Let's Move: Progressive Mobility on MSU and PCU

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Recommended Citation

Golino, Amanda MSN, RN, CCRN, CCNS, RN-BC; Bentz, Baily BSN, RN, CMSRN; Kelly, Jessica BSN, RN, CMSRN; and Lynch, Christine BSN, RN, "Let's Move: Progressive Mobility on MSU and PCU" (2016). Annual Nursing Research Symposium. 15.
http://www.inovaideas.org/nursingresearchsymposium/twentysixteen/agenda/15

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Let’s Move: Progressive Mobility on the MSU and PCU

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Background

The Medical-Surgical (MSU) and Progressive Care Units (PCU) at Inova Loudoun Hospital selected a progressive mobility project via their unit practice committees. Both units discussed barriers to addressing mobility and wanted to operationalize their practice. Our PICO question was revised as the metrics for measurement changed mid-project.

Original PICO question: “In adult patients on the Medical Surgical and Progressive Care Units, does the use of a progressive mobility protocol decrease the percentage of patients transferred to skilled nursing facilities vs. home?”

Revised PICO question: “In adult patients on the Medical Surgical and Progressive Care Units, does the use of a progressive mobility protocol improve HCAHPS scores related to nurse communication?”

Project Goal

Educate and improve compliance with Inova’s Progressive Mobility Protocol using Evidence-Based Practice.

Intervention

An EBP project was implemented June-August 2016 on two units a 45 bed (Medical Surgical Unit) & 41 bed (Progressive Care Unit). Total 86 beds

Nursing education was conducted prior to project initiation. Education Included:

• Review of the policy, standard work & documentation,
• Patient/family education & mobility steps.

Patient care technicians (techs) received education from Physical Therapists which included:

• Mobility training & review of the steps of mobility
• Techniques to prevent injuries to patients & staff

Techs focused on the practice of mobility; working an additional four hours per week. When techs were not available, efforts were continued by the unit staff.

A mobility tracking tool was posted on the units to encourage success. Due to the significant scope and size of the project, team meetings provided a venue to discuss challenges and identify barriers.

Patient/family advisors played a key role by reviewing mobility-specific patient communication and brochures.

Acknowledgements:
The team would like to thank the staff on the MSU/PCU at Inova Loudoun for their commitment to mobility and our mobility/patient/family advisors for their support!

This project was funded by the 2016 Inova Evidence-Based Practice Fellowship Program.

References


Results

HCAHPS metric: Attention to Special Needs

Pre-implementation: (March): Mean of 88.2%, rank of 22
Post Implementation: (August): Mean of 99.4%, rank of 95

Other Findings

• Decrease in employee injuries (for patient care techs trained on mobility) 8 injuries prior to training; 2 injuries post intervention
• Increase in patients mobilized when a tech was available

HCAHPS metric: Nurses Kept You Informed

Pre-implementation: (March): Mean of 87.2%, rank of 19
Post Implementation: (August): Mean of 93.2%, rank of 91

Conclusions

• Ongoing communication during the project was a critical component of our success.
• The units embraced a culture of, “Mobility is Medicine” with a focus on mobility as an essential component for patient recovery.
• Communication with patients of expectations for recovery is essential.

Recommendations

• Recommend formation of an inter-professional team to implement a mobility program.
• Expand project and practice to other units
• Consider evaluating patient outcomes, length of stay, transfer status in future projects.