Spring Into Step: A Staff-driven Mobility Protocol

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Older adults (age 65+) experience a decline in function within 48 hours of admission to an acute care setting. Early ambulation and out-of-bed activities during hospitalization improve functional status, support patient satisfaction, and can reduce length of stay (LOS).

Literature Review (1995-2011)

CINAHL, EBSCOHOST, COCHRANE, and **Medline**

Key words: *mobility, functional decline, elderly ambulation, early ambulation, nurse managed protocols, immobility*

Three major concepts emerged: 1) Hospitalization facilitates immobility 2) Formal mobility program is recommended 3) Nurse participation is key

Driving Forces

- 2008 – 49% in-patient population > age 65
- Geriatric Institutional Assessment Profile (GIAP) indicated low knowledge/high interest of staff to increase knowledge base for care of older adults
- Baseline mobility assessment not reflective of patient's actual mobility status in physician ordered protocol
- Small changes (progression/regression of mobility status) not measured
- Staff recognized need for improved mobilization of older adults

Goal

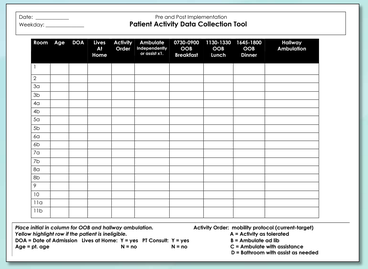
Develop a standardized staff-driven mobility protocol to improve or sustain baseline admission mobility status of the community dwelling older adult.

Plan

Staff from two older adult population telemetry medical units collaborated to develop a staff-driven mobility protocol.

Initial Action Items

- "Spring into Step" performance improvement (PI) work implemented
- Core Team created/Leaders identified
- Pre-implementation staff survey
- Patient Activity Data Collection Tool
- Staff Education



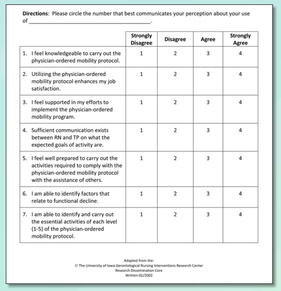
Date: _____
Weekday: _____

Pre-and Post-Implementation
Patient Activity Data Collection Tool

Room	Age	DOA	Lives At Home	Activity Order	Ambulate Independently or Hold x1	0730-0900 OOB Breakfast	1130-1330 OOB Lunch	1645-1800 OOB Dinner	Hallway Ambulation
1									
2									
3a									
3b									
4a									
4b									
5a									
5b									
6a									
6b									
7a									
7b									
8a									
8b									
9									
10									
11a									
11b									

Place initial in column for OOB and hallway ambulation.
Yellow highlight row if the patient is ineligible.
DOA = Date of Admission Lives at Home: Y = yes PT Consult Y = yes
Age = pt. age N = no N = no

Activity Order: mobility protocol (current-target)
A = Activity as tolerated
B = Ambulate ad lib
C = Ambulate with assistance
D = bathroom with assist as needed



Directions: Please circle the number that best communicates your perception about your use of _____.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I feel knowledgeable to carry out the physician-ordered mobility protocol.	1	2	3	4
2.	Utilizing the physician-ordered mobility protocol enhances my job satisfaction.	1	2	3	4
3.	I feel supported in my efforts to implement the physician-ordered mobility program.	1	2	3	4
4.	Sufficient communication exists between RN and TP on what the expected goals of activity are.	1	2	3	4
5.	I feel well prepared to carry out the activities required to comply with the physician-ordered mobility protocol with the assistance of others.	1	2	3	4
6.	I am able to identify factors that relate to functional decline.	1	2	3	4
7.	I am able to identify and carry out the essential activities of each level (1-5) of the physician-ordered mobility protocol.	1	2	3	4

Adapted from the:
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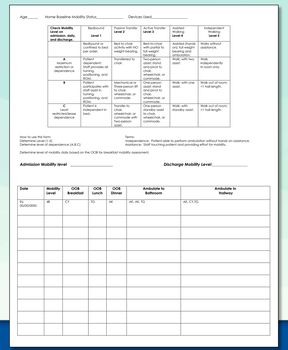
Standard Work

- Registered Nurse (RN) assessment on admission and discharge using selected Mobility Classification Tool
- Staff communication worksheet
  - individualize daily mobility plan of care
  - track adherence to staff-driven protocol



Age_____ Home Baseline Mobility Status_____ Devices Used_____

Check Mobility level for each shift and initial	Bedbound Level 1	Passive Transfer Level 2	Active Transfer Level 3	Assisted Walking Level 4	Independent Walking Level 5
	Bedbound or confined to bed on medicals' nursing orders	Bed-to-chair activity with NO weight bearing	Bed-to-chair activity with partial to full weight bearing	Assisted (hands on); full weight bearing and ambulation	Walks without assistance
A Maximum restrictions or dependence	Patient dependent: Staff provides all turning, positioning, and ROM	Transferred to cardiac chair	Two-person assist; stand and pivot to chair, wheelchair, or commode	Walk; with two assist	Walk independent in room only
B	Patient participates with staff assist in turning, positioning, and ROM	Mechanical or three-person lift to chair, wheelchair, or commode	One-person assist; stand and pivot to chair, wheelchair, or commode	Walk; with one assist	Walk out of room; <1 hall length
C Least restricted/ Least dependence	Patient is independent in bed	Transfer to chair, wheelchair, or commode with two-person assist	One-person standby assist to chair, wheelchair, or commode	Walk; with standby assist	Walk out of room; >1 hall length

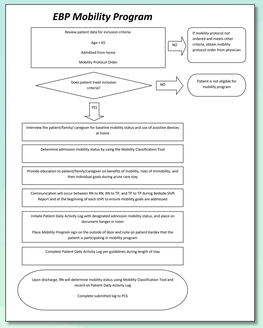
Terms:
- Independence: Patient able to perform alone
- Assistance: Nurse touching patient and providing effort for mobility

How to use the form:
Determine level (1-5)
Determine level of dependence (A-B-C)

Determine level of mobility daily based on the OOB for breakfast mobility assessment:

Admission Mobility level _____ **Discharge Mobility Level**_____

Date	Mobility Level	OOB Breakfast	OOB Lunch	OOB Dinner	Ambulate In Bathroom	Ambulate In Hallway
Ex: 05/02/2013	4B	Y	Y	N	4B, 4C, 5C	4B, CC 5C



EBP Mobility Program

Review patient data for inclusion criteria:
Age > 65
Admitted from home
Mobility Protocol Order

If mobility protocol not ordered and meets other criteria, obtain mobility protocol order from physician

Does patient meet inclusion criteria?

NO → Patient is not eligible for mobility program

YES

Interview the patient/family/ caregiver for baseline mobility status and use of assistive devices at home

Determine admission mobility status by using the Mobility Classification Tool

Provide education to patient/family/caregiver on benefits of mobility, risks of immobility, and their individual goals during acute care stay

Communication will occur between RN to RN, RN to TP, and TP to TP during Bedside Shift Report and at the beginning of each shift to ensure mobility goals are addressed

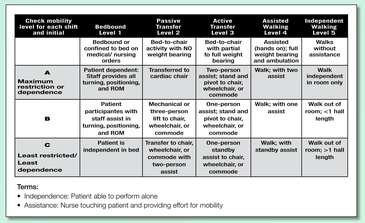
Initiate Patient Daily Activity Log with designated admission mobility status, and place on document hanger in room

Place Mobility Program sign on the outside of door and note on patient Kardex that the patient is participating in mobility program.

Complete Patient Daily Activity Log per guidelines during length of stay

Upon discharge, RN will determine mobility status using Mobility Classification Tool and record on Patient Daily Activity Log

Complete submitted log to PCS



Check mobility level for each shift and initial	Bedbound Level 1	Passive Transfer Level 2	Active Transfer Level 3	Assisted Walking Level 4	Independent Walking Level 5
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Short Term Outcomes

- Increased staff knowledge
- Increased compliance to mobility protocol

Long Term Goals

- Improvement in nurse sensitive indicators:
  - Patient satisfaction
  - Falls
  - Pressure ulcers
  - LOS

Future Work

- Post-implementation staff survey
- Launch protocol on similar units
- RN initiated mobility protocol
- Mobility focused patient education
- Visible prompts in rooms for mobility goals
- Visible markers in hallways to measure ambulation distance

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