Incorporating Evidence Practice for Spine Surgery: Consistent Pathway Approach
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Problem:
Pain and reduced mobility are common setbacks for post-operative spinal surgery patients. Immobility or reduced activity level can lead to complications, increased length of stay (LOS). Facility’s staff concerns about the functional outcomes for patients undergoing spinal surgery directed team to conduct an EBP project. Team intended to learn best practice for managing pain and increasing mobility to improve functional outcomes and reduce LOS.

Evidence:
Del Sol Medical Center’s (DSMC) team explored on-line database journal articles utilizing DSMC’s reference center. Team analyzed and identified the EBP indicators: 1) pre/post operative education, 2) pain management, 3) early post-operative mobilization, 4) standardized orders, 5) multi-disciplinary clinical pathway.

Strategy:
In assessing literature, the North American Spine Society’s clinical guidelines and University of Iowa Gerontological Nursing Interventions Research Center was chosen based on national standard compliance and improved processes. West Valley Medical Center’s data collection tool was utilized as a guide based on similar nurse rounding program we currently utilize in our facility.

Practice Change:
Spinal guidelines’ progression was assessed/measured weekly and nurse staff education completed for 3 months. Baseline data included: 3.1 pain level average (scale from 1 to 10), 39% post-operative patients mobilized, 0% pre/post-operative education, average LOS 3.7, 72% patient satisfaction.

DSMC established standardized process: clinical guidelines, multidisciplinary clinical pathway, standardized spine orders and nursing staff education in unit.

Evaluation:
Following practice change, monthly meetings were conducted to discuss progress and implement changes as needed.

Results:
The 6 month post-implementation outcomes demonstrated improvement: 2.6 pain level average, 60% post-operative patients mobilized, 35% completion pre/post-operative education, 94% patient satisfaction, LOS decreased to 1.8 days.
**Recommendations:**
Improvement indicators will be integrated into continuing audits for future opportunities/achievements. Suggestions are to modify method of monitoring patients’ pain. Pre/post patient education will consist of various instruction methods and hospital-wide education.

**Lessons Learned:**
Staff compliance with documenting patient education was inconsistent and required staff education/support. Data collection and follow-up patient surveys needed to be stream-lined for efficiency.

**Bibliography:**
