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

Pippin Ashton, BSN, RN
Norma Diaz-Phan, MSN, MSHCA, RN
PIH Health Hospital – Whittier
12401 Washington Blvd, Whittier CA 90602

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 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

<table>
<thead>
<tr>
<th>Discharges</th>
<th>Mean Times Up Per Day</th>
<th>Median Times Up Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2825</td>
<td>1.6</td>
<td>1.3</td>
</tr>
</tbody>
</table>

- 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

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)
Mobility Interventions

- Level 1: Bed activities with assistance
- 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
Documentation

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

<table>
<thead>
<tr>
<th>Unit Location</th>
<th>% of Staff Who Passed</th>
<th>Total Patients Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4CC</td>
<td>80%</td>
<td>100</td>
</tr>
<tr>
<td>3AX</td>
<td>80%</td>
<td>100</td>
</tr>
<tr>
<td>631</td>
<td>100%</td>
<td>100</td>
</tr>
<tr>
<td>6A2</td>
<td>80%</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>90%</td>
<td>400</td>
</tr>
</tbody>
</table>

Red line shows overall rate. Only shifts testing at least 8 hours included.
Average Times Up/ % Patients Not Mobile

<table>
<thead>
<tr>
<th>Last Location</th>
<th>Mean Times Up</th>
<th>Median Times Up</th>
<th>% Not Up at Least Once</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>1T</td>
<td>1.78</td>
<td>2.73</td>
<td>1.43</td>
</tr>
<tr>
<td>3PE</td>
<td>1.71</td>
<td>2.23</td>
<td>1.30</td>
</tr>
<tr>
<td>3T</td>
<td>1.29</td>
<td>1.85</td>
<td>1.10</td>
</tr>
<tr>
<td>4PE</td>
<td>2.05</td>
<td>2.86</td>
<td>1.79</td>
</tr>
<tr>
<td>4T</td>
<td>1.82</td>
<td>2.48</td>
<td>1.38</td>
</tr>
<tr>
<td>Total</td>
<td>1.75</td>
<td>2.45</td>
<td>1.47</td>
</tr>
</tbody>
</table>

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

Strict Bedrest Orders

<table>
<thead>
<tr>
<th>Last Location</th>
<th>Pre % with Strict Bedrest Order</th>
<th>Post % with Strict Bedrest Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>1T</td>
<td>35%</td>
<td>23%</td>
</tr>
<tr>
<td>3PE</td>
<td>27%</td>
<td>9%</td>
</tr>
<tr>
<td>3T</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>4PE</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>4T</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>21%</td>
<td>9%</td>
</tr>
</tbody>
</table>

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

Physical Therapy Orders

Percentage of inappropriate Orders for Physical Therapy

- Inappropriate: 9%
- Appropriate: 91%
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

Average Number of Mobilizations

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
References


Questions?

Raise your hand or submit a question at www.menti.com and enter code 80 39 38
Thank You

Norma Diaz-Phan, MSN, MSHCA, RN, Clinical Director, Acute Rehabilitation Center and Transitional Care Unit, PIH Health, Whittier, normal.diaz-phan@pihealth.org

Pippin Ashton, BSN, RN, Clinical Director, Post Surgical Unit, PIH Health, Whittier, pippin.ashton@pihealth.org