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: [http://scholarlyworks.lvhn.org/patient-care-services-nursing](http://scholarlyworks.lvhn.org/patient-care-services-nursing)

Part of the Nursing Commons

Published In/Presented At


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?

Skin
Respiratory
Cardiovascular
GU
Musculoskeletal
Neuro/Psych
Immobilization
Team

EBP FellowS$^2$

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

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

Patient Activity Data Collection Tool

Staff Education

Standard Work Processes

Pre Staff Survey
MOBILITY STATUS (pre)

TYPE of ACTIVITY ORDER and PT CONSULT

- MOBILITY PROTOCOL
- ACT AS TOL
- AMB AD LIB
- AMBWITH ASSIST
- BR WITH ASS
- PT CON/MOB PROT
- PT CON/OTHER
MOBILITY STATUS (pre)

PERCENT OF PTS OOB W/ MEALS
(compliance with MOBILITY PROTOCOL)
I am able to identify factors that relate to functional decline.
STAFF SURVEY (pre)

1. I feel knowledgeable to carry out the physician-ordered mobility protocol.

2. Sufficient communication exists between RN and TP on what the expected goals of activity are.
## Next Steps

<table>
<thead>
<tr>
<th>A Maximum restriction or dependence</th>
<th>Bedbound or confined to bed per order.</th>
<th>Patient dependent: Staff provides all turning, positioning, and ROM.</th>
<th>Transferred to chair.</th>
<th>Two-person assist; stand and pivot to chair, wheelchair, or commode.</th>
<th>Walk; with two assist.</th>
<th>Walk independently in room only.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Patient participates with staff assist in turning, positioning, and ROM.</td>
<td>Mechanical or Three-person lift to chair, wheelchair, or commode.</td>
<td>One-person assist; stand and pivot to chair, wheelchair, or commode.</td>
<td>Walk; with one assist.</td>
<td>Walk out of room; &lt;1 hall length.</td>
<td></td>
</tr>
<tr>
<td>C Least restricted/least dependence</td>
<td>Patient is independent in bed.</td>
<td>Transfer to chair, wheelchair, or commode with Two-person assist.</td>
<td>One-person standby assist to chair, wheelchair, or commode.</td>
<td>Walk; with standby assist.</td>
<td>Walk out of room; &gt;1 hall length.</td>
<td></td>
</tr>
</tbody>
</table>

- **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: