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
Deliirium/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

- 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
• 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

• 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
  - 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**


**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**

![Chart showing completion rates across different locations]

<table>
<thead>
<tr>
<th>Location</th>
<th>% of 52% or Over-Patients Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1T</td>
<td>93%</td>
</tr>
<tr>
<td>3RF</td>
<td>84%</td>
</tr>
<tr>
<td>3T</td>
<td>90%</td>
</tr>
<tr>
<td>4T</td>
<td>90%</td>
</tr>
<tr>
<td>Total</td>
<td>89%</td>
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</tbody>
</table>

Red line shows overall rate. Only shifts lasting 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>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>1T</td>
<td>1.78</td>
<td>1.73</td>
<td>1.43</td>
</tr>
<tr>
<td>3FZ</td>
<td>1.71</td>
<td>2.23</td>
<td>1.30</td>
</tr>
<tr>
<td>3T</td>
<td>1.39</td>
<td>1.65</td>
<td>1.10</td>
</tr>
<tr>
<td>4FZ</td>
<td>2.05</td>
<td>2.86</td>
<td>1.79</td>
</tr>
<tr>
<td>4T</td>
<td>2.82</td>
<td>2.48</td>
<td>1.38</td>
</tr>
<tr>
<td>Total</td>
<td>1.75</td>
<td>2.40</td>
<td>1.42</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>3FZ</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>3T</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>4FZ</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>4T</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>23%</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
  - 55%
  - 8%
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


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, norma.diaz-phan@pihhealth.org

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