Stand by Me: Using an Enhanced Recovery After Surgery (ERAS) Checklist to Guide Early Mobility of Postoperative Craniotomy Patients on a Progressive Care Unit

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Background
Early and progressive mobilization of postoperative neurosurgical patients has been shown to minimize complications and decrease length of hospital stay. Early and safe progressive mobilization is recommended for postoperative neurological patients considering that their functional abilities are improved or restored to baseline after their hospital stay (Young, Schmidt, & Moyer, 2021).

This evidence-based project addresses the importance of early mobilization using an Enhanced Recovery After Surgery (ERAS) checklist to decrease the length of hospital stay for postoperative craniotomy patients in a Progressive Care Unit.

Methods
The quality improvement project occurred in a 34-bed progressive care unit. 6-week implementation period (July 1, 2022, to September 30, 2022)
- ERAS Checklist was created.
- Staff education and in-service on ERAS checklist and cardiac chair (Figure 1).
- Daily multidisciplinary rounds to assess actively levels.
- Daily chart audits to review mobility documentation.
- Baseline data collection during a 3-month pre- and 3-month post-intervention period.

Results
A total of 50 postoperative craniotomy patients (24 pre-intervention and 26 post-intervention) were included in the project.

Pre-implementation:
- Average LOS = 1.45 days
- 19 of 24 (79%) patients ambulated during the first 24 hours post-craniotomy (Figure 2)

Post-intervention:
- Average LOS = 0.92 day
- 24 of 26 (92%) patients ambulated during the first 24 hours post-craniotomy (Figure 3)

Purpose
The purpose of this quality improvement (QI) project was to determine the effectiveness of an ERAS checklist on postoperative craniotomy patients ambulating during the first 24 hours of their postoperative stay in the progressive care unit (PCU) and their overall length of stay (LOS).

Discussion
This project found an increase in patient ambulation and decrease in LOS (Figure 4).

Creating and implementing this checklist was a low cost, high impact way to cultivate multidisciplinary care while improving patient outcomes.

Implications for Practice
Given the success in early mobility of postoperative craniotomy patients, the ERAS checklist may be utilized on other postoperative populations.

Future study should focus on testing nurse-led mobility interventions on other patient care units so higher rates of mobilization and provision of holistic patient care can be achieved.

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