



**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 | 10000 Wilshire Blvd, Suite 1000 | Los Angeles, CA 90024


1

Disclosure 

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

2

2

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

3

3

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

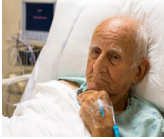
4

4

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.




5


5

Why is Mobility Important?







Pressure Injury



Loss of Function



VTE



Delirium/Confusion

6

6

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?



7

7

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.”



8

8

Baseline Metrics



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



9

9

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

10

Strict Bedrest Orders

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

11


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?

12

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

13

13


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



14

14

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

15

15

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



16

16

Implementation (cont.)



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



17

17

Bedside Mobility Assessment Tool (BMAT)



| BEDSIDE MOBILITY ASSESSMENT TOOL | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Assessment Level 1 - Sit and Stand 1. Patient is able to sit on the edge of the bed and stand without assistance. 2. Patient is able to transfer from the bed to a chair and back to the bed. 3. Patient is able to walk with a walker or gait belt. | |
| Assessment Level 2 - Transfer 1. Patient is able to transfer from the bed to a chair and back to the bed with assistance. 2. Patient is able to transfer from the bed to a wheelchair and back to the bed with assistance. 3. Patient is able to walk with a walker or gait belt with assistance. | |
| Assessment Level 3 - Walk 1. Patient is able to walk with a walker or gait belt without assistance. 2. Patient is able to walk a distance of 25 feet without assistance. 3. Patient is able to walk on a level surface without assistance. | |
| Assessment Level 4 - Climb 1. Patient is able to climb a flight of stairs without assistance. 2. Patient is able to climb a flight of stairs with a walker or gait belt without assistance. 3. Patient is able to climb a flight of stairs with assistance. | |

18

18

Mobility Interventions

Assessment Level 1: Sit and Shake

1. Have patient sit on the edge of the bed and shake the legs for 30 seconds to increase circulation to the lower extremities.
2. Have the patient stand and walk for 30 seconds to increase circulation to the lower extremities.

Assessment Level 2: Stretch and Point

1. Have patient sit on the edge of the bed and stretch the legs for 30 seconds.
2. Have patient stand and point the toes for 30 seconds.

Assessment Level 3: Stand

1. Ask patient to stand off the bed for 30 seconds.
2. Patient should be able to stand for 30 seconds in a room of his/her choice.

Assessment Level 4: Walk

1. Ask patient to walk for 30 seconds.
2. Have patient walk in a hallway for 30 seconds.

| | |
|---------|--------------------------------------------------------------------------------------------------------------------------|
| Level 1 | <ul style="list-style-type: none"> • Bed activities with assistance • Chair with mechanical lift |
| Level 2 | <ul style="list-style-type: none"> • Seated/standing activities with assistance |
| Level 3 | <ul style="list-style-type: none"> • Standing/walking activities with assistance |
| Level 4 | <ul style="list-style-type: none"> • Walking activities (with assistance, if patient is Fall Risk) |


19

19

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



20

20

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 | |

21

21

Documentation

Intervention (Intermittent)

Level 4 training activity

Interventions:
 Response to Activity
 Ambulation 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) with
 Activity Level 2: Bedside Commode (BSC) with
 Activity Level 3: Staff-assisted in BSC in bathroom
 Activity Level 4: Independent in bathroom

Mobility documentation

Level 4 Intervention: Intervention

Ambulate

Supervised (depth of EOB)

Assisted in chair/POB

Ambulation/transfer in place

Includes in hallway

Safe Patient Handling/Team

Independent

Patient lift

1 person assist

2 person assist

Gait belt

Room wheel value

Other

Medication Distance

25 feet - 50 feet

50 feet - 100 feet


100 feet - 200 feet

greater than 200 feet

22

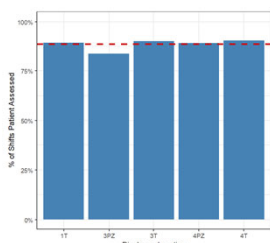
Mobility Program Coordinator

- 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



23

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.

24

Average Times Up/ % Patients Not Mobile

| Last Location | Mean Times Up | | Median Times Up | | % Not Up at Least Once | |
|---------------|---------------|-------------|-----------------|-------------|------------------------|-----------|
| | 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

25

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


26

Physical Therapy Orders

Percentage of Inappropriate Orders for Physical Therapy


| Category | Percentage |
|-----------------|------------|
| Appropriate | 91% |
| Not Appropriate | 9% |

27

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



28


28

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)

29

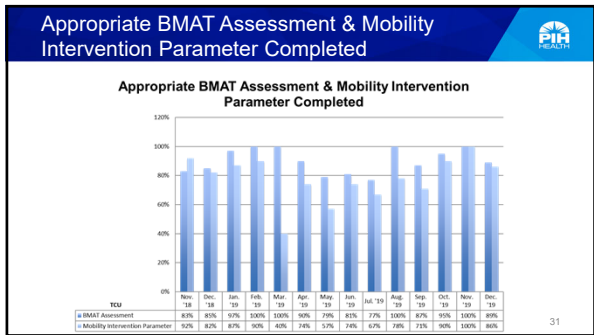
29

Barriers to Post Acute Care Setting 

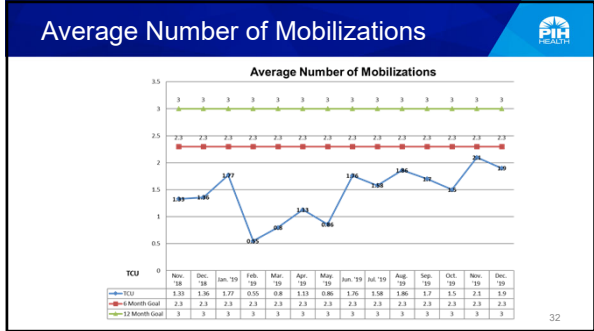
- Culture
 - ✓ Patient is already getting up with therapy
- Documentation
 - ✓ Opening parameters
 - ✓ Entering patient's mobilization
 - ✓ Educate acceptable to write that patient is up with therapy

30

30



31




32

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


33

References 

- Boynton, T., Kelly, L., Perez, S., Miller, M., An, Y., & Trudgen, C. (2014). Banner mobility assessment tool for nurses: Instrument validation. *American Journal of Safe Patient Handling*, 4(3), 86-92.
- Crawford, C. L. (2013). Mobility in acute care setting: A review of the evidence. Retrieved from: http://kpsc nursingresearch.org/wpadmin/images/Forms/Literative%20Evidence%20Summaries/1_Mobility%20Best%20Practice%20Strategies_Literature%20Review_Executive%20Summary_September%202013.pdf
- Czapulski, T., Marshburn, D., Hobbs, T., Bankard, S., & Bennett, W. (2014). Creating a culture of mobility: An interdisciplinary approach for hospitalized patients. *Hospital Topics*, 92(3), 74-79. doi:10.1080/00185868.2014.937971.
- Kalish, B. J., Lee, S., & Dabney, B. W. (2013). Outcomes of inpatient mobilization: A literature review. *Journal of Clinical Nursing*, 23, 1486-1501. doi 10.1111/jocn.12315
- King, B. & Bowers, B. (2011). How nurses decide to ambulate hospitalized older adults: development of a conceptual model. *The Gerontologist*, 51(6), 786-797. doi:10.1093/geront/gnr044

34


34

References 

- Kneafsey, R., Clifford, C., & Greenfield, S. (2013). What is the nursing team involvement in maintaining and promoting the mobility of older adults in hospital? A grounded theory study. *International Journal of Nursing Studies*, 50, 1617-1629. doi:10.1016/j.ijnurstu.2013.04.007
- Padula, C. A., Hughes, C., & Baumhover, L. (2009). Impact of a nurse-driven mobility protocol on functional decline in hospitalized older adults. *Journal of Nursing Care Quality*, 24(4), 325-331.
- Pashikanti, L., & Von Ah, D. (2012). Impact of early mobilization protocol on the medical-surgical inpatient population. *Clinical Nurse Specialist*, 87-94. doi:10.1097/NUR.0b013e31824590e6
- Wood, W., Tschannen, D., Trotsky, A., Grunwald, J., Adams, D., Chang, R., & MacDonald, S. (2014). A mobility program for an inpatient acute care medical unit. *American Journal of Nursing*, 114(10), 34-40. doi:10.1097/NOR.0000000000000158


35

35


 **Creating Care Partnerships:**
Beyond the Continuum

Questions?

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




36

 **Creating Care Partnerships:**
Beyond the Continuum

Thank You

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

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

 CALIFORNIA HOSPITAL ASSOCIATION
Helping You Help Others
