

Spring Into Step: A Staff-driven Mobility Initiative

Christine R. Yatsko MSN, RN, CMSRN
Lehigh Valley Health Network, Christine_R.Yatsko@lvhn.org

Amy Keesler RN
Lehigh Valley Health Network, Amy.Keesler@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Let us know how access to this document benefits you

Published In/Presented At

Davidson, C., & Yatsko, C. (2013, April 17-19). *Spring into step: A staff-driven mobility initiative*. Presented at: The Eastern Nursing Research Society 25th Annual Scientific Sessions, Boston, MA.

Yatsko, C. R., Kessler, A. (2013, October 29). *Spring Into Step: A Staff-driven Mobility Initiative*. Presented at: Research Day 2013, Lehigh Valley Health Network, Allentown, PA.

Tuesday, October 29, 2013 Lehigh Valley *Health* Network, Allentown, PA

This Presentation is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.



Spring Into Step: A Staff-Driven Mobility Initiative

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

Triggers

We could improve nurse-sensitive 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.

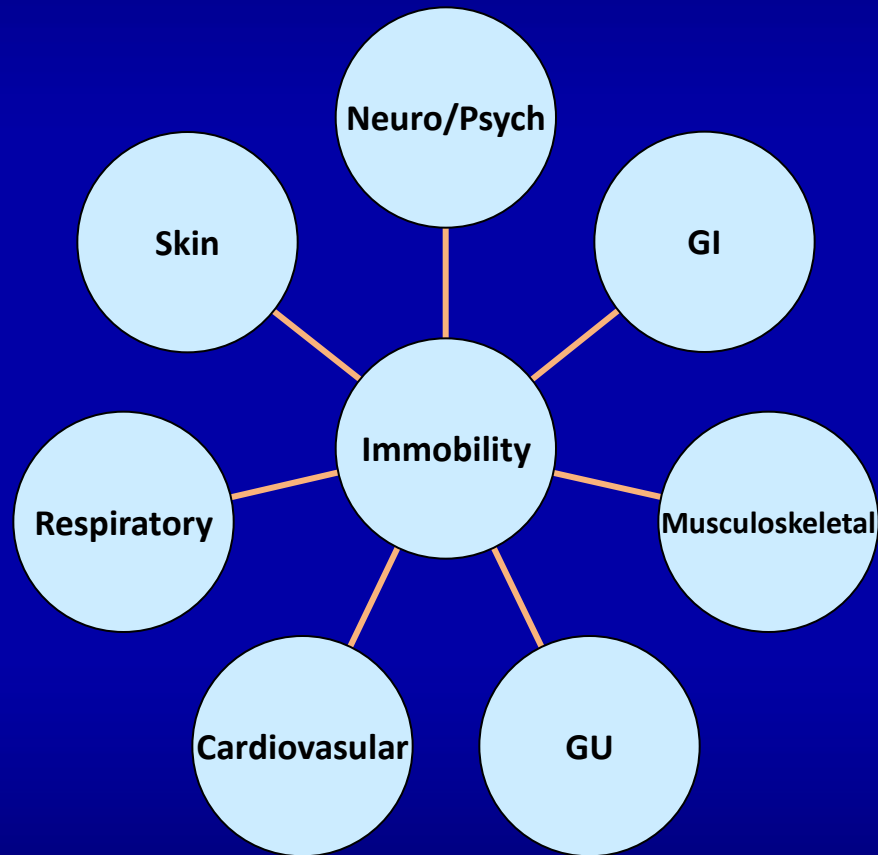
23% admitted to SNF.

67% discharged home.

21% home with services.



Why is this important?

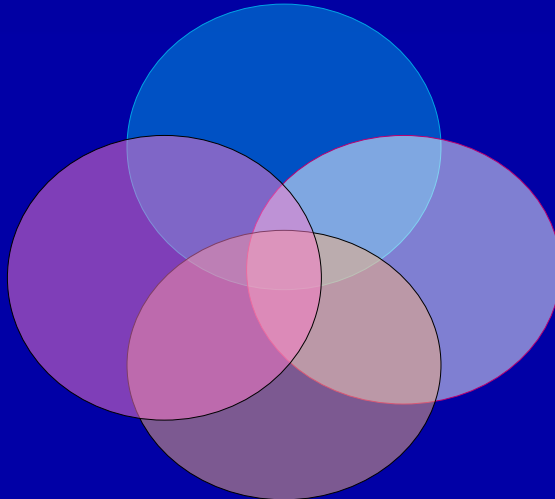


Team

EBP FellowS²

Change
Champions

Management
Team



Opinion Leaders

Literature Review

Major Concepts

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

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

Standard Work Processes

Pre Staff Survey

Patient Activity Data Collection Tool

Staff Education

Date: _____
 Weekday: _____

Patient Activity Data Collection Tool

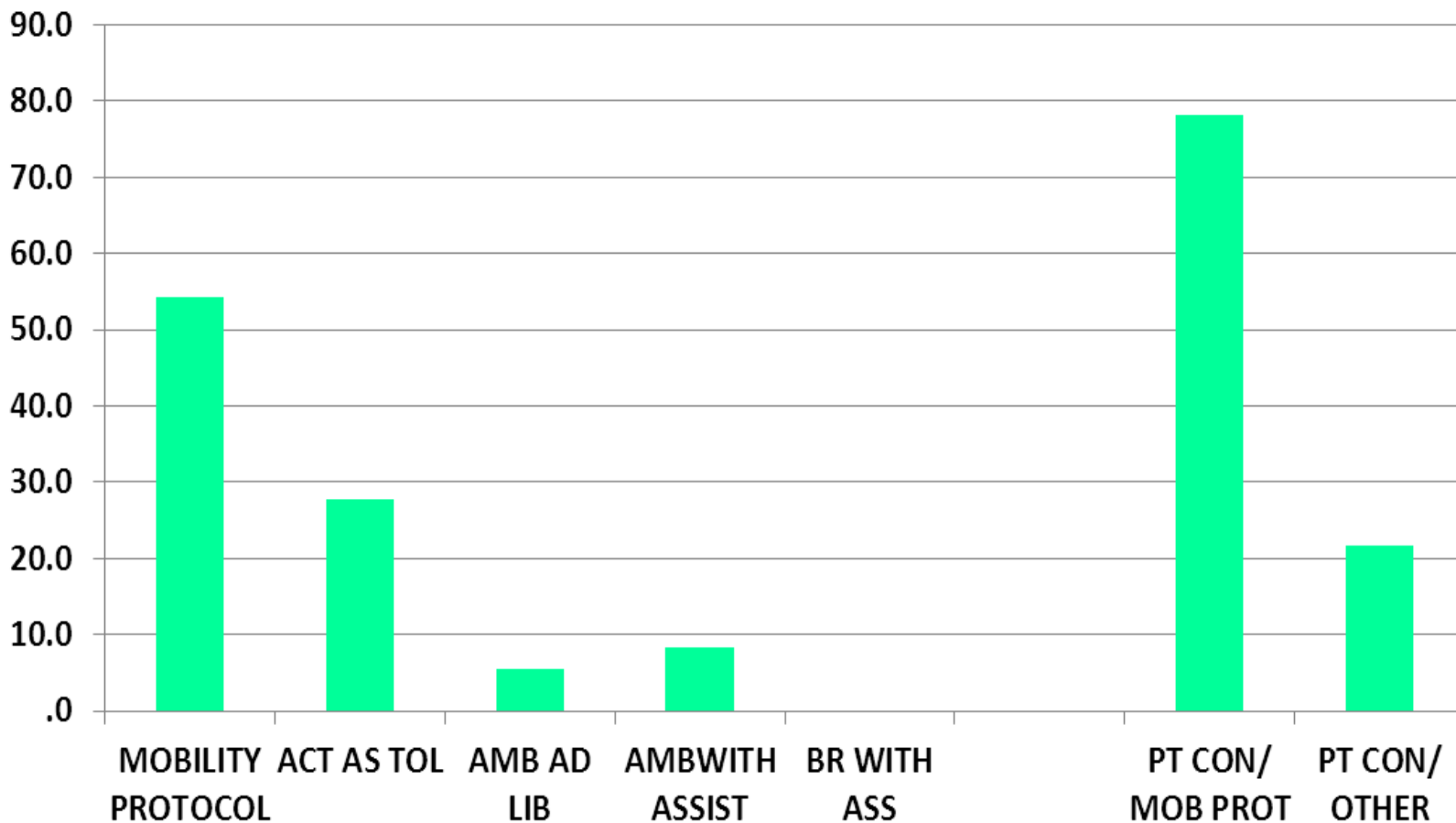
Room	Age	DOA	Lives At Home	Activity Order	Ambulate independently or assist st.	0730-0900 OOB Breakfast	1130-1330 OOB Lunch	1645-1800 OOB Dinner	Hallway Ambulation
1									
2									
3a									
3b									
4a									
4b									
5a									
5b									
6a									
6b									
7a									
7b									
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 FT 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

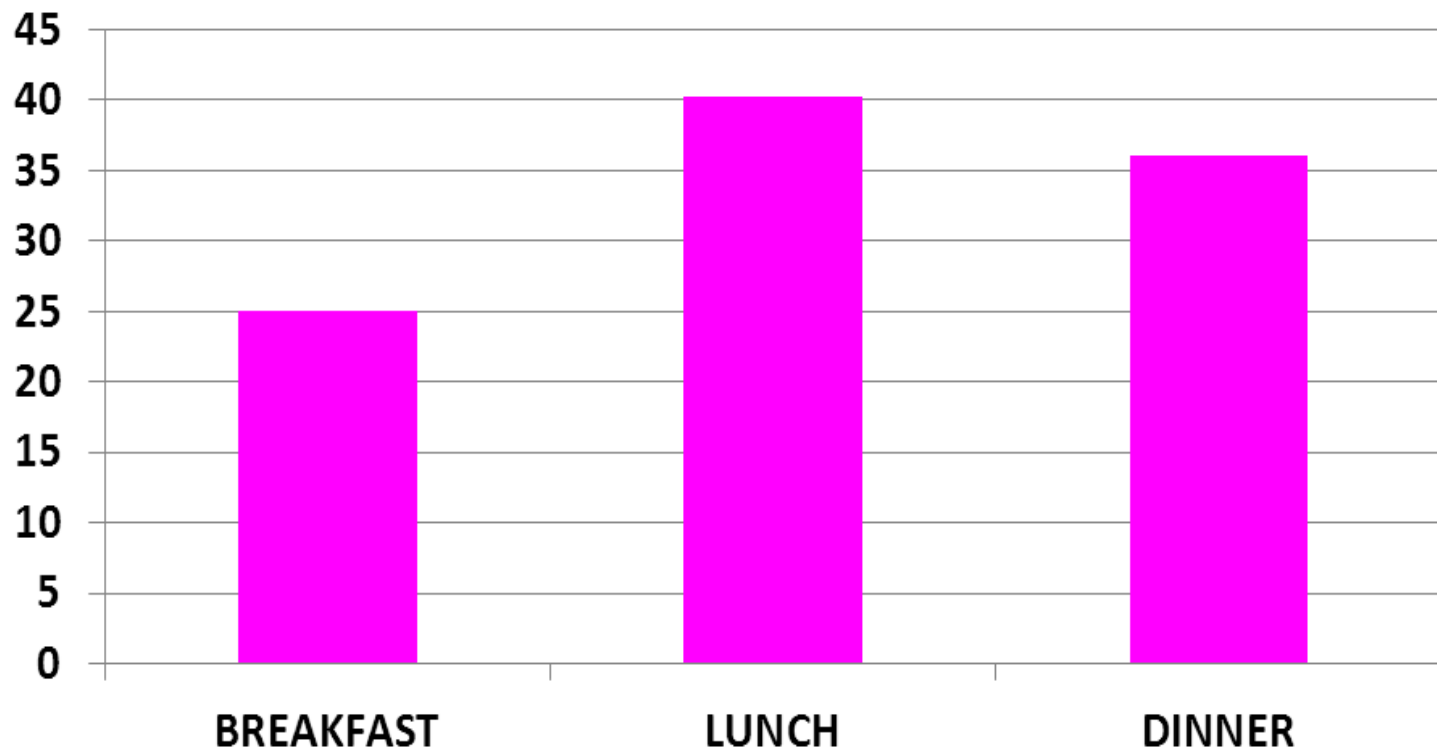
MOBILITY STATUS (pre)

TYPE of ACTIVITY ORDER and PT CONSULT

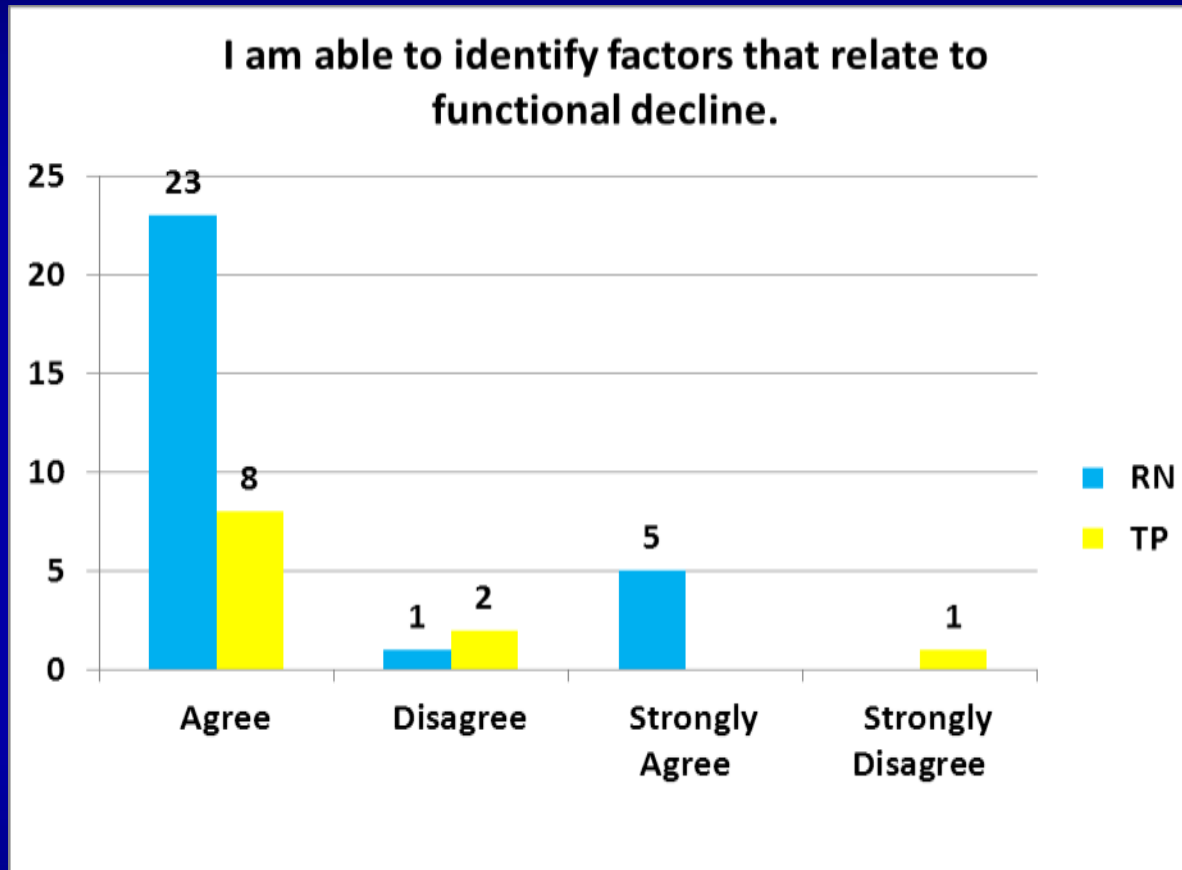


MOBILITY STATUS (pre)

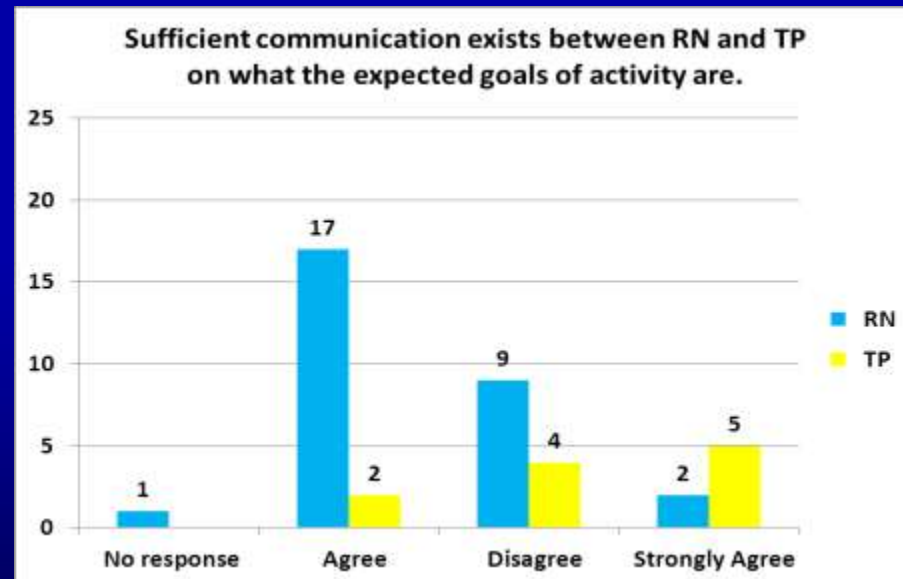
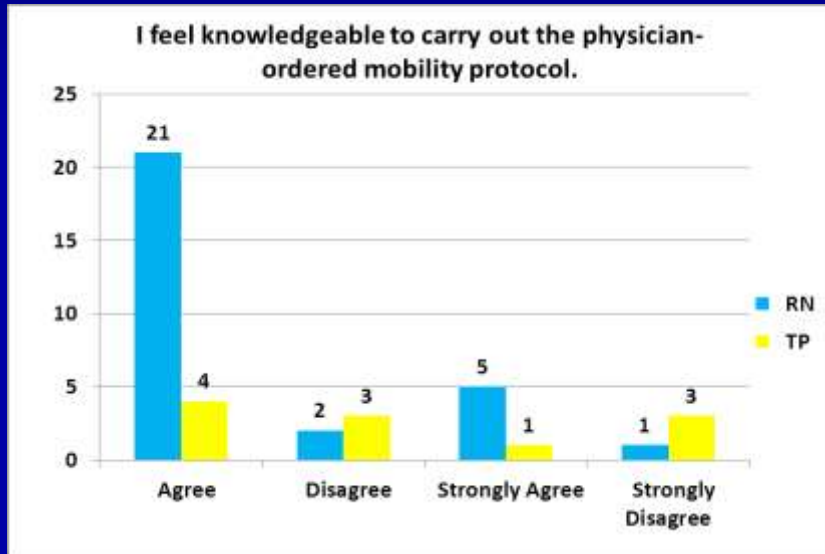
PERCENT OF PTS OOB W/ MEALS
(compliance with MOBILITY PROTOCOL)



STAFF SURVEY (pre)



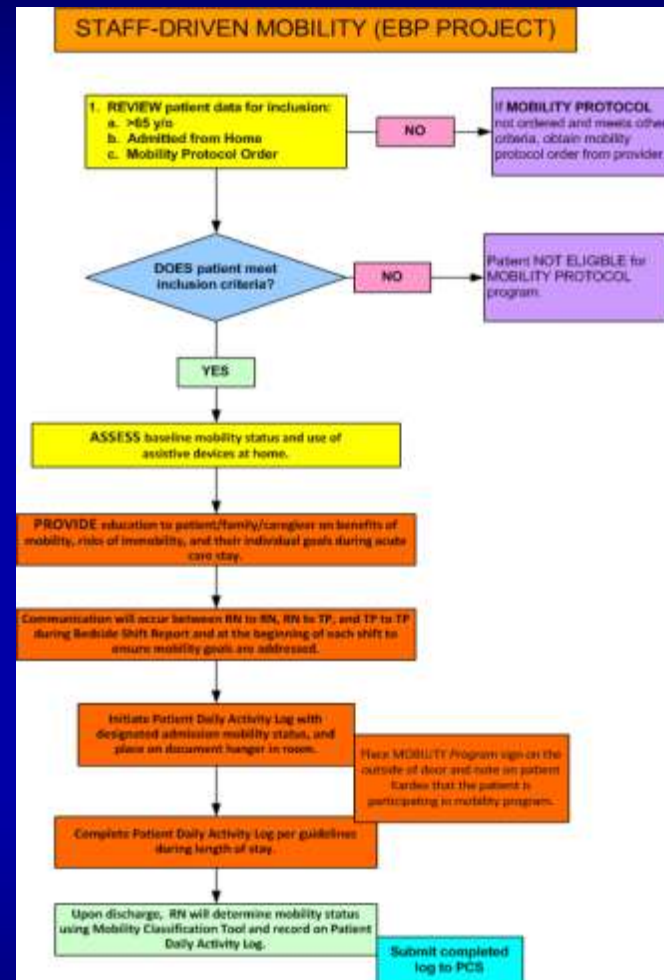
STAFF SURVEY (pre)



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.
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.

- 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:



Cedar Crest

17th Street

Muhlenberg

Health Centers

A PASSION FOR BETTER MEDICINE.™

