Let’s Move That Body: Progressive Early Mobility in a Step-Down Unit

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BACKGROUND
- Prolonged bedrest leads to cognitive & psychological deterioration, impaired mobility & longer hospital stays (Drolet et al., 2013).
- Muscle strength can decline 3 - 11 % with each day of bedrest (Fraser et al., 2015).
- 65% of older adults lose their ability to ambulate independently during a hospital stay (King et al., 2016).
- These adults have an increased likelihood of nursing home admission (King et al., 2016).
- Delayed mobilization makes patients high-risk for hospital associated complications such as: HAPI, falls and HAI DVT (Fraser et al., 2015).

PURPOSE
- The purpose of this evidence-based, quality improvement project was to track the effectiveness of nursing education on early mobility of patients.
- Aims include determining the influence of early ambulation on LOS in the DSU and other complications associated with prolonged bedrest.

REFERENCES
Available on request
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METHODS
- Evidence-based, quality improvement project.
- Pre-data collected January - March; training in April.
- Education: Poster board, 1:1 in-service, safety training in-services by PT & Lift techs.
- Collaborated with PT for early mobility algorithm.
- Every shift RN assessed patient for appropriateness for mobility.
- If appropriate, RN collaborates with PT, OT, RT, Lift Tech & NA (refer to exclusion criteria).
- Assess use of appropriate lift and mobility equipment.

EXCLUSION CRITERIA
- Progressively deteriorating neurologic status
- Hemoglobin < 7.0
- Severe orthopedic problems
- FIO2 > 50%, PEEP >10, SaO2 <90% at rest
- Unstable or changes in HR >120 &/or SBP <90

RESULTS AND OUTCOMES

<table>
<thead>
<tr>
<th>Month</th>
<th>Chair (#Times)</th>
<th>Ambulated (#Times)</th>
<th>Ambulated (Feet)</th>
</tr>
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<tr>
<td>Jan. '18</td>
<td>9</td>
<td>11</td>
<td>235</td>
</tr>
<tr>
<td>Feb. '18</td>
<td>9</td>
<td>21</td>
<td>242</td>
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<tr>
<td>Mar. '18</td>
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<td>36</td>
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- Nursing staff - increased knowledge & confidence regarding ambulation.
- Improved mobility communication - emphasized the importance of ambulation to patient & family.
- Culture changed in mobilizing patients - not waiting for PT intervention.
- Significant improvement in health outcomes:
  - Reduction of hospital length of stay
  - Decreased rate of falls
  - Pressure ulcer rate decrease to zero after 1st quarter
  - No DVTs in 2018

CONCLUSIONS
- Significant improvements sustained after intervention period.
- Discussion of ambulation needs for patients during shift report increases compliance.
- Continued collaboration & communication with multidisciplinary team necessary for success.
- Successful pilot in DSU resulted in expansion of project to other medical units.