

Creating a Culture of Mobility Collaborative Guidebook

Your source for key learnings, self-assessment
and steps for improvement.

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Key results

Fifty-four teams participated in the Vizient Member Networks' Creating a Culture of Mobility Collaborative. Participants avoided 138,732 observed patient days, resulting in an annualized cost avoidance of \$76,996,260. On average, approximately 71% of organizations improved their observed length of stay for patients discharged to home or home health. These results were accomplished by implementing several leading practices, among them were:

- Establishing a multidisciplinary team including nurses, physical therapists (PT), occupational therapists and mobility technicians to create or enhance a mobility program
- Developing standardized methods of assessing patient mobility levels and aligning appropriate mobility activity and equipment
- Revising order sets to eliminate pre-selected bedrest orders and using "per mobility assessment" activity orders
- Embedding patient mobilization plans and progress to goals into daily unit huddles, care plans and discharge planning discussions

Specifics on these leading practices, successful strategies and action steps to maximize impact are included in this document. Deeper insights into project details and outcomes may be found by accessing the [Knowledge Transfer](#) webinar.

We got so many great ideas for our own mobility program. This collaborative has been instrumental in our ability to start our own [quality improvement] project.

Quality Director, Saint Luke's South Hospital

Case for change

Overview

It is well documented that immobility causes harm to patients. Mobility programs are effective in preventing clinical complications and improving operational efficiencies.

- Immobility increases risk of hospital-acquired disability, morbidity and mortality, pressure ulcers, prolonged lengths of stay and higher cost of hospitalization. ^{1,2}
- Hospitalized patients spend over 20 hours per day lying in bed, which is approximately 83% of a hospital stay. ³
- Without a mobility program, over 70% of patients will not walk in the hallways even if they are capable. ⁴
- Mobility programs have documented benefits including decreased patient length of stay, reduced risk of all-cause mortality, increased rates of discharges to home, fewer blood clots to the lungs and lower reports of pain. ^{5,6,7,8,9,10}

Project method and assessment

Significant opportunity for improvement was demonstrated by implementing the leading practices and successful strategies that make up the collaborative framework for this project. The impactful practices checklist can be utilized to assess your current ability to use the leading practices effectively.

Leading practices	Successful strategies (framework)	Impactful practices
<p>Create engagement in a mobility culture ¹¹</p>	<ul style="list-style-type: none"> • Obtain buy-in from patients and families ¹¹ • Enlist multidisciplinary team to design mobility program (staff, equipment and technology) ^{11,12} • Obtain buy-in and engagement from executive, clinical and non-clinical staff ^{11,12} 	<ul style="list-style-type: none"> <input type="checkbox"/> Use whiteboards and handouts to convey importance of mobility, mobility goals and progress <input type="checkbox"/> Encourage family or caregiver support in mobility activities <input type="checkbox"/> Collaborate between PT and nursing <input type="checkbox"/> Incorporate safe patient handling, falls and skin teams into mobility programming goals <input type="checkbox"/> Use signage with clinical criteria to safely mobilize patients, including intensive care patients <input type="checkbox"/> Institute barriers survey to assess staff's perceptions of barriers to patient mobility and take action based on results <input type="checkbox"/> Use mobility champion (nurses and mobility technicians) <input type="checkbox"/> Cascade preliminary findings to senior leaders
<p>Assess and plan for mobility ¹¹</p>	<ul style="list-style-type: none"> • Use progressive mobility tool or mobilization algorithm to re-assess patient mobility throughout hospital stay. Increase activity or ambulation accordingly. ^{11,12,13,14} • Include mobilization plan in every patient's care plan ^{11,12} • Set baseline ambulation goals ^{11,12,13} • Limit physical therapy referrals for general mobility. Identify primary and support staff responsible for mobilization ¹² • Revise clinical orders to promote mobility and ambulation ¹¹ • Standardize nursing mobility assessment on admission and discharge ^{11,12,13} 	<ul style="list-style-type: none"> <input type="checkbox"/> Adopt mobility assessment tool (e.g., Activity Measurement for Post-Acute Care, Bedside Mobility Assessment Tool, Johns Hopkins Highest Level of Mobility) <input type="checkbox"/> Align activities with mobility assessments and appropriate type of equipment <input type="checkbox"/> Perform assessments at a routine cadence (e.g., every shift, one per day) to determine current mobility status and compare to previous <input type="checkbox"/> Make action plan to address when mobility is declining throughout patient's stay <input type="checkbox"/> Discuss mobility goals for each patient at team huddles and interdisciplinary rounds <input type="checkbox"/> Establish ambulation and other mobility goals with patient input and communicate in the electronic health record, white boards or other signage <input type="checkbox"/> Display signage to convey distance measured in feet for ambulation <input type="checkbox"/> Collaborate between nurses, mobility technicians and nurses' aides to understand expectation for shift

- Decrease unnecessary PT referrals and time between PT consult and PT evaluation
- Change order sets to eliminate pre-selected bedrest orders.
- Change mobility orders to “per mobility assessment”
- Set expectations for timing of assessments
- Audit charts to monitor documentation

Provide early mobilization with safe approaches for patients and staff ¹¹

- Have appropriate assistive devices available for every shift ^{11,13,14}
- Train and demonstrate safe mobility and body mechanics for nurses, aides, sitters, PT technicians and volunteers ¹¹
- Transition falls team to mobility teams ¹¹

- Place equipment in patient rooms to signal what is appropriate equipment to use
- Develop education programs that include hands-on skills on equipment use
- Include mobility in skills labs and incorporate into yearly competency validation
- Decrease staff injuries by observing staff using equipment and coach for improvement if necessary
- Collaborate on mobility protocols together with falls, safe patient handling and skin teams

Minimize immobilizing devices ¹¹

- Minimize use of lines or devices that prohibit mobility ¹¹
- Conduct routine patient mobility scan to identify mobility barriers ¹¹

- Utilize nurse-driven protocols to eliminate unnecessary lines (e.g., urinary catheters, oxygen tubing)
- Conduct unit **Gemba Walks/observations** to assess for broken or missing mobility equipment (e.g., walkers, gait belts, stand aids, ceiling lifts)
- Assess early if purchasing new or more equipment is necessary

Track progress and plan for sustainability ¹¹

- Establish outcomes and process measures ¹¹
- Evaluate mobility activity documentation done by all staff and create an action plan for when processes are not followed ^{11,14}
- Implement education programs for new and existing staff responsible for patient mobility and training ^{11,14}

- Collect and report data on observed length of stay and patient falls
- Consider tracking pressure injuries, ventilator associated events, employee injuries and discharges to skilled nursing facilities
- Audit charts to monitor assessments completed and mobility activity documentation
- Conduct leader rounding to monitor adherence to action items
- Train staff on how to use assessment tools and the types of equipment are appropriate based on assessments
- Create abridged training for agency staff

Call to action

Referencing the areas identified in the leading practices and successful strategies above, organizational leaders should ask the following questions to be successful in developing or enhancing patient mobility:

- How often are you as a leader rounding on units to observe mobility activity and listening to staff to uncover barriers? Are you responding to needs timely?
- Are you demonstrating a commitment to ongoing training of nurses, unlicensed staff, providers and physical therapy on their role and responsibility to patient mobility?
- Is your organization doing everything it can to advocate for mobility technicians or champions and ensuring that time for mobility work is protected? Is there a plan in place to avoid pulling mobility technicians into different roles?
- Are you eliciting resources from your information technology team to make mobility assessments more accessible and efficient across the enterprise?

Additional resources

Solution	Resources	Fee-based service
Knowledge Transfer webinar recording and slides	✓	
PI Collaborative PI Toolkit	✓	
Culture of mobility case study	✓	
Knowledge on the Go podcast patient mobility and safe patient handling	✓	
PI Collaborative Improvement Community group	✓	
Related guidebooks	✓	
Clinical Data Base (CDB) Users access here		✓
Mobility Action Group Mobility Change Package and Toolkit	✓	

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