

Title: Mobility is Medicine: A Pilot Project to Create Culture Change on Acute Medical Nursing Units

Authors: Mary Kate Eanniello RN, MSN, OCN, CHPN

Carolyn Kelly BS, PT

Christine Waszynski RN, MSN, GNP-BC

Purpose and Rationale: To create a comprehensive mobility program for two acute care medical nursing units by partnering staff and volunteers. The goals are to increase mobilization of patients to prevent deconditioning, excess disability and loss of function and create a culture change embedding the importance of early and frequent mobilization as a priority for nursing staff intervention and care planning.

Research Question:

Will a structured mobility program increase:

A) Frequency of patient mobilization (independent patient self mobilization; volunteer and/or nursing staff assisted patient mobilization)

B) Communication surrounding mobilization

C) Accuracy of nursing documentation of patient mobilization (flow sheets/ care plans)

Synthesis of Review of Literature: 35-50% of hospitalized older adults experience functional decline between hospital admission and discharge and this is the leading complication of hospitalization for older adults. When nurses initiate interventions to provide mobilization during hospital admission, older adults were 3 times less likely to decline in functional status (Doherty-King, 2006.) Brown et al. (2007) surveyed patients, nurses and physicians to understand why undermobilization during hospitalization occurs. Responses included lack of staff time, mobilization equipment, motivation and the presence of medical apparatus and symptoms of illness as the major barriers to mobilization. Many hospitals are focusing on innovative ways to increase patient mobilization and in turn decrease the complications of immobility.

Methods/Procedures: This pilot project will take place over the summer and will have multiple components. It will be done in a partnership between the staff of two acute medical nurse units, physical therapy and volunteer services.

Components of the program will include recruitment of “super-user” nursing staff to act as change agents. Staff education will focus on increased awareness of the need to mobilize including scripting of staff interaction with patient from point of admission through discharge. Mobility status and activity will be expected to become part of professional shift change and “hand off” communication. The volunteers will partner with nurses and physical therapists to determine patients appropriate for independent volunteer guided mobilization as well as collaborative mobilization sessions where the volunteer acts as the assistant to the staff member. Pre and post measures will include (1) nurse and PCA knowledge of patient mobilization capacity (2) reported and observed mobility discussion between staff at change of shift and staff to patient during the hospital stay (3) reported, observed and documented mobilization episodes. Volunteer and staff feedback on the effectiveness of the program will be reported. Patient falls or any adverse event related to this intervention will also be tracked.

Results: Will be reported on the poster

Discussion/Application to Practice: This pilot project will evaluate the success of a multifaceted program to increase patient mobilization. This project will potentially lead to a hospital wide role of Mobility Volunteer. Analysis and feedback will guide revision to the role, training, process and documentation.