

Outcomes of an Activity Progression Protocol for Pneumonia and COPD Partners
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Problem:

Longer than expected lengths of stay for community acquired pneumonia (CAP) and COPD patients prompted an extensive chart review to examine possible contributing factors. Documented progression of patient activity beyond bedrest was not occurring in the majority of cases. Further analysis revealed the following barriers: patient desaturation with exertion, fatigue during ambulation, difficult portability of oxygen and IV fluids, ineffective “activity as tolerated” orders, and patient refusal.

Evidence:

A literature search was conducted regarding the effect of activity progression on outcomes for hospitalized pulmonary patients. The majority of existing evidence pertains to the post-operative and orthopedic populations while very little addresses the potential benefits of activity for pulmonary patients. One recent study of activity in CAP patients showed a significant reduction in length of stay without increasing the risk of adverse outcomes.

Strategy:

Building upon the above mentioned study, a protocol for activity was designed utilizing the evidence based principles of cardiopulmonary rehabilitation. The protocol includes progressive activity levels, dyspnea scale, and interventional oxygen titration. Wheeled walkers with brakes, basket, and seat were purchased for the study units. Four hundred staff members were educated regarding the protocol.

Practice Change:

Pneumonia and COPD patients admitted to the study units were placed on the Activity Progression Protocol.

Evaluation:

Compliance with the protocol was measured via retrospective chart review. Length of stay and readmission rates were obtained for patients with DRGs 88 and 89.

Results:

Six months following protocol implementation, results showed a 1.07 day reduction in severity-adjusted length of stay for COPD and a 1.11 day reduction for CAP. Readmission rates were also reduced.

Recommendations:

Results suggest that this Activity Progression Protocol results in favorable clinical outcomes for COPD and pneumonia patients and illustrates the value of utilizing evidence-based research for developing best practice to improve nursing care and patient outcomes.

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