

# Abstract

**Abstract Title:** Mobilizing safely and independently after open heart surgery with Keep Your Move in the Tube

**Track:** Evidence-based Practice

**Background:** Traditional sternal precautions for postoperative median sternotomies, such as those previously in place at Salem Health (SH), used arbitrary and unnecessary load and time restrictions. The evidenced-based practice for such precautions are based only on expert opinion. There is now an evidenced-based approach called “Keep Your Move in the Tube” (KMIT) for this patient population that allows them more functional independence during recovery, without statistically significant increase in risk of wound dehiscence or infection. This project focused on gaining approval for and introducing this approach at SH with interdisciplinary cooperation.

**Purpose:** This project started with the PICO question: For patients that undergo median sternotomy, could a transition from SH’s current postoperative sternal precautions to a “Keep Your Move in the Tube” approach contribute to decreased length of stay and increased discharge directly home, without increasing risk of adverse events?

**Method:** With initial guidance from outside clinicians and researchers experienced with KMIT, SH Acute Rehab first presented the existing evidence to cardiothoracic surgery staff in May 2021. After review, the approach was approved for development. Over the course of 2+ years, Acute Rehab helped to overcome initial resistance from staff with concerns for patient safety. During this time, KMIT was trialed with patients in more urgent need of additional independence. Concurrently, an interdepartmental team contributed to the needed patient/staff education materials for final rollout.

**Results:** By August 2023, relevant staff received education and training to implement KMIT for patients. No adverse events have been recorded. It is now a SH approved policy for all post-op median sternotomy patients.

**Implications for Practice:** Salem Health can now measure outcomes related to length of stay, discharge destination, and adverse events as a result of KMIT implementation. Also, the process for bringing KMIT to SH can be shared with other hospital systems.

# Interventions to Implement KMIT

