urine infection
  - Feel less tired
  - Avoid skin problems
  - Feel less pain
  - Get better faster!

- You may have restrictions based on why you are here. For example, you may have a wound on part of your foot and we will ask you not to put weight on that area. Your provider and nurse will explain this to you.

- If you need help to sit, stand, or walk, we will help you.

- A physical therapist may work with you if needed.

- It is very important to ask for pain medication! This helps you to get out of bed. Tell your nurse and provider if you have pain!
We Move! Patient Pledge

Nurse reviews with patient and patient signs upon admission

PHOENIX INDIAN MEDICAL CENTER
WE MOVE! EARLY MOBILIZATION ORIENTATION
AND PATIENT PLEDGE

Patient Pledge:

_____ I understand that mobilization, or getting up out of bed, during my hospital stay will help me:
   ○ Feel better overall
   ○ Avoid a blood clot
   ○ Avoid a pneumonia (lung infection)
   ○ Avoid a urine infection
   ○ Feel less tired
   ○ Avoid skin problems
   ○ Feel less pain
   ○ Get better faster!

_____ I understand that the activity level ordered by my doctor at this time is _______________________,
and that my fall risk level is ______________, but that this may change as my condition improves.

_____ I will use my call light when I need assistance.
We Move! Fall Risk Orientation

Fall Prevention: How we will help keep you safe

Falling can be very serious. Having a health problem can make you more likely to fall. It is important for you to be aware of your risk of falling. Our staff will check your fall risk. We will take steps to prevent you from falling during your hospital stay. Please ask your nurse or provider if you have any questions!

We will check your fall risk...
- When you are admitted to the hospital
- At least two times each day (in the morning and in the evening)
- After you have surgery
- When your doctor changes your medications

To prevent ALL PATIENTS from falling, our staff will:
- Keep your bed in the lowest position
- Lock the wheels on the bed
- Keep the top 2 bed side rails up
- Keep your chair wheels locked as you sit down or get up
- Keep your call light where you can reach it
- Keep your personal items within your reach
- Give you light brown, non-slip socks to wear
- Keep your room and floor clean
- Check on you every hour
- Make sure your pain is controlled
# We Move! Communication

<table>
<thead>
<tr>
<th>Date: ____________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My Activity Level Today is:</th>
<th>I will eat meals:</th>
<th>Exercises I will perform:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BED REST</td>
<td>In bed</td>
<td></td>
</tr>
<tr>
<td>SIT</td>
<td>In bed</td>
<td></td>
</tr>
<tr>
<td>STAND</td>
<td>In a chair</td>
<td>Transfer to chair 3x per day:</td>
</tr>
<tr>
<td>WALK</td>
<td>In a chair</td>
<td>Walking Circuit 3x per day:</td>
</tr>
</tbody>
</table>


We Move! Walking Circuit
POSH Support

- **EHR:**
  - Informatics crucial to POSH goals of communication, transparency, accessibility, and standardization

- **Clinical Pathways**
  - Standardization and simplification of multi-disciplinary care planning

- **POSH University**
  - Training with continuing education credit
Electronic Health Record (EHR)

- Use of EHR is Critical for Communication, Safety & Quality
  - POSH Clinical Documentation
  - Translation of clinical pathways into EHR as order sets and note templates
  - Outcomes Tracking
Electronic Health Record (EHR)

A&P Documentation
Permanent record

Provides clear communication

Accessible to all clinicians
Clinical Pathways

- Peri-Operative Antibiotic Prophylaxis Program
- Colorectal Recovery Pathway
- Ventral Hernia Program
- We Move!

Organic Growth & Expansion
## Colorectal Recovery Pathway

<table>
<thead>
<tr>
<th>Pre-Operative</th>
<th>Intra-Operative</th>
<th>Post-Operative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Education</strong></td>
<td><strong>Orders</strong></td>
<td><strong>POD#0</strong></td>
</tr>
<tr>
<td>Surgeon will discuss</td>
<td>Dist</td>
<td>Ice chips or clears</td>
</tr>
<tr>
<td>Bowel prep</td>
<td>Activity</td>
<td>OOB to chair</td>
</tr>
<tr>
<td>Operation</td>
<td>VTE prophylaxis</td>
<td>SCDs</td>
</tr>
<tr>
<td>Possible complications</td>
<td>PCN all and no h/o MRSA:</td>
<td></td>
</tr>
<tr>
<td>Post-Operative</td>
<td>May be continued for 24 hours post-op.</td>
<td></td>
</tr>
<tr>
<td>Expectations:</td>
<td>PCN all and h/o MRSA:</td>
<td></td>
</tr>
<tr>
<td>Pain control</td>
<td>Antibiotics</td>
<td></td>
</tr>
<tr>
<td>Early Mobilization</td>
<td>Clindamycin 900 mg</td>
<td></td>
</tr>
<tr>
<td>VTE prophylaxis measures</td>
<td>Urinary Catheter</td>
<td>Remain in</td>
</tr>
<tr>
<td>Incentive spirometry</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Potential Considerations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written CRP Instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentive spirometer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pre-Operative
- The day prior to surgery:
  - Clear liquids
  - NPO at midnight
  - Drink 1 jug Golytely starting @ noon
  - Take oral antibiotics @ 7 and 11 pm
  - Neomycin 2000 mg + metronidazole 2000 mg

### Intra-Operative
- Prophylactic antibiotics 1 hour prior to incision:
  - Preferred regimen:
    - Cefazolin + 1 g if <80 kg, 2 g if ≥80 kg
    - Metronidazole 500 mg
  - PCN all and no h/o MRSA:
    - Ciprofloxacin 400 mg
    - Metronidazole 500 mg
  - PCN all and h/o MRSA:
    - Ciprofloxacin 400 mg
    - Clindamycin 900 mg

### Post-Operative
- Hair removal with clippers only
- Orogastric tube removed at end of case
- Maintain normothermia
- Avoid excessive fluid administration
- Redose antibiotics if case is longer than half of
- Antibiotics
- Urinary Catheter
- Must be stopped within 24 hours.
- May remain in place, must be removed by POD#2.
- If not removed,
Standard Order Sets

~INITIAL ORDER SET~
Post Op Colorectal Surgery (Order Set)

SECOND: ** Also Enter ONE VTE Prophylaxis Medication
Enoxaparin 40mg SQ qEvening @ 1700 prophylaxis
Enoxaparin 40mg SQ qEvening @ 1700 prophylaxis: begin POD #1

Heparin Inj 5000 units sq q12h (Start today)
Heparin Inj 5000 units sq q8h (Start today)

Heparin Inj 5000 units sq q12h (Start in AM POD #1)
Heparin Inj 5000 units sq q8h (Start in AM POD #1)

THIRD: ADD OTHER ORDERS AS NEEDED
Nursing
Accucheck QID
NG TUBE: INTERMITTENT SUCTION
JP Drain/ Bulb suction
JP Drain/ Straight drainage
Free Text: Misc. Nursing Order ONLY

Labs
04am TOMORROW LAB COLLECT ...

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IV Fluids:
Normal Saline @ 150ml/hr

Diabetes Medications:
Insulin Aspart qid LOW dose correction
Insulin Regular qid LOW dose correction

Hypoglycemia (Adult Non Pregnant) ...

Pain Medications:
Morphine PCA Pump STANDARD (Order Set)
PRN Pain Medications Menu...

IV Acetaminophen:
Acetaminophen Inj 1 gm IV q6h x 24 hours (R)
Acetaminophen Inj 1 gm IV q6h x 48 hrs (R)

Entereg:
Alvimopan (ENTEREG) 12mg PO bid
POSH University

- “Essentials of Surgery” education library was developed for each common operation type and all new initiatives and clinical pathways
- Offered with continuing education credits for nurses and providers
- Online learning modules with post-tests to track education completion

Lectures are developed and taught by PIMC surgeons
Peri-Operative Surgical Home (POSH): Essentials of Surgery Curriculum

These presentations review key anatomy and physiology, as well as recognition and management of common post-operative complications, of operations and procedures performed at PIMC. These are intended for all staff. The presentations are rich in pictures, diagrams and photographs to help illustrate various topics and other important elements of peri-operative care. References to current evidence are included where appropriate. These presentations are being offered free of charge as a benefit for POSH staff.

- Collaboration with Staff Education
- Lecture series with slides available in library
- Continuing education credit made available on campus for the first time in 5 years
A surgeon-led, multi-disciplinary, peri-operative surgical home (POSH) improves quality and builds capacity: a case-control study

Anathea C. Powell, MD,1 Marie Thearle, MD,2 Jennefer Kieran, MD,1 Matthew Cusick, MD,1 Dorothy Sanderson, MD,3 and Holly Van Lew, Pharm D4

Departments of 1Surgery, 3Medicine, & 4Pharmacy, Phoenix Indian Medical Center; 2Thearle Science LLC
POSH Nursing Goals

- Patient Education throughout the continuum
- Multidisciplinary communication
- Adherence to mobility orders
- PCP Empanelment
- Patient Satisfaction
- Early Mobilization Post-OP
POSH Nursing Outcomes

- **Patient mobility**
  - % of patients who ambulate at least once per shift

- **We Move board use**
  - % of complete whiteboards within 4 hours of shift start

- **Patient falls**
  - GOAL: To limit or prevent patient falls. PIMC Benchmark is < 2 Falls per 1000 IPD. (National Goal is < 3 Falls per 1000 IPD.)

- **Patient Satisfaction**
  - Internal surveys on discharge and HCAHPs data
  - Focus areas: Communication with nurses, responsiveness of hospital staff, pain control
Keys to POSH Success

- Identify a champion
- Engagement of multidisciplinary staff in every step of the process
- Keep the patient at the center
- Be willing to take risk with processes (not patients)
- Measure what matters
Keys to POSH Success

- Be open-minded to proposed solutions. As staff become more engaged, the program will gather momentum.
- Celebrate successes, no matter how big or small.
- Be a cheerleader, and ask others to do the same.
- Communicate, communicate, communicate!

Visit the POSH website:
http://azhin.org/pimc/posh
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POSCH Op-Note

The Op-Note is the newsletter of the Peri-Operative Surgical Home, a multi-disciplinary project at Phoenix Indian Medical Center. Check POSCH out on the web at http://azhin.org/pimc/posh.

The last shipment of the We Move! chairs arrived!

These are the patient and visitor chairs for 3E and Respiratory Therapy! They’re great for the small isolation rooms, and there’s a bariatric version that Sheena and Anathea tried out today! The bariatric version (750 pound limit) is on the left, and the non-bariatric version (350 pounds) is on the right.
Greatest impacts of POSH on nursing

- Involvement of nurses in multi-disciplinary care planning through A&P meetings
- Formal education through POSH U
- Collection and translation of research into practice through We Move!
- Outcome measurement and reporting

Elevation of Professional Practice!
Objectives Summary

1. Define the framework and purpose of the Peri-Operative Surgical Home (POSH)

- POSH is a multidisciplinary program that brings the medical home to complex surgical patients.
- Nursing involvement in this program has resulted in significant improvements to nursing professional practice.
Objectives Summary

2. Describe the “POSH U” and “We Move” initiatives that were developed within POSH

“POSH U” and “We Move” were developed within POSH as a means to elevate professional practice and enhance patient care in specialties beyond surgery.
Objectives Summary

3. Identify the challenges and rewards of implementing a multidisciplinary program such as POSH

POSH is the result of more than 4 years of research, collaboration, trial, and error. There have been many challenges along the way, but the long-term results are demonstrating lasting improvements in our patient outcomes, overall satisfaction, and staff engagement.
Objectives Summary

4. Develop strategies to lead and sustain patient care improvements and measure outcomes

• *Leading patient care improvements requires leaders to identify all of the players impacted by proposed changes.*
• *Development of relationships with key players is essential for success.*
• *Careful consideration of meaningful metrics is required to determine if changes result in lasting improvements.*
Very special thanks to Dr. Anathea Powell for innovating and directing POSH, for assisting with the development of this presentation, and for her unwavering dedication and advocacy for PIMC nurses.