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Promoting Mobility in Post-Surgical Patients: A Quality Improvement Project

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Promoting Mobility in Post-surgical patients: A Quality Improvement Project

BACKGROUND

- Hospitalized patients suffer negative outcomes if not assisted to mobilize
- Nursing and therapy staff both play a role in patient mobilization
- A presurvey on a Surgical unit showed opportunities to improve interdisciplinary patient mobility

PURPOSE

To evaluate the impact of the Johns Hopkins Culture of Mobility Toolkit

METHODS

- Quality Improvement Project
- Nurse and therapy staff educated
- Mobility measures administered:
 1. Mobility Flowsheet (Figure 1)
 2. Perceived Mobility Knowledge Attitudes and Behaviors survey (PMKAB)

RESULTS

- A total 248 mobility flowsheets submitted
 1. 65% met patient goal (Figure 2)
 2. Symptoms and low motivation related to unmet patient goals
- A total of 32 PMKAB post-surveys
 1. Global score improved: 35.5 to 32.0
 2. Attitudes subscale biggest change

Figure 1. Mobility flowsheet

| Nurse assessment of patient "highest level of mobility" Score | Goal for the shift | Was goal met (Y/N) | Brief explanation of failure to meet goals | Contributing factors that helped to meet the goals |
|---|--------------------|--------------------|--|--|
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REFERENCES

Upon request

DISCUSSION

- Patients are able and willing to engage in mobility activities each shift post-surgery
- Interdisciplinary staff involved in this project reported more frequently mobilizing patients

IMPLICATIONS

- Promotion of "highest level of mobility" improves outcomes
- The Johns Hopkins Mobility program is feasible
- Toolkit to be implemented across WA/MT region

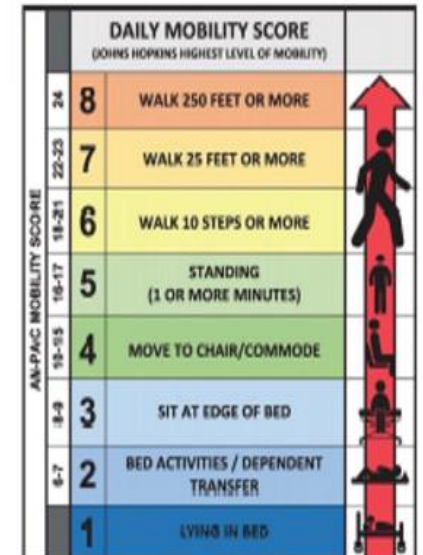


Figure 2. Highest level of mobility score chart