



# Impact of an Interprofessional Culture of Mobility Training on Documentation of Patient Mobility Activities

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# Background

# Hospitalized adults must be mobilized

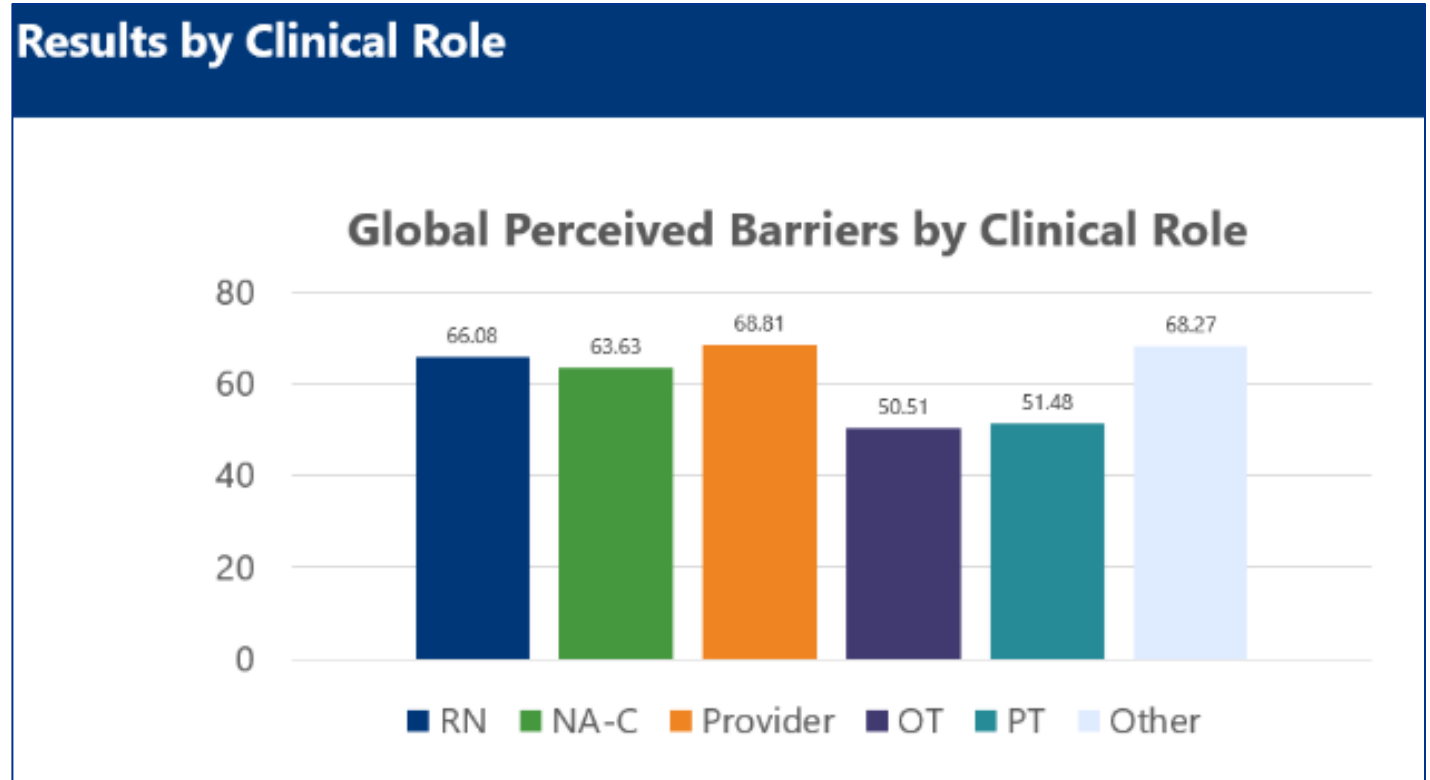
## Lack of mobility increases negative outcomes

- Falls with injury
- Hospital-acquired conditions
  - Wounds, infections, deep vein thrombosis, etc.
- Length of stay
- Discharge to extended care facility versus home



# Local mobility needs assessment

- 200-bed community-based hospital
- Staff reported barriers for mobilizing patients and appropriately documenting activity in 2020
  - Higher scores indicate more barriers
  - Physical therapists reported highest knowledge, best attitudes, and best mobility behaviors



# Need for evidence-based program

- Staff required to document patient activities each shift, including a highest level of mobility score, but compliance noted to be low
- No formal evidence-based practice mobility program in place in the hospital although program detailed by Johns' Hopkins

## Johns Hopkins Activity and Mobility Promotion (AMP)

		DAILY MOBILITY SCORE (JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY)		
AM-PAC MOBILITY SCORE	24	8	WALK 250 FEET OR MORE	
	22-23	7	WALK 25 FEET OR MORE	
	18-21	6	WALK 10 STEPS OR MORE	
	16-17	5	STANDING (1 OR MORE MINUTES)	
	10-15	4	MOVE TO CHAIR/COMMUNE	
	8-9	3	SIT AT EDGE OF BED	
	6-7	2	BED ACTIVITIES / DEPENDENT TRANSFER	
		1	LYING IN BED	



# Purpose

# Improve patient mobilization activities

To evaluate the impact of an interprofessional culture of mobility education training for nurses and therapy staff on patient mobility activities charting practices



# Methods



# Interdisciplinary mobility training

## Planning phase

A team of clinical Registered Nurses, Nurse Leaders, Nurse Assistants, a Clinical Documentation specialist, and a Physical Therapist met regularly

- Planned content of training
- Created flyers to raise awareness about training and mobility campaign
- Implemented a competition between units to share who had the highest rate of documentation compliance
  - Winning unit would have a staff party



**Culture of Mobility**

**Let's get our patients moving!**

On 05/31/21 we are rolling out the culture of mobility project to increase mobility on the unit

Below are the daily goals and expectations that will be evaluated by the CN each shift:

- Walk/mobilize every patient 3 times/day
- Write mobility goals on the whiteboard
- Document mobility in the quick chart under

As an incentive we have decided to create some inter-unit and intra-unit competition and rewards:

**Intra-unit:**

- If you are seen walking a patient or writing goals on the whiteboard you will receive a ticket from the CN/NM
- Tickets will be entered in a weekly drawing in which three winners will receive North 40 \$10 gift cards
- At the end of the project, everyone who received a ticket will be entered in a final drawing for a gift certificate for a 1 hr. massage

**Inter-unit:**

- Each month the culture of mobility team will review mobility documentation
- The unit with the most improved documentation by percentage will win the monthly award
- The winning unit, will receive a sweet treat from the other units

To kick off the culture of mobility Micah Kaluzny our project manager will be serving coffee in the Mt. Spokane room from 1000-1200


If you have any questions, please contact your manager or unit champion for further details.

# Interdisciplinary mobility training

Did your patient **MOVE** today?

Even if your patient cannot walk, encourage them to **MOVE** to improve!



	Stand at least one minute
	Transfer to chair or commode
	Sit at edge of the bed
	Turn self in bed

@icurehab  
hopkinsmedicine.org/OACIS

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## Training and sustainability

Team delivered hands-on, 20 minute evidence-based mobility training to all nursing and therapy caregivers in June 2021

- Delivered over two weeks, traveled to each unit on day and night shifts
- Emphasized how and where to document mobility activities
- Aim to mobilize each patient 3X per day to highest level of mobility

Placed flyers summarizing information in nursing and patient viewable areas

Randomly awarded caregivers with gift cards when “caught in the act” mobilizing a patient

# Project Measures

- **Length of stay in days**
- **Pre and post training rate of documenting:**
  - Highest level of mobility scores
  - Patient mobility activities

## Scores stratified by specialty unit

Documentation rates pre (January 2021 through May 2021) and post (June 2021 through August 2021)

Did your patient **get out of bed today?**



Even if your patient cannot walk far, encourage them to get out of bed as much as possible.



**Stand beside bed**



**Move to chair**



**Eat in chair**



**Stand while brushing teeth**

[bit.ly/everybodymoves](http://bit.ly/everybodymoves)



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# Results

# Documentation Rates Improved

PRE	% chart on HLM	% chart on Activity
Medical Telemetry (n=942 patients)	33%	72%
Medical Oncology (n=1241)	16%	38%
Surgical Orthopedics (n=1442)	27%	79%
<b>Overall (n=3626)</b>	<b>25%</b>	<b>63%</b>

POST	% chart on HLM	% chart on Activity
Medical Telemetry(n=590 patients)	61.3%	80.8%
Medical Oncology (n=533)	36.2%	50.8%
Surgical Orthopedics (n=926)	35.6%	76.1%
<b>Overall (n=2050)</b>	<b>43%</b>	<b>70%</b>

# Project Measures

- **Length of stay remained stable**
  - 3.7 days pre intervention and 4.0 days post-intervention



# Discussion

# Evidence-based approach to mobility may improve patient mobilization

## **Interdisciplinary approach to implementation is key**

Data informatics to share progress with staff each month

Leadership support

Nursing expertise included

Therapy knowledge





# Challenges

- COVID-19 surges increased patient acuity
- Increased staff turnover and staff illness
- Project leadership changes and hospital leadership changes
- Lack of visitors on the units in context of COVID-19



# Clinical Implications

# Hands-on training can improve patient mobilization activities

Despite challenges, documentation rates increased, and length of stay remained stable

Future work includes:

- Population-specific mobility education (spinal fusion)
- Continued work with the program as staffing challenges resolve



Thank you

## Selected References

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