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).

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.

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

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

Standard Work

References:

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

Short Term Outcomes
- Increased staff knowledge
- Increased compliance to mobility protocol

Long Term Goals
- Improvement in nurse sensitive indicators: – Patient satisfaction – Pressure ulcers – Falls – LOS

Short Term Outcomes
- Increased staff knowledge
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Future Work
- Post-implementation staff survey
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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.

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

References:

Standard Work

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

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

Ex:

[Table: Mobility Classification Tool]

<table>
<thead>
<tr>
<th>Date</th>
<th>Admission Mobility Level</th>
<th>Discharge Mobility Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOA</td>
<td>Independence: Patient able to perform alone</td>
<td>Independence: Patient able to perform alone</td>
</tr>
<tr>
<td></td>
<td>Level on Admission</td>
<td>Level on Discharge</td>
</tr>
<tr>
<td>TG</td>
<td>4B</td>
<td>4B</td>
</tr>
<tr>
<td>CY</td>
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<tr>
<td>AK</td>
<td>5B</td>
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<tr>
<td>00/00/0000</td>
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</tr>
</tbody>
</table>

How to use this form:

- DOA = Date of Admission
- Lives at Home: Y = yes
- A = Activity as tolerated
- B = Ambulate ad lib
- Pr = PT Consult: Y = yes
- N = Pressure ulcers
- Y = yes
- 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

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