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#### Spring Into Step: A Staff-driven Mobility Initiative

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# Spring Into Step: A Staff-Driven Mobility Initiative

Christine Yatsko, MSN, RN, GCNS-BC, CMSRN Patient Care Specialist

## **Triggers**

We could improve nursesensitive quality indicators: falls, pressure ulcers, LOS, and patient satisfaction.

Patient's physician ordered mobility protocol not reflective of the patient's baseline mobility status.

Broad levels of mobility in our protocol...can't determine small changes.

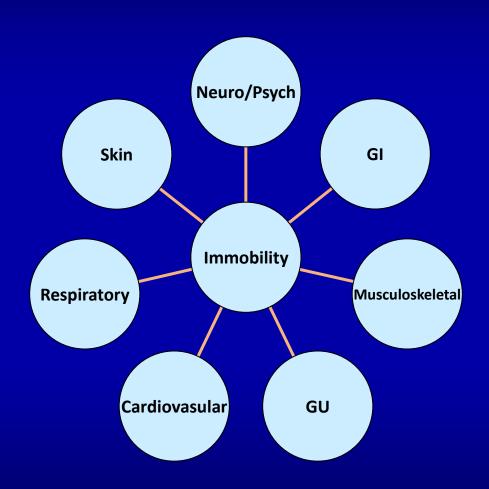
2010 NICHE designation.

Patients 65 yrs < CY2011 admitted from home and discharged from 6T and 7BP.

23% admitted to SNF.67% discharged home.21% home with services.



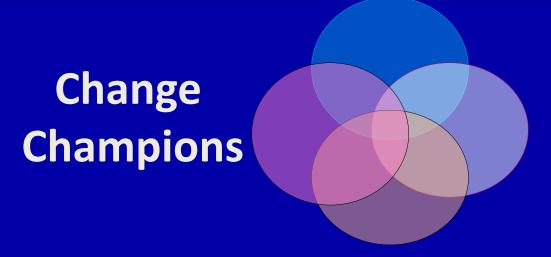
# Why is this important?





#### **Team**

EBP FellowS<sup>2</sup>



Management Team

**Opinion Leaders** 

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#### Literature Review

#### **Major Concepts**

- Hospitalization facilitates immobility.
- Formal mobility program is recommended.
- Nurse participation is key.

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#### **Clinical Question**

**Population:** Community dwelling hospitalized older adult.

**Intervention:** Staff-driven mobility practice.

**Comparison:** Current mobilization practice.

Outcome: Prevent a decline or sustain baseline mobility

status.

Purpose Statement:

To develop a standardized staff-driven mobility initiative to improve or sustain baseline admission mobility status of the community dwelling older adult in the acute care setting.

#### **Initial Action Items**

		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

**Patient Activity Data Collection Tool** 

**Staff Education** 

**Standard Work Processes** 

**Pre Staff Survey** 

ellow highlight row if the patient is ineligible.

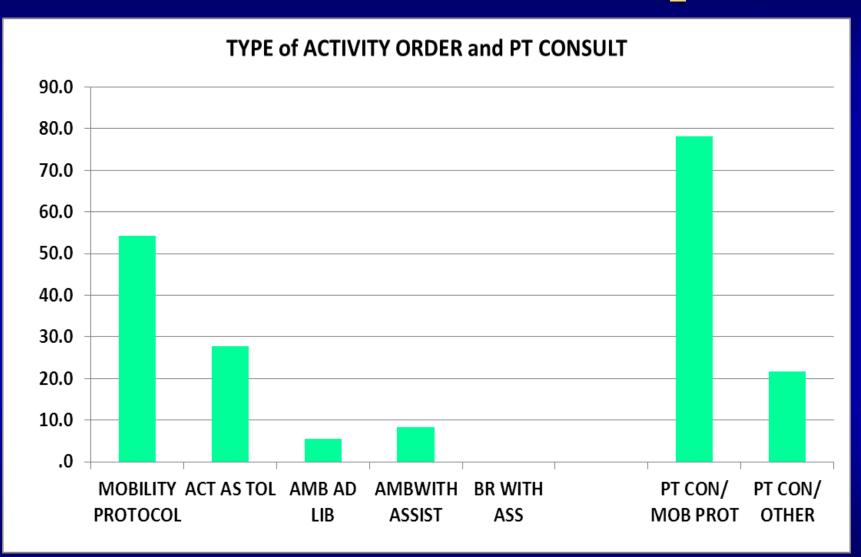
DOA = Date of Admission Lives at Home: Y = yes FT Consult: Y = yes

	Age	DOA	Lives	Activity	Ambulate	0730-0900	1130-1330	1645-1800	Hallway
Room		200	Al Home	Order	independently or assist at.	OOB Breakfast	OOB Lunch	OO8 Dinner	Ambulation
2									
30									
3to									
40									
46									
ēa .									
fit									
6G -									
46									
7a .									
76									
80									
8b									
9									
16									
110									
TID:	_			_					

A = Activity as tolerated

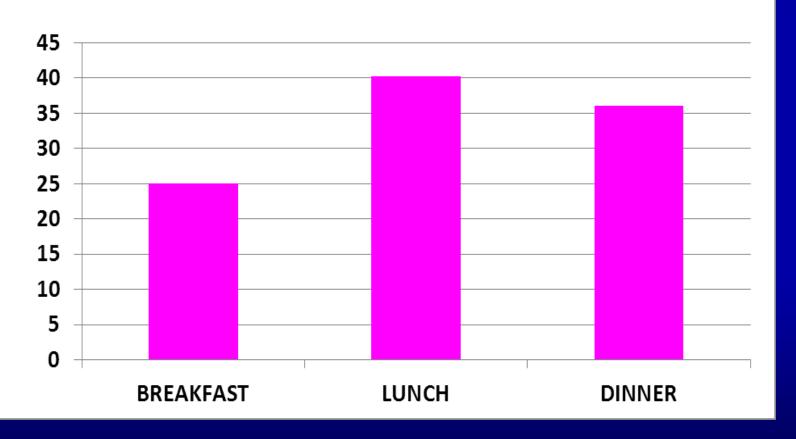
B = Ambulate ad lib| C = Ambulate with assistance D = Bathroom with assist as needed

# MOBILITY STATUS (pre)

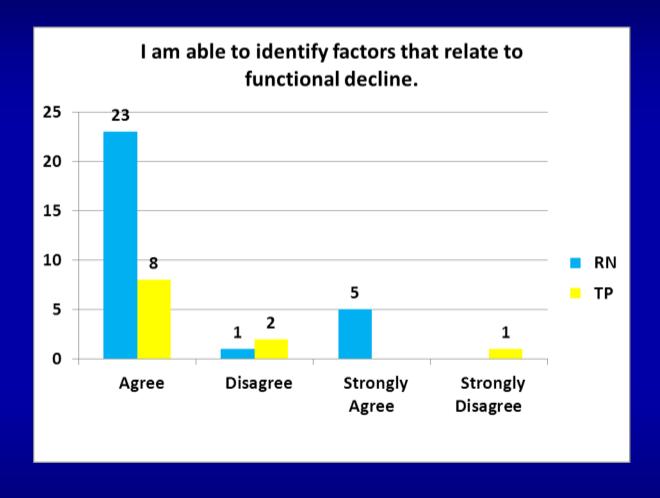


# MOBILITY STATUS (pre)

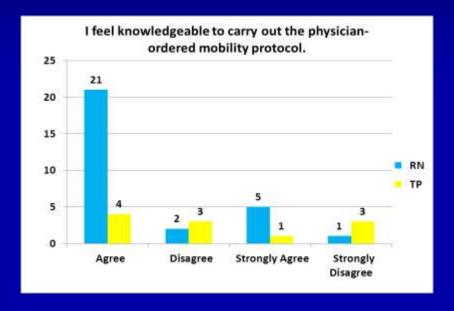


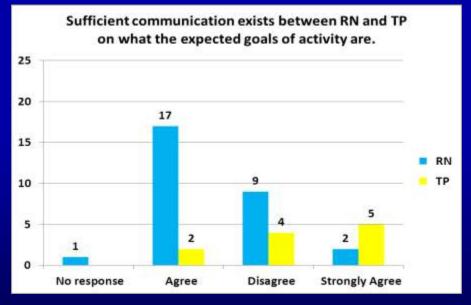


# STAFF SURVEY (pre)



# STAFF SURVEY (pre)

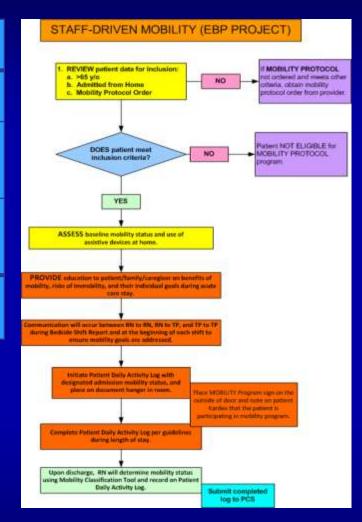




#### **Next Steps**

Check Mobility Level on admission, daily, and discharge.	Bedbound Level 1	Passive Transfer Level 2	Active Transfer Level 3	Assisted Walking Level 4	Independent Walking Level 5
	Bedbound or confined to bed per order.	Bed to chair activity with NO weight bearing.	Bed-to-chair with partial to full weight bearing.	Assisted (hands on); full weight bearing and ambulation.	Walks without assistance.
A Maximum restriction or dependence	Patient dependent: Staff provides all turning, positioning, and ROM.	Transferred to chair.	Two-person assist; stand and pivot to chair, wheelchair, or commode.	Walk; with two assist.	Walk independently In room only.
В	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/lease 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.

- Staff Standard Work Flowchart
- Individual Patient Activity Log
- Post Staff Survey
- Patient Activity Data Collection Tool





## **Looking Ahead**



- Patient engagement.
- Nurse generated mobility protocol.
- Function-focused care.



# Questions

**Contact Information:** 



A PASSION FOR BETTER MEDICINE."

