Employing a Nurse-Driven Algorithm to Achieve Highest Level of Mobility: I-MOVE

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MAIMONIDES MEDICAL CENTER

- Established January 1911
- 711 Bed Tertiary Hospital
- Academic Medical Center
- Robust Geriatric Care
- NICHE member since 2011 (Exemplar Status)
- Heart & Vascular Center
- Cancer Center
- Bone & Joint Center
- NYS and Joint Commission Stroke Center
- Joint Commission Certification: Ventricular Assist Device
- Infants and Children’s Hospital (within a hospital)
SIGNIFICANCE OF IMMOBILIZATION

• Prolonged immobilization can result in functional decline and heighten the risk for hospital-associated complications such as falls, delirium and pressure ulcers.

Prospective cohort study, 46% of participants lost the ability to conduct activities of daily living at discharge and 49% at follow-up.

(Zisberg et al., 2011)
GAPS IN PRACTICE

- Ambulation regularly missed in the provision of nursing care
- Often, the Physical Therapist is the first member of the health care team to begin mobilizing the patient
- Little is known about how nurses make decisions about whether to ambulate, how they ambulate, and when they ambulate older patients
- Lack of a systematic mobilization assessment algorithm

WHO IS THE “RIGHT” PROVIDER TO MOBILIZE PATIENTS?

<table>
<thead>
<tr>
<th>Complexity to Mobilize Patient</th>
<th>Therapist</th>
<th>Nurse/PCT / Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max Complex</td>
<td>Therapist</td>
<td>Therapist</td>
</tr>
<tr>
<td>Med. Complex</td>
<td>Therapist</td>
<td>Nurse/PCT</td>
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<tr>
<td>Independent</td>
<td>Nurse/PCT</td>
<td>Volunteer</td>
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</tbody>
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BARRIERS

- Staff attitude
- Lack of knowledge and training
- Patient’s pain and discomfort
- Hemodynamic instability
- Lack of physician referrals
- Safety of catheters & wires
- Personnel & equipment resources
- Patient size
- Time, valuing, and priority of mobilization
EARLY MOBILIZATION REQUIRES

• Nurse ability to effectively evaluate patient level of function and mobility
• Nurse ability to set individual patient mobility goals during hospitalization
• Interprofessional team collaboration: nurse, patient care technicians (PCT), volunteers (LWT)

Goal: Progressive, scaled mobilization, at least three times daily

Mobility: I-MOVE Roadmap

Let’s Walk and Talk

Since 2012

• To visit patients enrolled in “Let’s Walk and Talk” program daily and provide assistance with walking and/or active range of motion exercises
• To provide empathetic, sympathetic support, companionship and information for older patients and families coping with acute illness, hospitalization and transition across continuum of care
GOAL OF IMOVE PROGRAM

To implement an evidence-based strategy to promote nurse-driven early mobilization and prevent functional decline in med/surg hospitalized adult patients

- Improve patient outcomes and organizational performance
- Provide the nurse with the necessary decision algorithm
- Increase emphasis on mobilizing adult patients during acute care hospitalization

TEAM STRUCTURE

- Champions/GRN – GPCT
- Advance Practice Nurse
- Nurse Leaders
- Nurse Managers
- Physician
- Physical Therapist
- Volunteers
SURVEY MONKEY KNOWLEDGE VS ATTITUDE

1. Patients who can be mobilized require appropriate LIP order to do so
2. Unless there is contraindication, I mobilize my patients at least once during my shift
3. I understand the reasons that a patient may not be able to ambulate or to get out of bed and what I can do regarding mobilizing them
4. I understand the frequency of mobilizing my patients increases my risk for injury
5. I strongly believe that my patients who are mobilized at least three times daily will have better outcomes
6. My patients are too sick to be mobilized
7. I understand which patient is appropriate for ambulation and can make a decision when it’s safe to mobilize my patients
8. I have good understanding of how to minimize injury to myself and/or patient during lift and transfer and confident in my ability to safely mobilize my patients
9. A physical therapist or occupational therapist should be the primary care provider to mobilize my patients
10. I do not have time to mobilize my patients during my shift/work day

GROUNDWORK TO PRACTICE

Johns Hopkins Highest Level of Mobility (JH-HLM) Scale

Assessment / I-MOVE Algorithm / Standards
“Let’s Walk and Talk” / HELP
Unit Champions RN/PCT
EMR documentation
Team STEPPS

JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY (JH-HLM) SCALE


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I MOVE OBJECTIVES

To provide the nurse with the necessary information to promote a prompt and effective assessment, intervention and evaluation of the hospitalized patient for risk of immobilization and functional decline.

- Assessment of the problem
- Exclusion criteria
- Mobility plan: A, B, C
- Environmental Assessment
- Documentation
- Evaluation

I MOVE ALGORITHM

I MOVE Algorithm

Level A
- Maintain C/O status
- Level 1: Patient

Level B
- Limit to chair
- Transfer to chair

Level C
- Lying, responsive to verbal stimuli
- Turn self, side to side

EDUCATION

- Nursing Process
- Teamwork and Communication
- Establish Functional Baseline
- Exclusion Criteria
- I MOVE Algorithm
- Mobility plan
- Documentation
- Principles of Body Mechanics / Safety Techniques
- Teach Back Methodology
EMR DOCUMENTATION

Let's Move our Patients!!!
**EVALUATION**

- Patient level of ambulation
- Patient Satisfaction
- Length of Stay (LOS)

**REFERENCES**


