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Implementing a Nurse-Driven Mobility Assessment Tool to Facilitate Earlier Patient Mobilization

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Background

- A lack of confidence often prevents RNs from ambulating patients without a PT consult
- Increase in falls and pressure injuries on both units

	Falls 5A TTU	Falls 7ANSU	Pressure Injuries 5A TTU	Pressure Injuries 7ANSU
May 2018	2	2	0	0
June 2018	0	7	0	0
July 2018	1	7	2	2
August 2018	1	8	3	3

PICO Question

In newly admitted patients, does implementing a nurse-driven mobility assessment tool get patients out of bed sooner in comparison to waiting for physical therapy assessments?

P: Newly admitted patients within 24 hours with an active mobility order who have not yet been assessed by PT

I: Nurse-driven mobility assessment tool (BMAT)

C: Waiting to mobilize after PT consults

O: Earlier patient mobilization

Evidence

- The Banner Mobility Assessment Tool (BMAT) is a standardized mobility tool used by nurses that is comprised of four tasks by which to assess and categorize patients based on functional mobility level.
  - Provides ease of use to staff and does not take time away from other aspects of patient care (Boynton, Kelly, & Perez, 2014)
- There is a major need for a nurse-driven mobility assessment tool, based on/in order to: (Laine, 2016)
  - Increased patient falls
  - Increased staff injuries
  - Increased length of stay
  - More RNs feeling uncomfortable mobilizing patients
  - Decrease contractures/muscle atrophy
  - Maintain patients' baseline mobility level
  - DVT Prevention
  - Aid in GI mobility & bowel regimen
  - Prevent skin breakdown
  - Communication barriers with patients
- One study involved integrating the BMAT across multiple specialties (medical-surgical, ICU, progressive care) to determine content/construct validity
  - Construct validity P<0.001 indicated BMAT was successful in discriminating between different patient populations (Boynton, Kelly, Perez, Miller, An, etc., 2014)
  - Survey of those involved on 342-bed unit proved that BMAT increased patient & staff satisfaction

Implementation

- Pre-implementation secret-shopper audit completed over 5 days of RNs on 5A/7A to gauge whether nurses are getting patients out of bed without a nurse-driven mobility assessment tool
- In-person BMAT education provided to RNs over a 2 week period during the shift or change-of-shift
  - Educated 33 RNs and 11 TPs
- Assess RNs using BMAT on units upon admissions—worked alongside RNs in implementation process
- Pocket tool BMAT reference guide was developed for RNs for reference and posted around unit
  - Reference guide provides instruction on what types of assistive devices to utilize
- Patients eligible for inclusion on 5A TTU and 7A Neuroscience units are those admitted within 24 hours with an active mobility order who have not yet been seen by PT
- Post-implementation secret-shopper audit completed over 5 days to measure whether nurses mobilized patients before PT worked with the patients

Pre- and Post-Implementation Audits

Bedside Mobility Assessment Tool
Mark maximum level with date and time

Level **1** Max. Assist
Task: *Sit and Shake*
Equipment: 2-person assist using mechanical lift, sling, and/or safe handling sheet

Level **2** Mod. Assist
Task: *Stretch and Point*
Equipment: Mechanical lift, sling, or sit-to-stand device

Level **3** Mod. Assist
Task: *Stand*
Equipment: Sit-to-stand device, ambulation aid (includes mechanical lift)

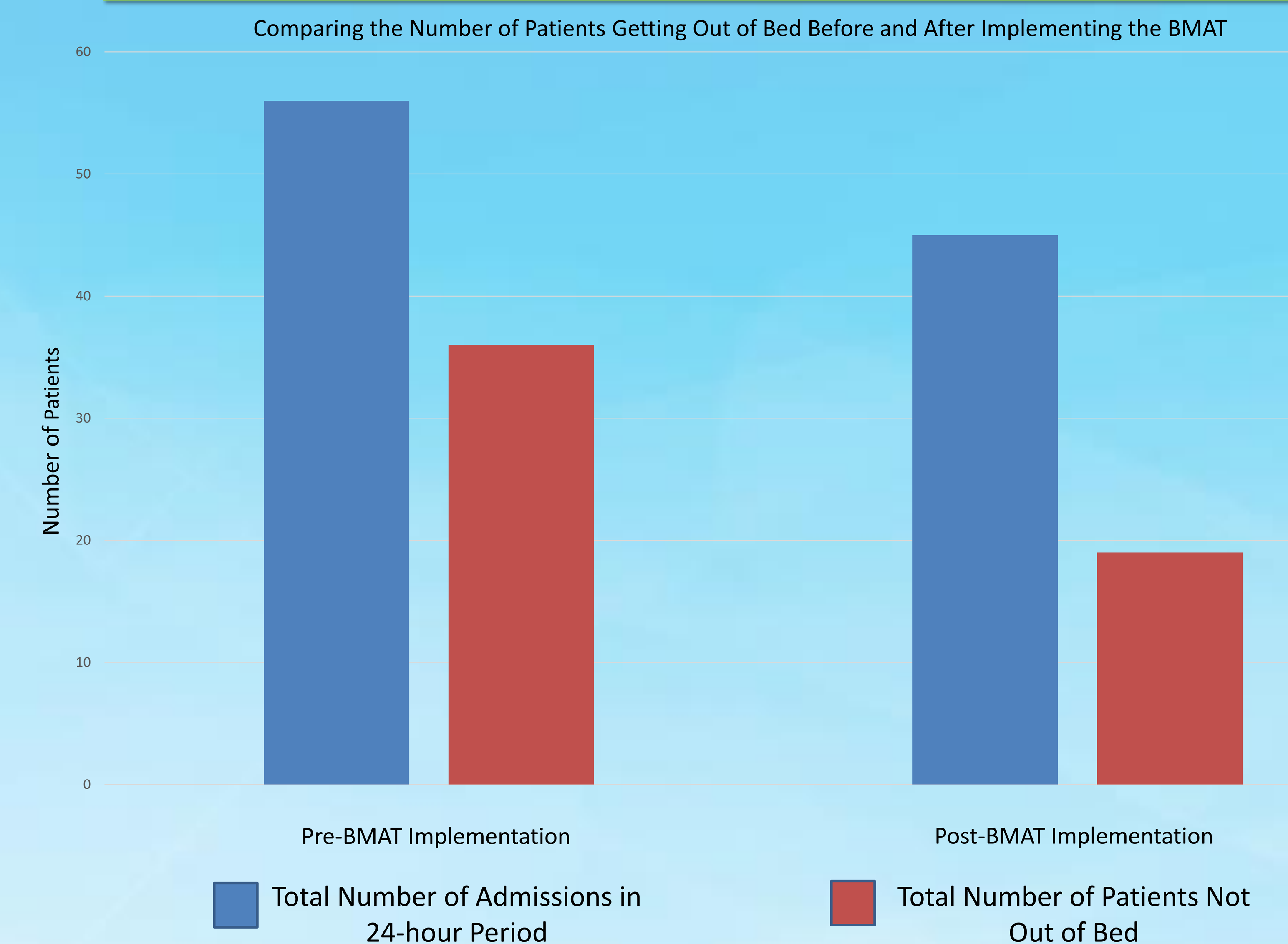
Level **4** Min. Assist
Task: *Walk*
No assistance to ambulate; reassess, as needed

Pocket cards posted around the unit for RNs to use upon admission. Associates level scoring to assistive devices appropriate for the patient.

	Pre-BMAT Audit	Post-BMAT Audit
Patients Admitted in 24-hour Period	56	45
Patients not yet "Out of Bed"	36	19

When accounting for the total number of patients admitted within the 24-hour time period, we excluded those already seen by PT and those without activity orders.

Results



- 100% of patients who did not get out bed during final audit were scored as either a Level 1 or Level 2 on the BMAT
- **64%** of patients did not get out of bed before use of the BMAT
- **42%** of patients did not get out of bed after using the BMAT
- Conversation with RNs after the second audit revealed that many felt "more comfortable in having something to use specifically for RNs, especially because PT is not able to assess many of the patients prior to admission to the floor

Conclusion

- Utilizing the BMAT increased nursing confidence and facilitated earlier ambulation
- 36% of patients were gotten OOB prior to BMAT implementation and 58% of patients were gotten out of bed after the BMAT was implemented

Next Steps

- Report results back to LVHN Safe Patient Handling Council
- Trial the BMAT network-wide

1. Boynton, T., Kelly, L., Perez, A., Miller, M., An, Y. & Trudgen, C. (2014). Banner Mobility Assessment Tool for Nurses: Instrument Validation. *American Journal of Safe Patient Handling & Mobility, 4(3).* Retrieved from https://pdfs.semanticscholar.org/563c/e8542bd88b3ee6ded8ec6fee70b7b9a88da6.pdf
2. Boynton, T. Kelly, L., Perez, A. (2014). Implementing a mobility assessment tool for nurses. *American Nurse Today*.
3. Elsevier Inc. (2017). Clinical Practice Guideline: Inpatient Fall Risk. *Elsevier CPG Spring Release 2017*.
4. Laine, Kaylin C., "Educating Nurses on the Use of Bedside Mobility Assessment Tool (BMAT) to Create a Culture of Safety" (2016). *Master's Projects*. Paper 348.
5. https://library.hill-rom.com/Global/Clinical-Programs/STAMP/English%20-%20UK/images/HR-STAMP-5EN180610-01%20-%20Mobility%20Assessment%20Customer%20Sample%20-%20THB.png

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