The Mobility Movement: Interdisciplinary Evidence-Based Practice Change

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PURPOSE

 To improve mobility and prevent functional decline during hospitalization through implementation of an interdisciplinary mobility protocol

BACKGROUND/PROBLEM STATEMENT

- 1/3 of hospitalized patients experience a functional decline after hospitalization (www.nicheprogram.org)
- Immobility is a major cause
- Patients, families, and physicians voiced concerns regarding lack of patient mobility
- · Chart audit on Memorial 6 North revealed
- Inconsistent documentation
- Unclear physician orders
- Patient's ordered activity did not always match their functional ability

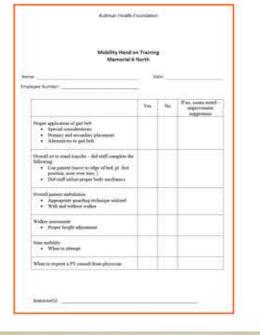
DESCRIPTION OF PROJECT

- Identified interdisciplinary team
- Selected evidenced-based screening tool to assess patient baseline mobility
 - AM-PAC "6 clicks"
 - · Developed at Boston University
 - Measures basic mobility
 - · 4 point quantitative rating scale
 - · Higher score = higher function
- Collected baseline admission and discharge data using tool
- Developed patient mobility categories with specific interventions
- · Streamlined physician orders
- Included Therapy Services in daily patient huddles
 - · Created patient and family educational brochure

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Boston University AM-PAC = "6 Click Basic Mobility Impatient Short For Pieze clock the box that selbots your (the patient i) best of		ach quest				
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Note: Use the AM-PAC <u>Name, Michilly Inguilled</u> Short Form Conversion Table to co	manife trans	Marris .				

DESCRIPTION OF PROJECT

- · Educated nursing staff
- Safe patient mobility
- Proper body mechanics
- Accurate completion of AM-PAC



Let's Get Moving **Patient Mobility Goal Patient Name** Level 1 Walk in hall to no three times a day Chair for all meal Level 2 Ambulate in hall at least twice a day with assist Chair for all meals for 1 hour Ambulate to bathroom Level 3 Chair for all meals Ambulate to Bathroom Level 4 Turn every 2 bour Chair at loast once Mobility Score

OUTCOMES

- Staff education
- 35 RNs and Nurse Aides trained
- 100% of the unit staff
- Quality falls have decreased since education
 - 2013: 34
 - 2014 YTD: 18
- Development of mobility levels and interventions
- Approved by Med Exec Committee

AM-PAC ADMISSION AND DISCHARGE DATA

168 patients screened

LEVEL	SCORE	ADMISSION	DISCHARGE			
1 – GREEN	23-24	42%	56%			
2 – YELLOW	17-22	29%	24%			
3 – ORANGE	11-16	15%	11%			
4 – RED	6-10	14%	9%			
AM-PAC SCORE CHANGES FROM ADMISSION TO DISCHARGE						
WORSE	SA	ME BETTER				
11%	49	9% 40%				

CONCLUSIONS

- Project work led to recognition of varied interpretation of activity orders
- Staff education is an important component in establishing a mobility protocol
- Identified need to streamline nursing documentation
- Collaboration has helped improve interdisciplinary communication
- Cohesive treatment plan for patients

FUTURE IMPLICATIONS

- Hospital-wide mobility protocol
- Clarification of physician activity orders
 - "Mobility per protocol"
 - Appropriate mobility interventions
- Improve timeliness of therapy referrals
- Decrease in unnecessary therapy referrals
- Dissemination of these best practice guidelines through publication
- Physical therapy participation in daily unit interdisciplinary huddle

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