Providence

Impact of an Interprofessional Culture of Mobility Training on Documentation of Patient Mobility Activities

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Background

Hospitalized adults must be mobilized

Lack of mobility increases negative outcomes

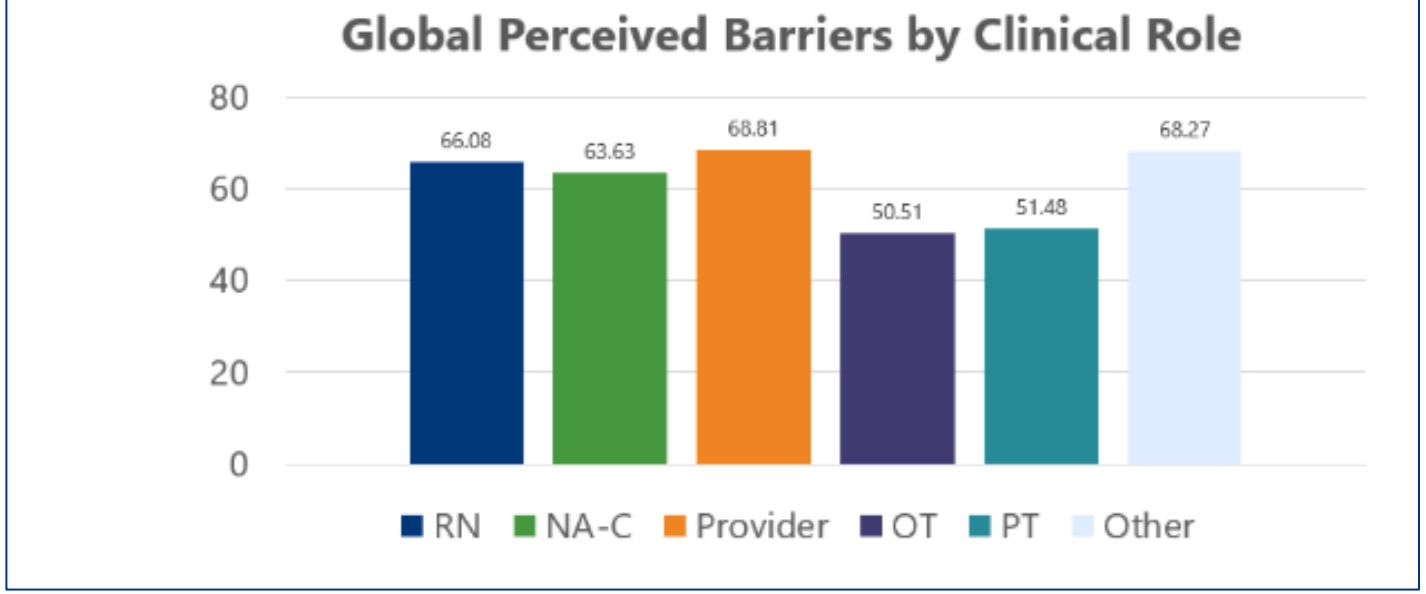
- Falls with injury
- Hospital-acquired conditions
  - Wounds, infections, deep vein thrombosis, etc.
- Length of stay
- Discharge to extended care facility versus home



Local mobility needs assessment

- 200-bed community-based hospital
- Staff reported barriers for mobilizing patients and appropriately documenting activity in 2020
  - Higher scores indicate more barriers
  - Physical therapists reported highest knowledge, best attitudes, and best mobility behaviors

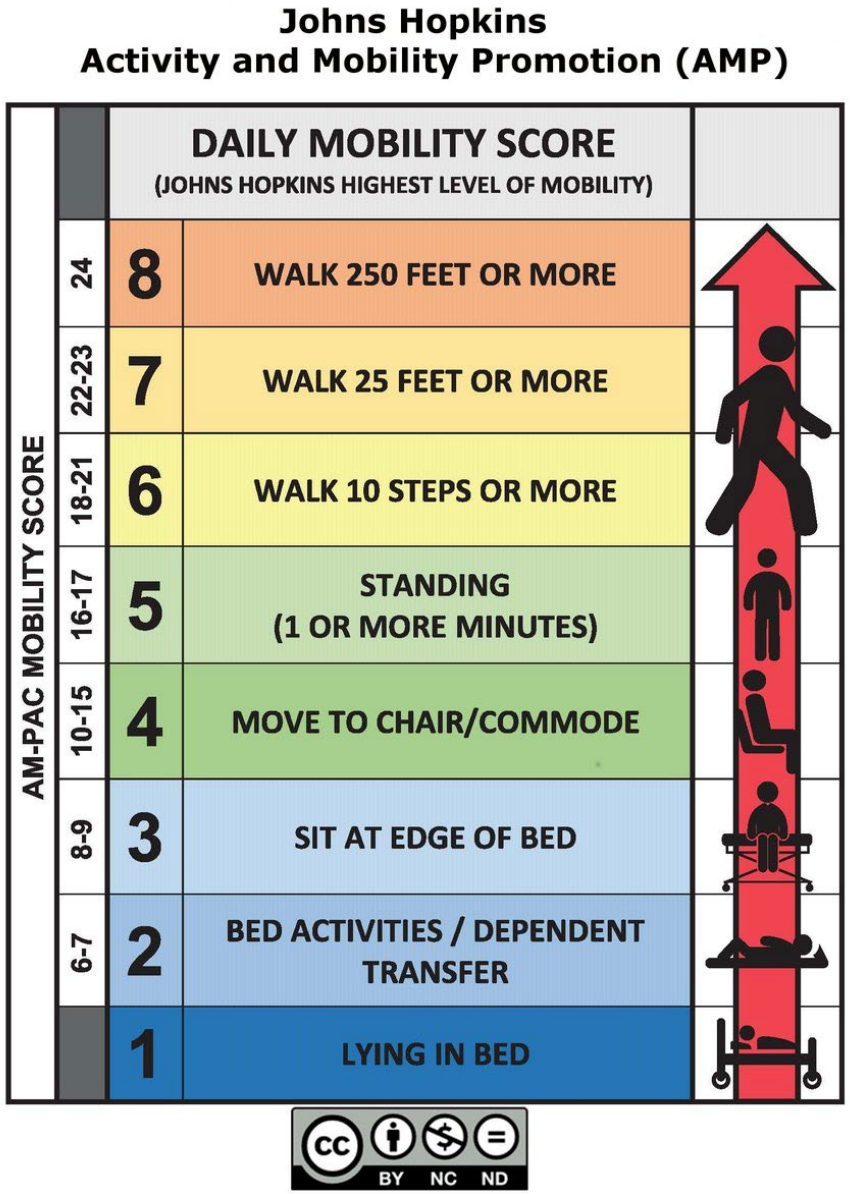
Results by Clinical Role



Need for evidence-based program

- Staff required to document patient activities each shift, including a highest level of mobility score, but compliance noted to be low

- No formal evidence-based practice mobility program in place in the hospital although program detailed by Johns' Hopkins



Purpose

Improve patient mobilization activities

To evaluate the impact of an interprofessional culture of mobility education training for nurses and therapy staff on patient mobility activities charting practices



Methods

Interdisciplinary mobility training

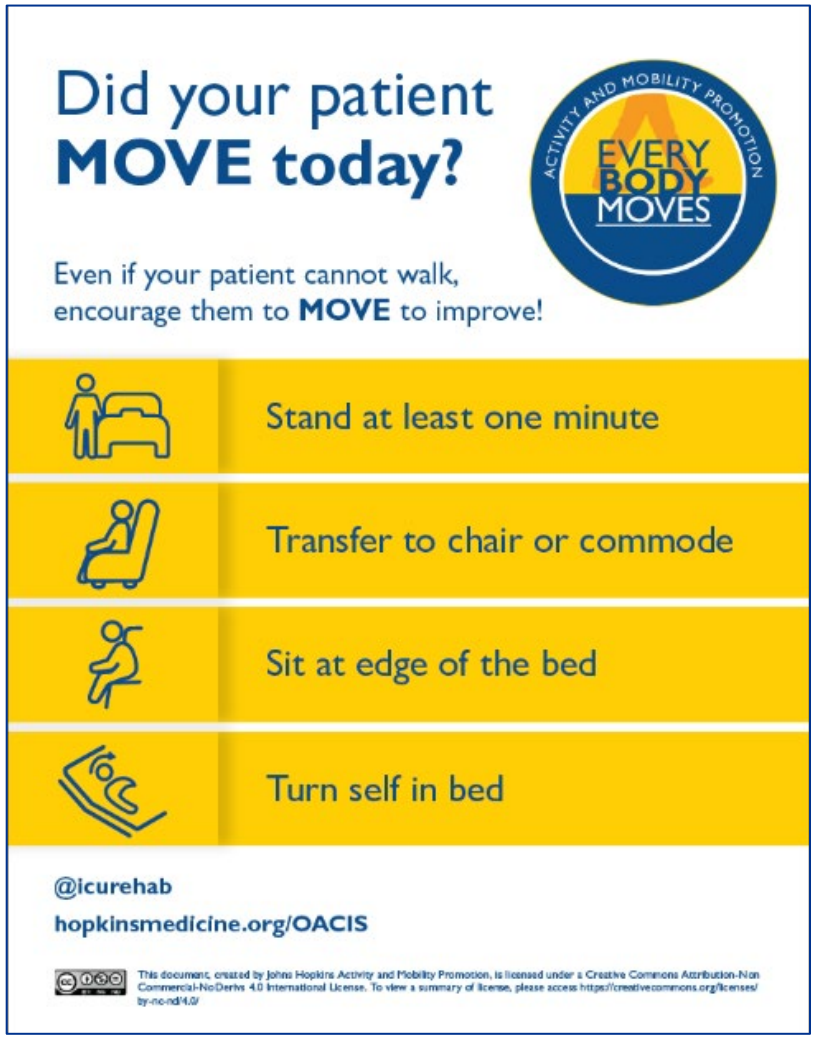
Planning phase

A team of clinical Registered Nurses, Nurse Leaders, Nurse Assistants, a Clinical Documentation specialist, and a Physical Therapist met regularly

- Planned content of training
- Created flyers to raise awareness about training and mobility campaign
- Implemented a competition between units to share who had the highest rate of documentation compliance
  - Winning unit would have a staff party



Interdisciplinary mobility training



Training and sustainability

Team delivered hands-on, 20 minute evidence-based mobility training to all nursing and therapy caregivers in June 2021

- Delivered over two weeks, traveled to each unit on day and night shifts
- Emphasized how and where to document mobility activities
- Aim to mobilize each patient 3X per day to highest level of mobility

Placed flyers summarizing information in nursing and patient viewable areas

Randomly awarded caregivers with gift cards when “caught in the act” mobilizing a patient

Project Measures

- **Length of stay in days**
- **Pre and post training rate of documenting:**
  - Highest level of mobility scores
  - Patient mobility activities

Scores stratified by specialty unit

Documentation rates pre (January 2021 through May 2021) and post (June 2021 through August 2021)



Results

Documentation Rates Improved

PRE	% chart on HLM	% chart on Activity
Medical Telemetry (n=942 patients)	33%	72%
Medical Oncology (n=1241)	16%	38%
Surgical Orthopedics (n=1442)	27%	79%
Overall (n=3626)	**25%**	**63%**

POST	% chart on HLM	% chart on Activity
Medical Telemetry(n=590 patients)	61.3%	80.8%
Medical Oncology (n=533)	36.2%	50.8%
Surgical Orthopedics (n=926)	35.6%	76.1%
Overall (n=2050)	**43%**	**70%**

Project Measures

- **Length of stay remained stable**
  - 3.7 days pre intervention and 4.0 days post-intervention



Discussion

Evidence-based approach to mobility may improve patient mobilization

Interdisciplinary approach to implementation is key

Data informatics to share progress with staff each month

Leadership support

Nursing expertise included

Therapy knowledge



Challenges

- COVID-19 surges increased patient acuity
- Increased staff turnover and staff illness
- Project leadership changes and hospital leadership changes
- Lack of visitors on the units in context of COVID-19



Clinical Implications

Hands-on training can improve patient mobilization activities

Despite challenges, documentation rates increased, and length of stay remained stable

Future work includes:

- Population-specific mobility education (spinal fusion)
- Continued work with the program as staffing challenges resolve



Thank you

Selected References

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