A Nurse-Driven Mobility Program: Driving a Culture of Early Mobilization in Medical -Surgical and Post-Acute Care Nursing

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Disclosure

We have no financial relationships with any commercial interest related to the content of this activity.

Objectives

- Outline the steps to building and implementing an evidence-based, nurse-driven mobility program in the acute and post-acute care setting for mobilizing adult patients
- Describe facilitators and barriers to establishing and sustaining a culture of mobility
- Describe metrics used to guide implementation and to evaluate program success
- Describe utilization of Bedside Mobility Assessment Tool (BMAT) in Post-Acute Care Setting

PIH Health

PIH Health Whittier Hospital | **PIH Health Downey Hospital** | **PIH Health Good Samaritan Hospital**

- PIH Health is a regional nonprofit healthcare delivery network with hospitals in Whittier, Downey and Los Angeles
- PIH Health serves the residents of Los Angeles County, Northern Orange County and the San Gabriel Valley
- 1,130 licensed beds and 26 outpatient clinics
- 7,100 employees

Mobility Culture at PIH Health Hospital

Problem:

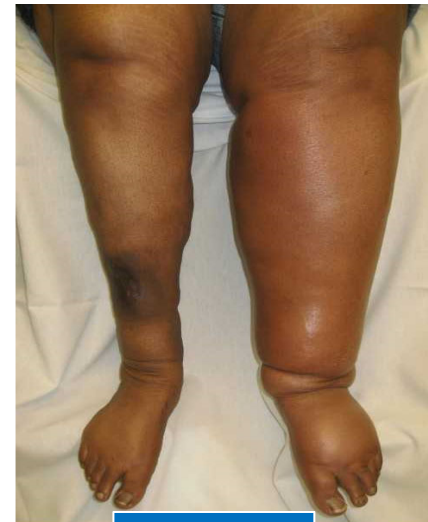
Clinically unnecessary inactivity and prolonged bed rest are associated with unfavorable patient outcomes. Mobility was largely left to Physical Therapy.

Why is Mobility Important?

Pressure Injury

Loss of Function

Delirium/Confusion

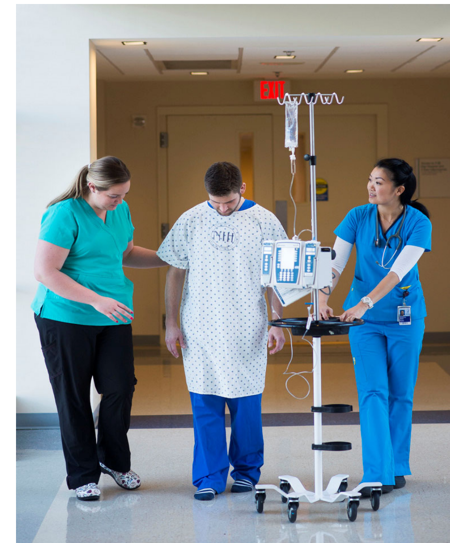


VTE

Review of Literature

Evidence Based Practice Question:

What is the effect of a nurse-driven mobility program in adult, hospitalized patients related to the prevention of immobility complications, reduction in inappropriate physical therapy orders and promotion of a culture of mobility?



Project Goal

"Implement a nurse-led mobility program to promote patient health and safety in the acute and post-acute setting at PIH Health Whittier Hospital in order to decrease the consequences of immobility."

Baseline Metrics

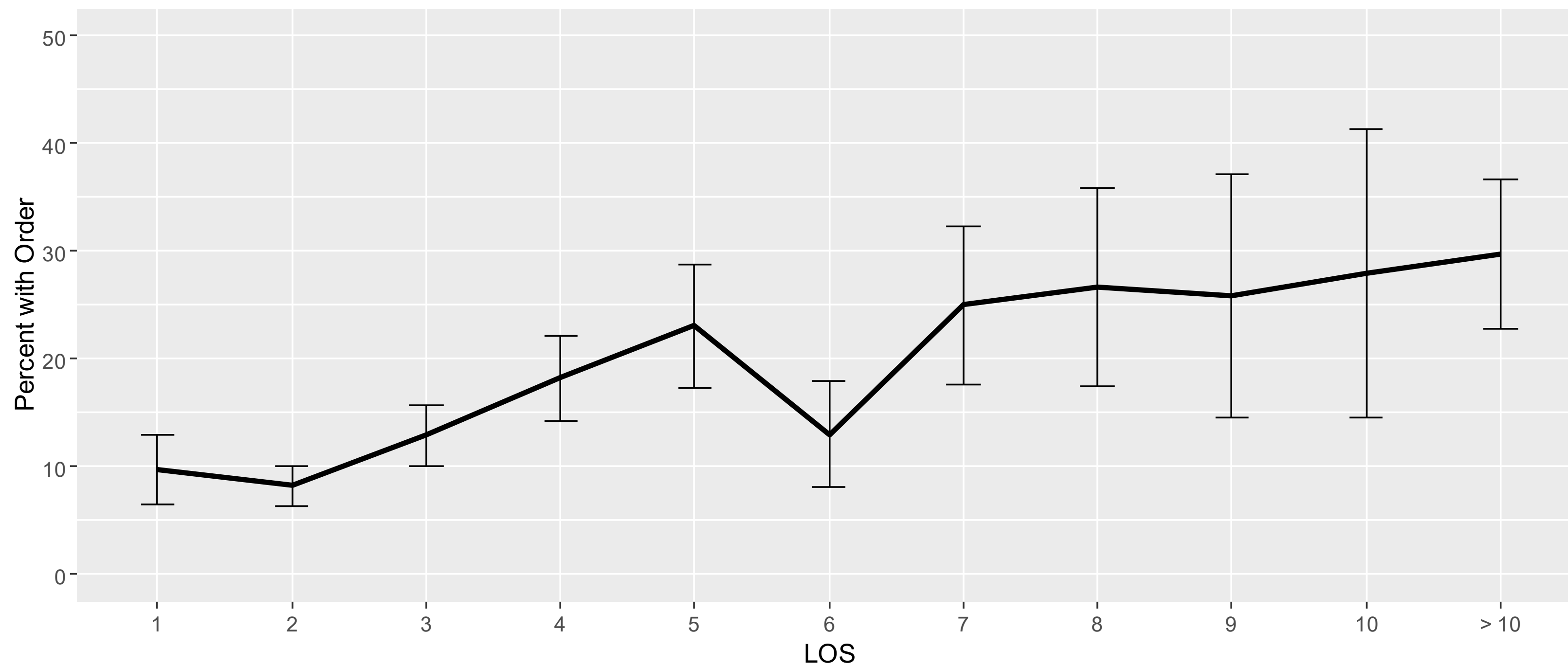
- Average number of mobilization events
- Percentage of strict bedrest orders
- Volume of inappropriate Physical Therapy orders
- Nursing attitude survey

Average Times Up Per Day

Discharges	Mean Times Up Per Day	Median Times Up Per Day
2825	1.6	1.3

- Of 2825 discharges, 441 (16%) had no documentation of being mobilized at any time during entire stay
- Of those that were mobilized, the average times up per day was 1.6

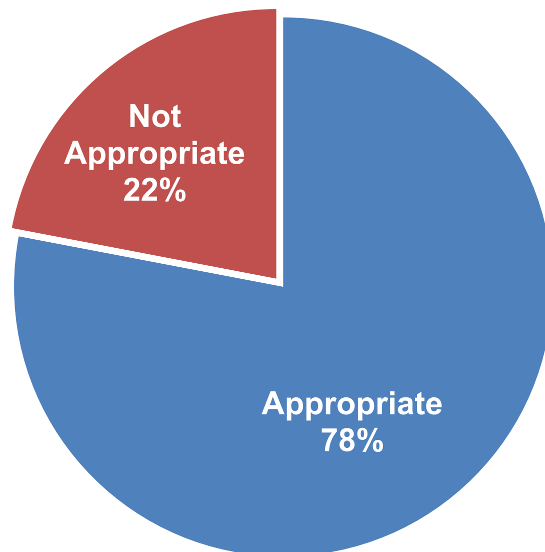
Strict Bedrest Orders



Of 2919 discharges (regardless of LOS), 440 (17%) had at least one Strict Bedrest order

Physical Therapy Orders Baseline

Percentage of Inappropriate Orders for Physical Therapy



Criteria for a Physical Therapy Evaluation

- Is there a new orthopedic impairment that affects mobility?
- Is there a new neurological diagnosis that affects mobility?
- Does the patient require an assessment of functional capacity for discharge planning?
- Is the patient not at their functional baseline?
- Is the patient unable to progress with the nursing mobility program?

Nursing Attitude Baseline Metrics

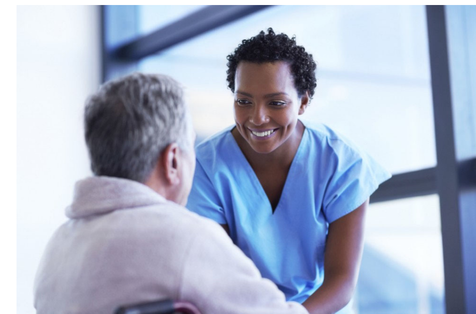
House wide survey of nurses revealed:

- 90% of nurses at PIH Health believed mobility would improve outcomes for their patients
- 54% believed that leadership provided sufficient resources, time /support
- 72% felt confident to safely mobilize their patients

*104 Respondents

Implementation

- Validated nursing assessment tool selected:
  - ✓ Bedside Mobility Assessment Tool (BMAT)
- Received permission to use the BMAT
- BMAT reviewed by frontline nursing staff and feedback obtained
- Activity interventions established for each level
- Mobility policy created



Implementation (cont.)

Workflow established for RNs and CNAs

- BMAT assessment completed by RN every shift
- Documentation of BMAT assessment and mobility interventions
- RN informs CNA of patient’s BMAT level and mobility intervention goals
- Whiteboard communication standardized with mobility level and interventions
- Evaluation of PT orders for appropriateness and communication with physicians, if needed

Implementation (cont.)

- Developed and implemented a comprehensive education program for RNs, CNAs, transporters, and physicians
- Education on BMAT provided to 900+ employees hospital-wide
- Mobility Champions and Educators completed bedside competency check-offs with RNs
- Front wheeled walker and gait belt placed into every patient room with replacement availability in Central Supply

Implementation (cont.)

- Engaged nursing staff in naming the mobility program with a contest
- Hallway distance markers placed every 25 feet on units

Bedside Mobility Assessment Tool (BMAT)

Bedside Mobility Assessment Tool

Assessment		Pass / Fail
Assessment Level 1- Sit and Shake 1. From a semi-reclined position, ask patient to sit up and rotate to a seated position at the side of the bed **may use the bedrail.* 2. Ask patient to reach out and grab your hand and shake making sure patient reaches across his/her midline		PASS= Patient is able to come to a seated position, maintain core strength. Maintains seated balance while reaching across midline. Move on to Assessment Level 2 FAIL= Patient unable to perform tasks, patient is MOBILITY LEVEL 1
Assessment Level 2- Stretch and Point 1. With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips. 2. Ask patient to stretch one leg and straighten the knee, then bend the ankle/flex and point the toes. If appropriate, repeat with the other leg		PASS= Patient is able to demonstrate appropriate quad strength on intended weight bearing limb(s). Move onto Assessment Level 3 FAIL= Patient unable to complete task. Patient is MOBILITY LEVEL 2
Assessment Level 3- Stand 1. Ask patient to elevate off the bed or chair (seated to standing) using an assistive device (cane, bedrail). 2. Patient should be able to raise buttocks off be and hold for a count of five. May repeat once.		PASS= Patient maintains standing stability for at least 5 seconds, proceed to assessment level 4. FAIL= Patient unable to demonstrate standing stability. Patient is MOBILTY LEVEL 3
Assessment Level 4- Walk 1. Ask patient to march in place at bedside. 2. Then ask patient to advance step and return each foot. *There are medical conditions that may render a patient unable to step backward; use your best clinical judgment.		PASS= Patient demonstrates balance while shifting weight and ability to step, takes independent steps, does not use assistive device patient is MOBILITY LEVEL 4 Fail= Patient not able to complete tasks OR requires use of assistive device. Patient is MOBILITY LEVEL 3

Mobility Interventions

Assessment Level 1- Sit and Shake

1. From a semi-reclined position, ask patient to sit up and rotate to a seated position at the side of the bed
   **may use the bedrail.*
2. Ask patient to reach out and grab your hand and shake making sure patient reaches across his/her midline

Assessment Level 2- Stretch and Point

1. With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips.
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Assessment Level 3- Stand

1. Ask patient to elevate off the bed or chair (seated to standing) using an assistive device (cane, bedrail).
2. Patient should be able to raise buttocks off be and hold for a count of five. May repeat once.

Assessment Level 4- Walk

1. Ask patient to march in place at bedside.
2. Then ask patient to advance step and return each foot.

*There are medical conditions that may render a patient unable to step backward; use your best clinical judgment.

Level 1
- Bed activities with assistance
- Chair with mechanical lift

Level 2
- Seated/standing activities with assistance

Level 3
- Standing/walking activities with assistance

Level 4
- Walking activities (with assistance, if patient is Fall Risk)

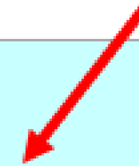
Implementation

Information Technology (IT)

- BMAT and mobility interventions added to nursing documentation in standard location
- Creation of 'Activity per Nursing Assessment' order
- Removal of Strict Bedrest order and multiple mobility orders
- Created Strict Bedrest order that expires in 24 hours (or specific time selected by physician) with clinical rationale required
- Activity orders separated from other nursing orders

Documentation

BMAT documentation by RN



Bedside Mobility Assessment Tool	
Level 1 Sit and Shake Assessment	Pass
Level 2 Stretch and Point Assessment	Pass
Level 3 Stand Assessment	Pass
Level 4 Walk Assessment	Pass
Unable to Assess	

Documentation

Mobility documentation

Interventions (Musculoskeletal)

Level 4 Walking Activity
Interventions:
Response to Activity
Ambulate in hallway TID
Progress in hallway distance, as tolerated
Up in chair TID

Equipment

Toileting
Toileting
Response to Activity
Activity Level 1: Bedside Commode (BSC) w/lift
Activity Level 2: Bedside Commode (BSC) w/lift
Activity Level 3: Staff assist/patient lift BSC or bathroom
Activity Level 4: Independent to bathroom

Level 4 Interventions Interventions:

Filter To:

Intervention
- [ ] to/from chair
- [ ] supervised dangle at EOB
- [ ] seated in chair ROM
- [ ] standing/marching in place
- [ ] ambulate in hallway

Safe Patient Handling Plan
- [ ] independent
- [ ] patient lift
- [ ] 1-person assist
- [ ] 2-person assist
- [ ] gait belt
- [ ] front wheel walker
- [ ] cane

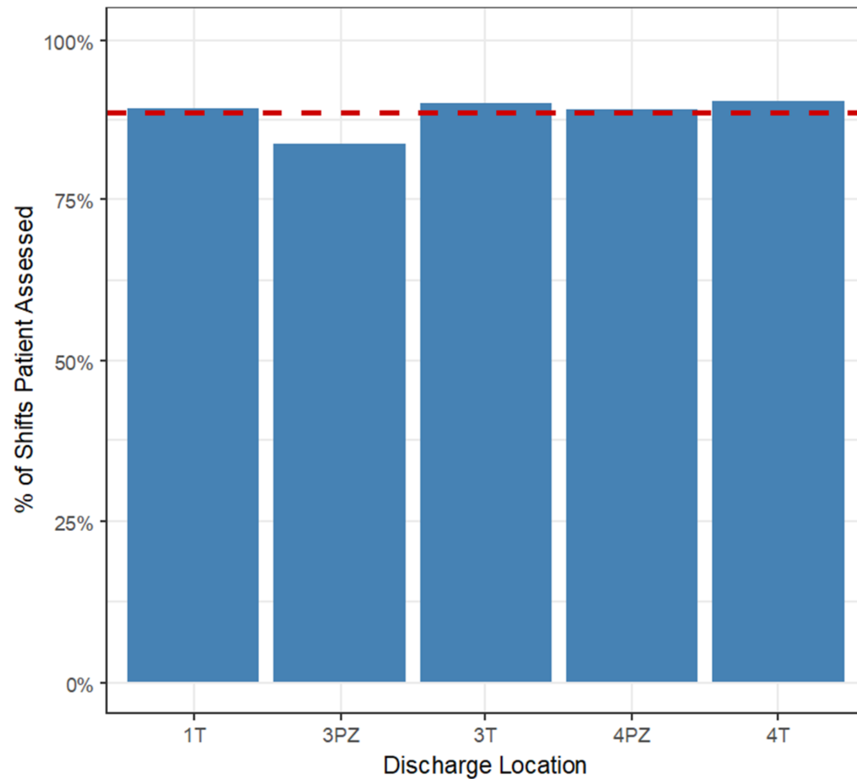
Ambulation Distance
- [x] 25 feet - 50 feet
- [ ] 50 feet - 100 feet
- [ ] 100 feet - 200 feet
- [ ] greater than 200 feet

OK Cancel

Mobility Program Coordinator

- Culture adoption
- Mobility training in orientation for new hires
- Weekly audits with just-in time training for RN/CNAs
- Ceiling lift training
- Management of lift/mobility equipment

Completion of BMAT



Last Location	% of Shifts Where Patients Assessed
1T	89%
3PZ	84%
3T	90%
4PZ	89%
4T	90%
Total	88%

Red line shows overall rate. Only shifts lasting at least 8 hours included.

Average Times Up/ % Patients Not Mobile

	Mean Times Up		Median Times Up		% Not Up at Least Once	
Last Location	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**
1T	1.78	2.73	1.43	2.39	15%	4%
3PZ	1.71	2.23	1.30	1.81	16%	3%
3T	1.39	1.85	1.10	1.70	18%	6%
4PZ	2.05	2.86	1.79	2.69	8%	3%
4T	1.82	2.48	1.38	2.01	15%	7%
Total	1.75	2.45	1.42	2.11	14%	5%

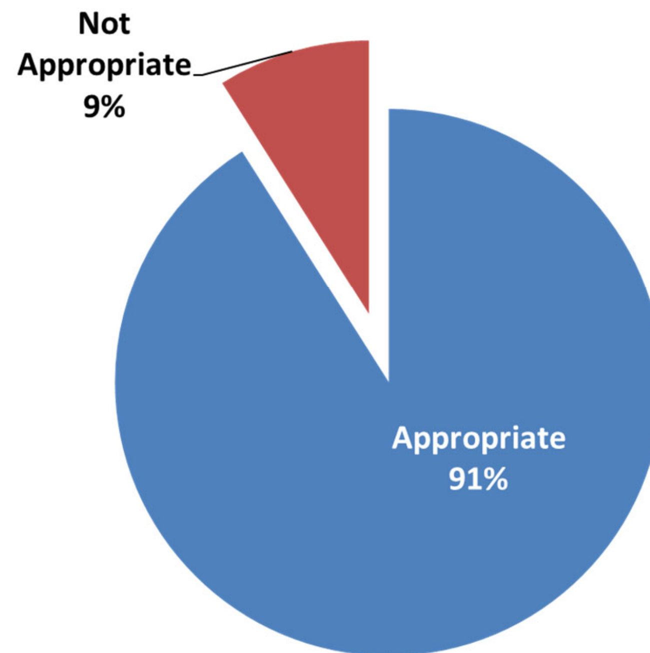
Pre: Feb 2016 to Jan 2017
Post: Mar 2017 to Feb 2018

Strict Bedrest Orders

Last Location	Pre % with Strict Bedrest Order	Post % with Strict Bedrest Order
1T	35%	23%
3PZ	22%	9%
3T	19%	5%
4PZ	13%	2%
4T	15%	6%
Total	21%	9%

% of visits with at least one strict bed rest order during stay

Physical Therapy Orders



BMAT in Post Acute Care Setting

BMAT implemented in Post Acute Care Setting:

- Acute Rehabilitation Center: 17 bed inpatient rehabilitation facility
- Transitional Care Unit: 35 bed distinct part skilled nursing facility
- Education similar to inpatient units

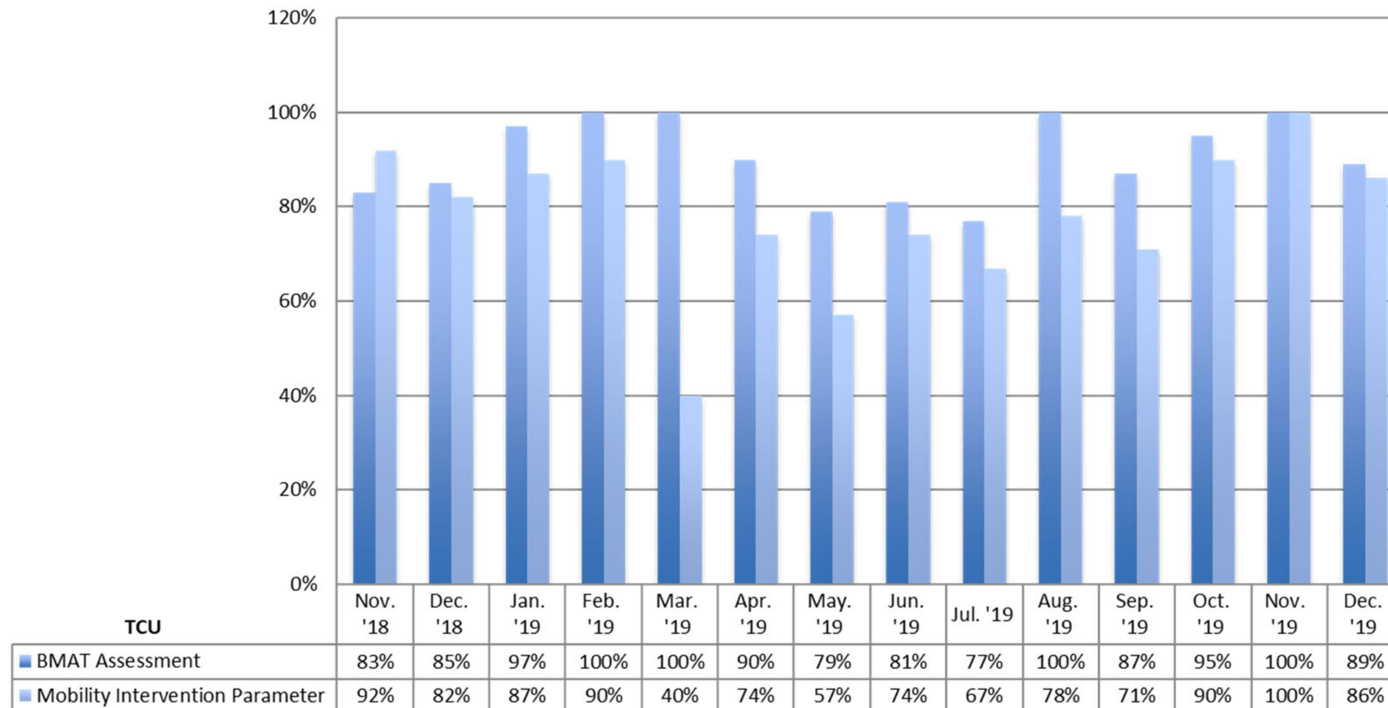
Why BMAT in Post Acute Care?

- Majority of patients receive therapy at least once a day in Skilled Nursing Setting
- Why BMAT?
  - ✓ Not all patients will receive therapy
  - ✓ Some patients are discharged from therapy services or therapy service frequency is decreased
  - ✓ Some patients may not receive a therapy evaluation if admitted late
  - ✓ Empowers nursing staff to mobilize patients
  - ✓ Paints the clinical picture (therapy versus nursing view)
  - ✓ Promotes socialization (up for meals and activities)

Barriers to Post Acute Care Setting

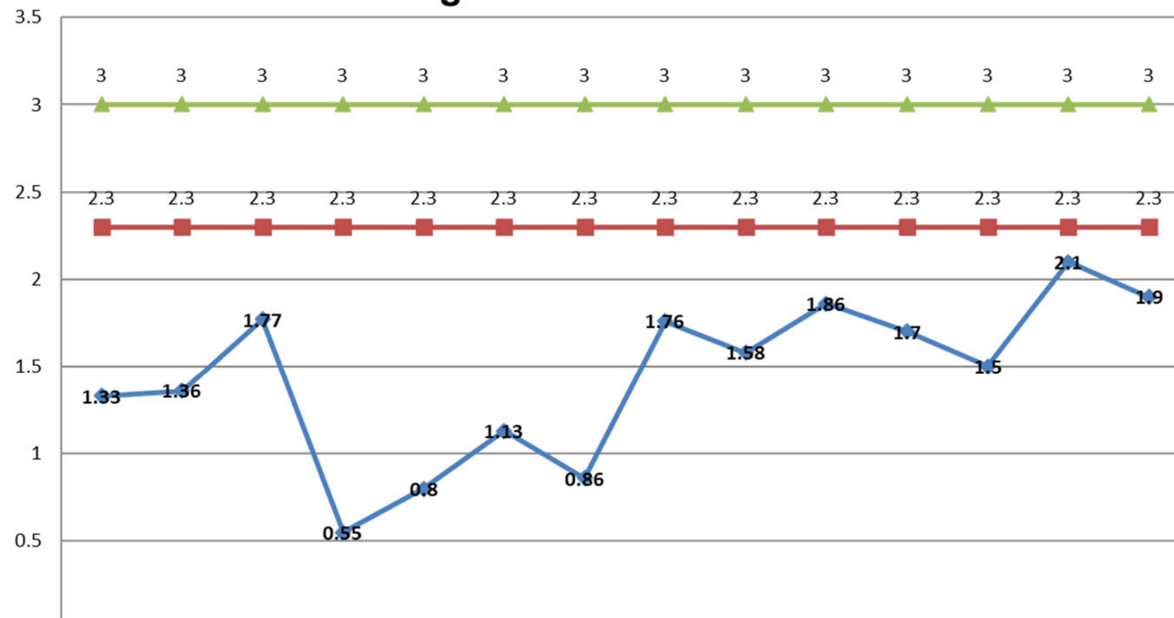
- Culture
  - ✓ Patient is already getting up with therapy
- Documentation
  - ✓ Opening parameters
  - ✓ Entering patient’s mobilization
  - ✓ Educate acceptable to write that patient is up with therapy

Appropriate BMAT Assessment & Mobility Intervention Parameter Completed



TCU	Nov. '18	Dec. '18	Jan. '19	Feb. '19	Mar. '19	Apr. '19	May. '19	Jun. '19	Jul. '19	Aug. '19	Sep. '19	Oct. '19	Nov. '19	Dec. '19
BMAT Assessment	83%	85%	97%	100%	100%	90%	79%	81%	77%	100%	87%	95%	100%	89%
Mobility Intervention Parameter	92%	82%	87%	90%	40%	74%	57%	74%	67%	78%	71%	90%	100%	86%

Average Number of Mobilizations



TCU	Nov. '18	Dec. '18	Jan. '19	Feb. '19	Mar. '19	Apr. '19	May. '19	Jun. '19	Jul. '19	Aug. '19	Sep. '19	Oct. '19	Nov. '19	Dec. '19
TCU	1.33	1.36	1.77	0.55	0.8	1.13	0.86	1.76	1.58	1.86	1.7	1.5	2.1	1.9
6 Month Goal	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
12 Month Goal	3	3	3	3	3	3	3	3	3	3	3	3	3	3

Sustainment/Lessons Learned

- Mobility coordinator:
  - Audits/provides just in time education
  - Annual & new hire orientation education provided to staff (lift, mobility)
  - Equipment management
  - Culture adoption
- Walker/Gait Belt in every patient room
- Mobility improves our patient outcomes and is ALL of our responsibility

Culture of mobility requires buy-in from multidisciplinary team

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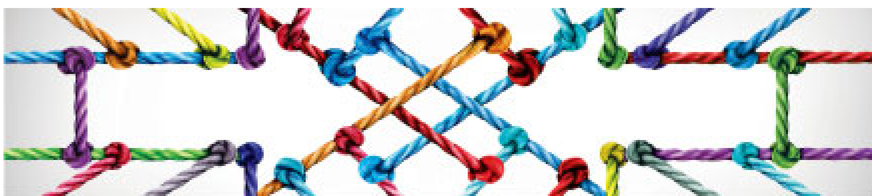

Questions?

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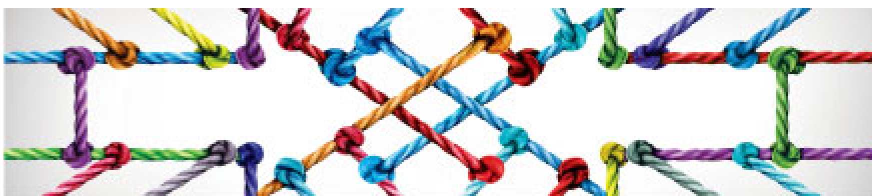

Creating Care Partnerships:
Beyond the Continuum

Thank You

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