



Steppin' Up With ACE: An Early Mobility Quality Improvement Project

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Background/Significance:

Studies show that inpatients spend 83-96% of their time in bed.^{1,2} Decreased mobility of older adults in the hospital may lead to the following: loss of muscle strength by 5% per day, decreased function, increased falls, orthostatic hypotension, syncope, decrease in ventilation, increase in bone loss, increased risk of thromboembolic disease and increase in pressure injuries.³ In a previous study on two medical/surgical units, 31.9% (n=47) of patients observed had no mobility events. Standing and transferring were the most frequent activities observed.⁴

MOVIN – Mobilizing Older Adult patients via a Nurse-driven Intervention, developed a successful program to increase ambulation among inpatients.⁵ This project was inspired by MOVIN interventions.

Purpose:

Quality improvement project to improve early mobility for inpatients on an ACE unit defined by:

- Increase in number of patients with completion of Comprehensive Mobility Evaluation Tool (CMET) in 24 hours
- Increase in number of patients ambulated by nursing
- Increase in distance ambulated and documented by nursing

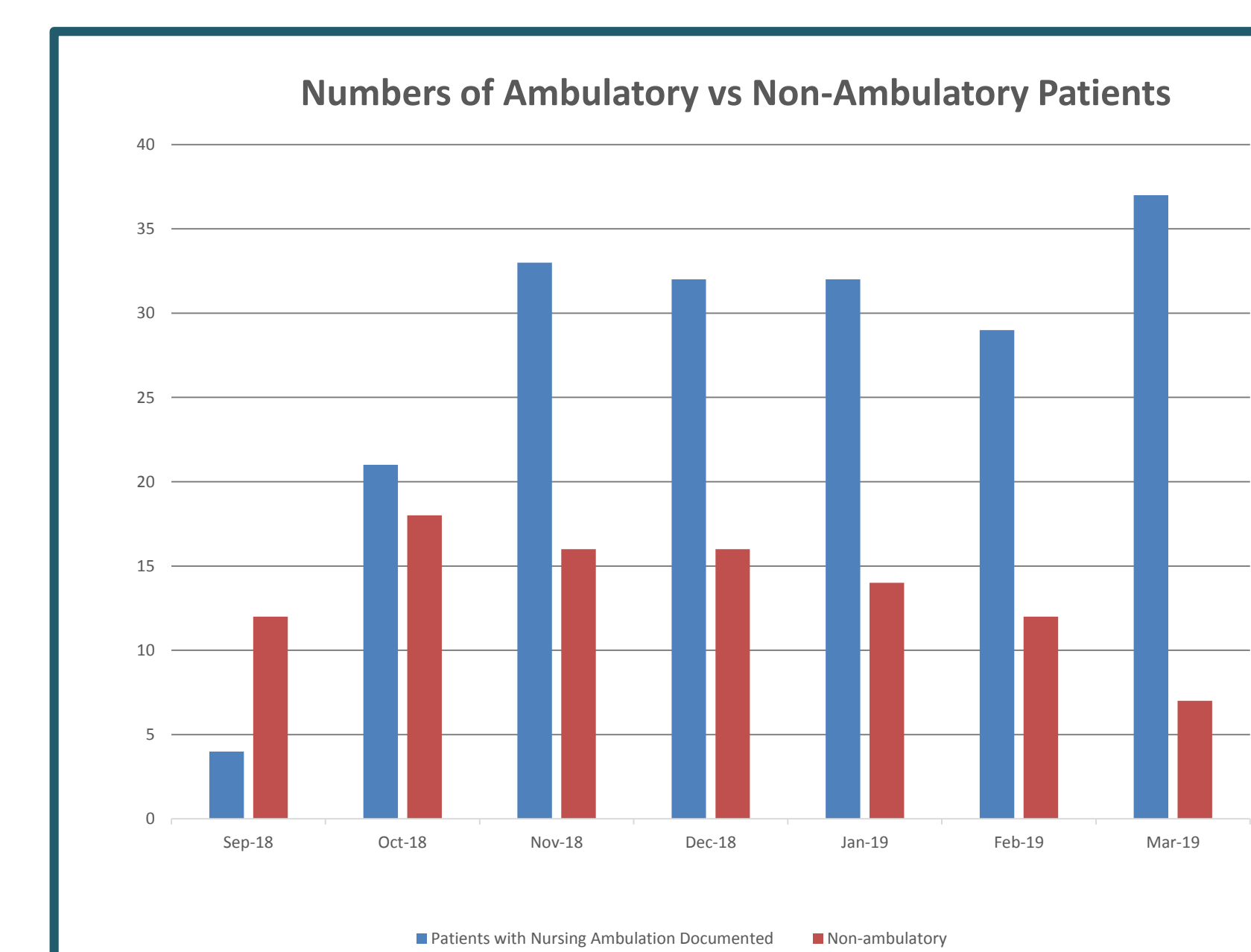
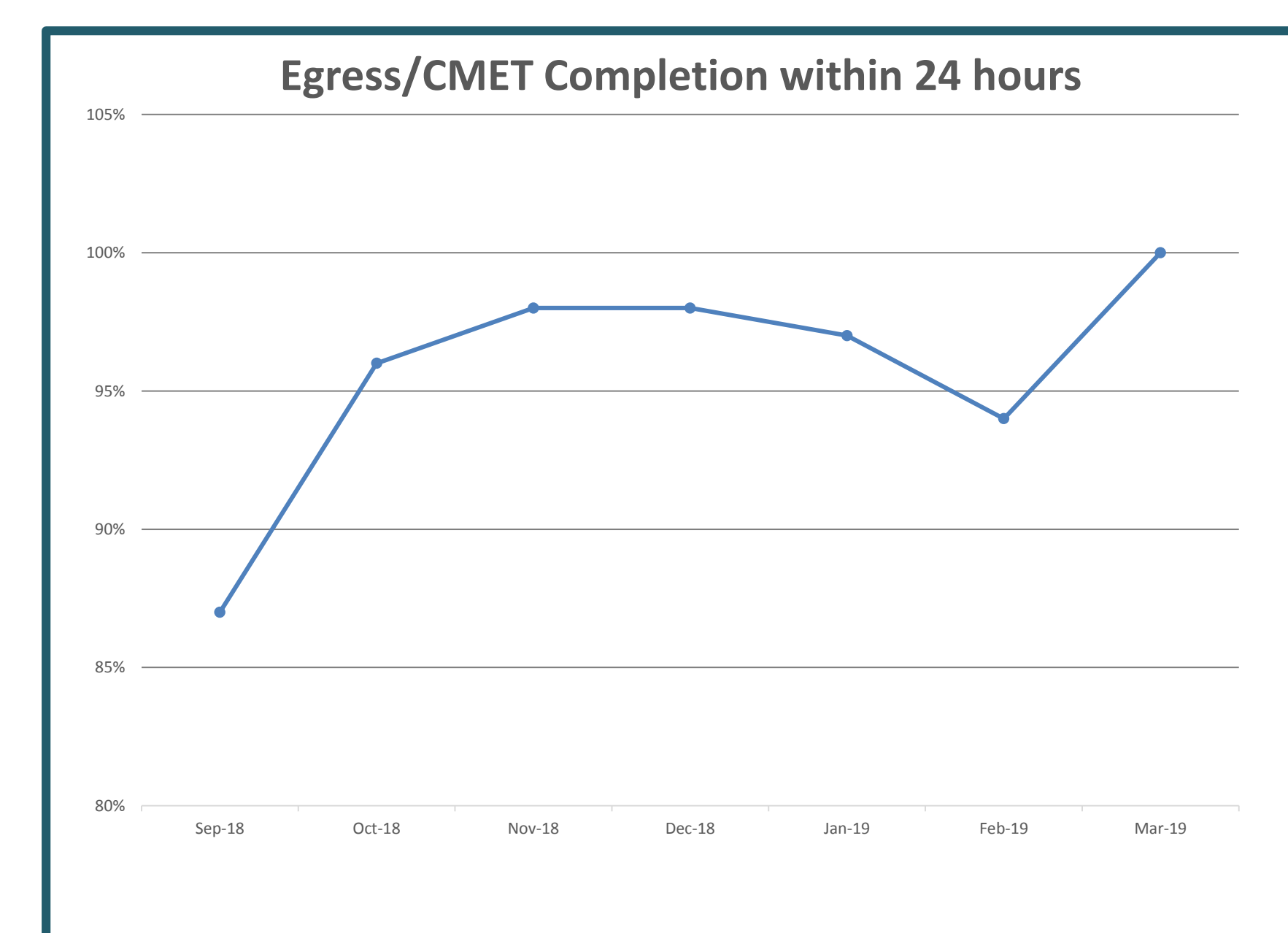
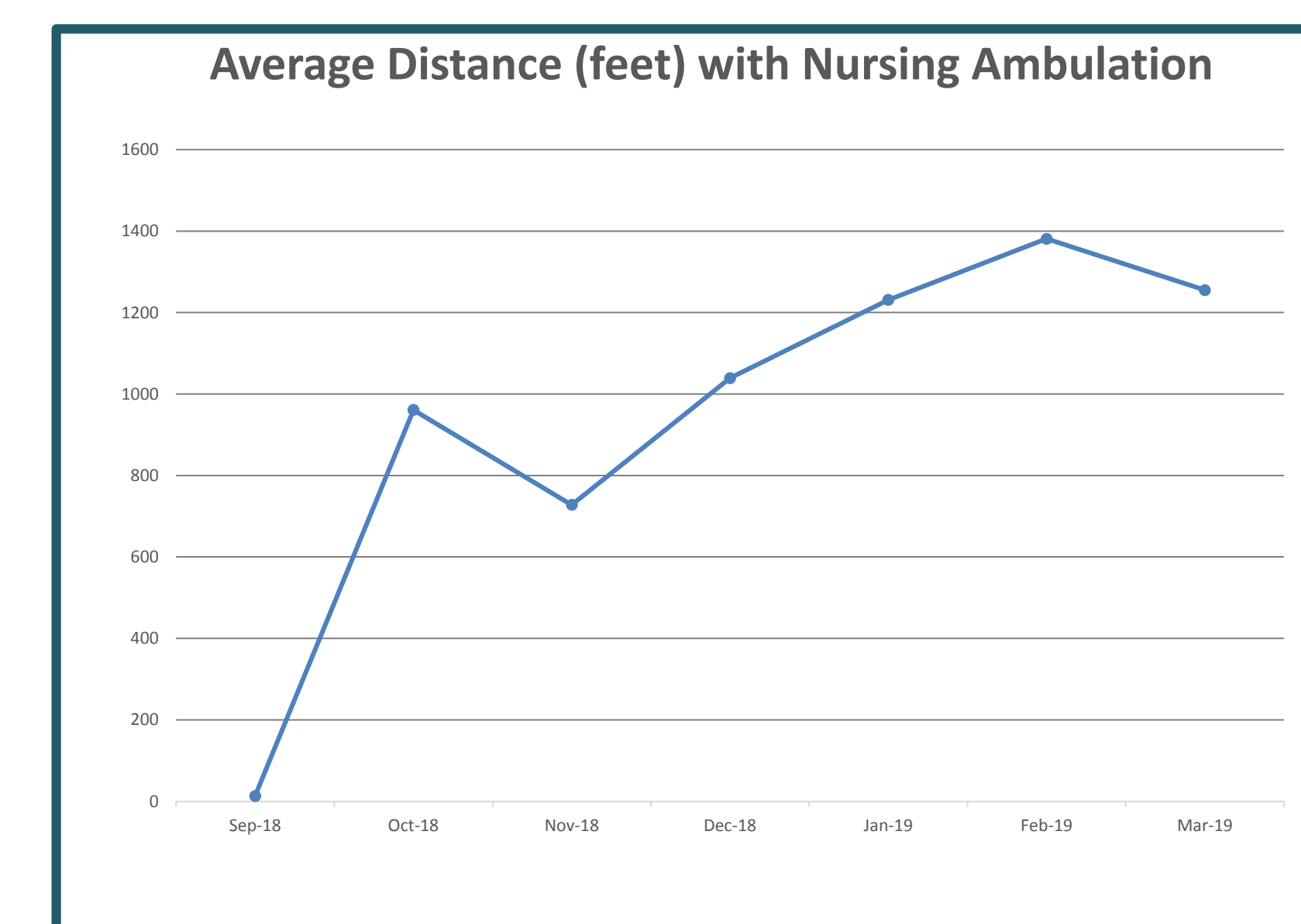
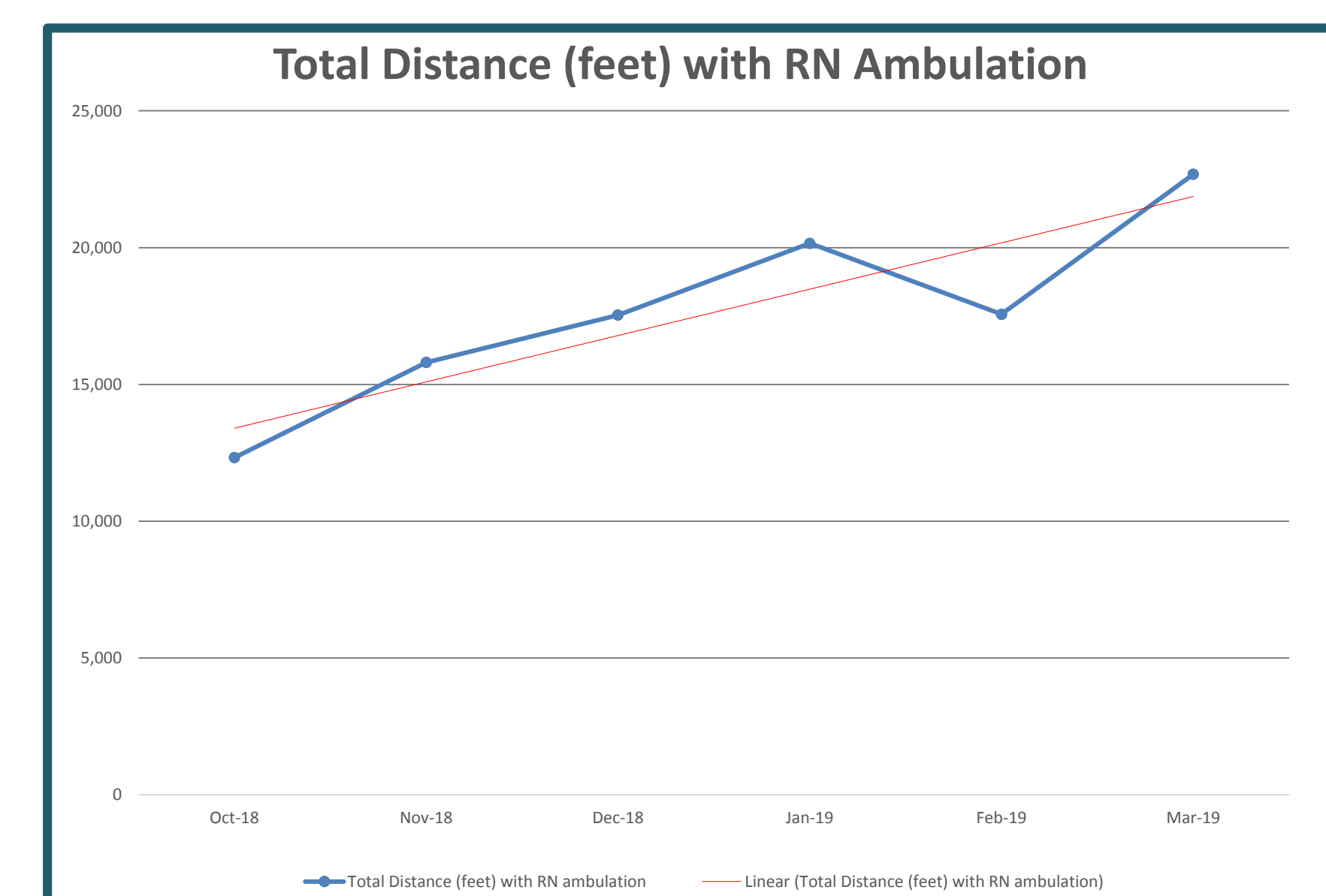
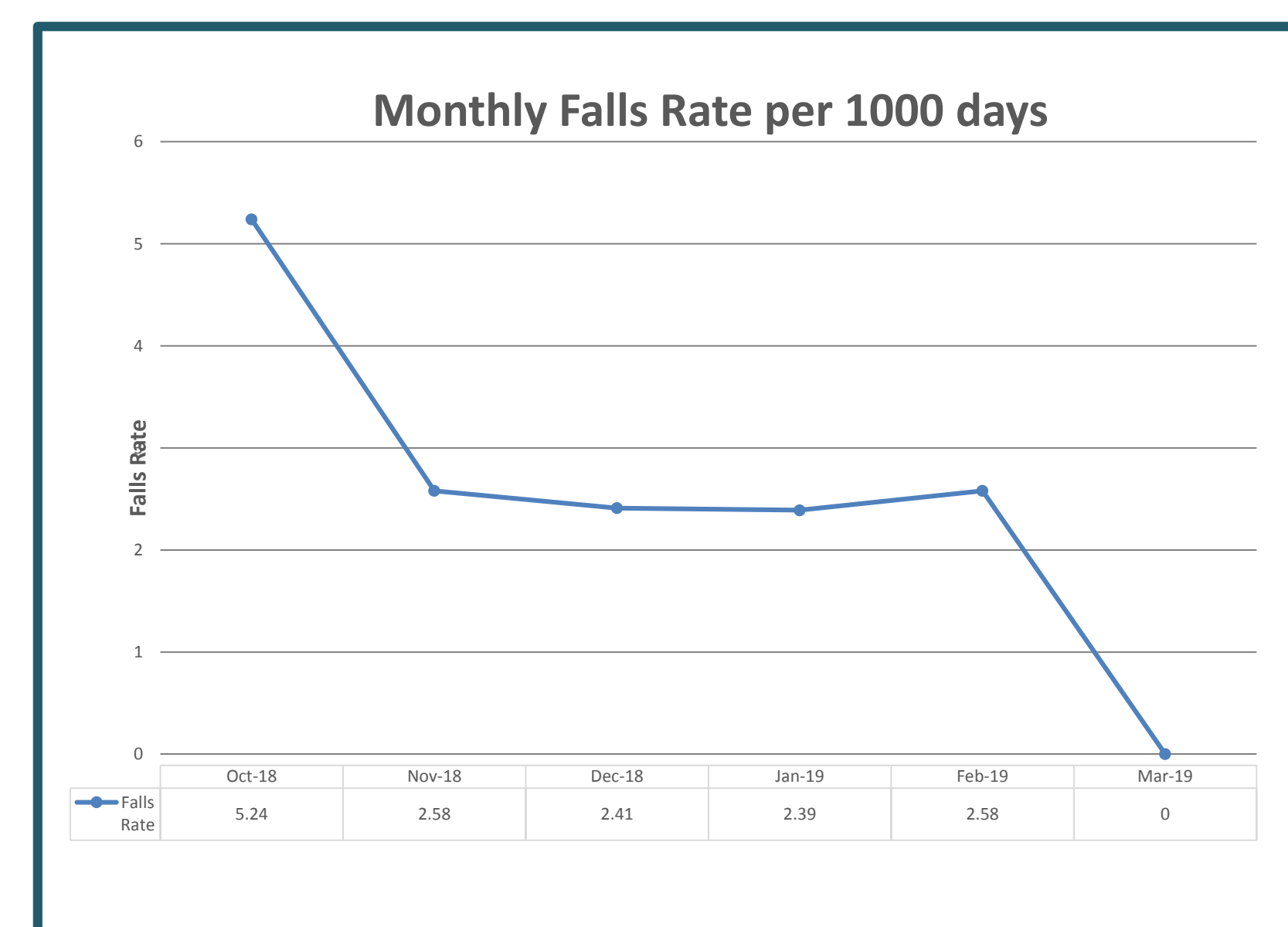
Methods/Sample:

- Internal Review Board (IRB) reviewed and approved this quality improvement project.
- Pre- and post-data design utilizing aggregated data from the electronic health record (EHR).
- All patients on a 14 bed ACE Unit, at an urban hospital from 10/22/2018 to 3/31/2019.
- Exclusion criteria: Non-ambulatory patients

Interventions:

- Interdisciplinary Mobility Team was formed to develop the project and monitor data.
- Staff Education: Reviewed Comprehensive Mobility Evaluation Tool (CMET), safe ambulation strategies, and proper documentation at staff meetings.
- Distance markers (laminated sneakers) were placed every 10 feet to accurately measure distance ambulated.
- “Staying Active While in the Hospital” patient education sheet added to admission folders. Staff emphasized the importance of mobility with patients and families.
- Activity Plan Tool developed and placed in every room to facilitate discussion with patient/family and health care team about mobility for the day.
- Unit culture change included identifying “walkers” in shift huddle, routinely discussing mobility in interdisciplinary rounds, sharing mobility data in the staff newsletter, discussing mobility at shared governance and staff meetings.

Findings/Results/Outcomes:



Successes:

- This quality improvement project demonstrated:
 - Improvement in frequency and documentation of ambulation by nursing staff.
 - A positive unit culture change with an emphasis on mobility.
 - An increase in CMET rate of completion
- Regular mobilization appeared to positively impact falls rate!

Challenges:

- High number of one-to-one companion needs created staffing challenges during last 2 months of pilot.
- Inconsistencies with filling out the Activity Plan.
- Competing priorities for staff.
- Number of patients walked and distance walked was variable from week to week.

Next Steps:

- Improve consistency with Activity Plan utilization.
- Continue to increase number of patients ambulated.
- Disseminate project to other medical-surgical units at the site.

References:

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