HOSPITAL: St. Joseph’s General Hospital, Elliot Lake

PROJECT TITLE: Step by Step Mobility Project

TEAM MEMBERS:
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NURSE LEADERS:
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NURSE CHAMPIONS:
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AIM STATEMENT

• By April 2017* there will be 70% occurrence of 3 mobility events daily as defined by the Mobility Assessment Algorithm on the Medical/Surgical Unit for those aged 65yrs and older.

* Target completion date changed to reflect challenges meeting timelines
MEASURES

Process:
• % of non-palliative pts. (65 and older) who mobilized at least 3x/day (as per Mobility Assessment Algorithm), via point in time audits and/or PCS audits
• % of Nursing staff trained on Mobility Assessment Algorithm (paper sign in)

Balancing:
• Nurse/other health professional self-perception score of confidence and workload in assessing/providing mobility. (pre, during and post evaluations)
CHANGES (Adopt, Abandon, Adapt)

**Adapted:**
- To change in Unit Management mid-project, which impacted project flow

**Abandoned:**
- Original target date for project completion to reflect challenges of timeline constraints.

**Adopted:**
- Created card for lanyard with Mobility Assessment Algorithm and MA/ME’s, as well as patient handout to increase patient engagement in mobility
- Mobility/transfer training to nursing staff by Physiotherapist – 85% trained
- Peer champions/coaches deemed essential to project implementation (scheduling challenges arose but end result was positive)
- New documentation for mobility events built into EMR for Quality Improvement measures
- Random chart audits post-education to evaluate frequency of documentation (turning education into practice)
RESULTS

• Baseline data collected and Poster Campaign initiated to generate awareness and encourage conversation about the importance of mobility

• Mobility Assessment Algorithm¹, new fields for MA and ME & Additional Information text box² built into Nursing Interventions

• Staff Confidence Survey³ (pre and mid-project completed)

• 51 of 56 nursing staff trained in new Mobility Assessment Algorithm and PCS documentation fields

• Random Chart Audits⁴ to measure frequency of documentation

• Patient Information Brochure and Patient Handout

• Data collection from November 27, 2016 to February 5, 2017⁵

• Communication Board to share information and showcase successes
Simplified Mobility Assessment Algorithm

1. Can they **RESPOND** to verbal stimuli?
2. Can they **ROLL** side to side?
3. Can they **SIT** at the edge of bed?
4. Can they **STRAIGHTEN** one or both legs?
5. Can they **STAND**?
6. Can they **TRANSFER** to a chair?
7. Can they **WALK** a short distance?

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This algorithm can be used by all staff to determine a patient’s mobility level.
On Admission, choose …

1. SOC Admission Adult >65 for pts over the age of 65 which include CAM and Mobility interventions
2. SOC Admission Adult for pts under the age of 65

Also available is a SET with the Mobility events. This can be used for pts who are already admitted and need the interventions added.

Included in the SET or the SOC Admission Adult >65 are 12 "I did it" interventions. These include:
- 3 Mobility assessment levels and 9 Mobility events

In addition to the "I did it" Interventions for the mobility project and ‘Additional Information text box’ is now available for use.

The intervention MA - Mobility Additional Information has been added to the Admission >65 yrs SOC and the Mobility SET. The intervention can also be added to the intervention list individually.
Staff Confidence Survey Pre & Mid Mobility Project³

I have enough time in my shift to mobilize patients:
- PRE: 10%
- MID: 30%

I am confident that I could provide 3 mobilization events for patients daily:
- PRE: 20%
- MID: 40%

I understand that mobilization is everyone’s responsibility:
- PRE: 30%
- MID: 50%

I am aware of the negative outcomes of not mobilizing patients daily:
- PRE: 40%
- MID: 60%

I have enough training/education to feel comfortable in mobilizing patients:
- PRE: 50%
- MID: 70%
Random Chart Audits to Measure Documentation

Mobility Assessment and Event Complete Per Shift

- **Description**: This bar graph shows the completion rate of at least 1 mobility event and assessment for a patient by shift for each day in the time period.
  - **Data Source**: NEON-OR2 last updated 2/15/2017
  - **Calculations/Definition**: Numerator: Total number of instances of at least 1 mobility event and assessment documented on a patient by shift for each day of their stay during the time period. Denominator: Total number of patients with patient days during the time period.
  - **Filters**: Activity Date between Nov 27/2016 - Feb 12/2016
  - **PCS Intervention Documentation Type is D - Document**
Data Collection
November 27, 2016 – February 5, 2017

3 Mobility Events Completed
- Description: This bar graph shows the completion rate of at least 3 mobility events in the time period.
- Target: 70%
- Data Source: NEON-DR2 last updated 2/15/2017
- Calculations/Definition: Numerator: Total number of instances of at least 3 mobility events documented on a patient. Denominator: Total patient days.
- Filters: Activity Date between Nov 27/2016 - Feb 12/2016
- PCS Intervention Documentation Type is D - Document
NEXT STEPS

• Enhance role of new senior nurse manager in ensuring completion of data sets (MA/ME) – QI Measure
• Utilize mobility communication board to keep staff/patients/visitors informed of progress and to share information
• Review data to determine if targets are being achieved and if not...implement new PDSA cycles
• Showcase successes and highlight areas for improvement (nursing newsletter, communication board)
LESSONS LEARNED

• Patience, patience, patience!! There will be scheduling issues and other staff/organization priorities.
• Always refer back to your aim statement to remain grounded in your vision and project goals
• Be prepared for meetings with key stakeholders
• Ensure you are specific with budget
• Cannot rush process, be willing to “ride along” and adapt as this is CHANGE after all!
• PDSA cycles/reviews are essential. Team must identify and address challenges/barriers that may impact project sustainability
• Find and embrace your teachable moments
KEY CHALLENGES

• Senior Team (administrative, nursing management, clinical) essential in supporting new initiatives and ensuring that education translates into front-line practice (e.g. skill set and documentation)

• Data collection – had to enlist OEP Lead to design clinical data fields to collect reliable data – following education data collection began November 27, 2016

• Coordinating staff education and project meetings to accommodate essential team members and champions

• Change of Nursing Manager, MS/OBS/CCU

• Facilitating buy-in from key stakeholders and front-line staff

• Meeting project timelines
Lanyard Mobility Card & Patient Handout

HAVE YOU MOVED TODAY?

Today I can....

☐...walk at least 3 times
☐...sit in chair or at side of bed for meals
☐...sit while visiting with family and friends
☐...walk to the bathroom for toileting
☐...stand to complete personal care

HAVE YOU MOVED TODAY?

Today I can....

☐...walk at least 2 times with staff
☐...sit in chair or at side of bed for meals
☐...sit while visiting with family and friends
☐...walk or transfer to commode for toileting
☐...sit to complete personal care

HAVE YOU MOVED TODAY?

Today I can....

☐...sit up in chair with mechanical lift or with staff at least once a day
☐...sit upright in bed or in chair for meals and visits with family and friends
☐...participate with all personal care
☐...participate with moving in bed
Communication Board

These are your MOBILITY CHAMPIONS. Please utilize their knowledge.

Thank you CHAMPIONS for all of your hard work and dedication to the project.

The SFH team appreciates ALL STAFF commitment to the ongoing use of the MOBILITY ASSESSMENT ALGORITHM and MA/MM documentation.
**Patient ‘Keep Moving’ Brochure**

**KEEP MOVING**

Myths & Facts about Being Active in the Hospital

**Myths**
- Patients should stay in bed, because they will get better faster if they rest.
- It is not safe for patients to get out of bed.
- Patients are not supposed to do their own personal care, such as washing or dressing.

These mistaken beliefs often lead patients to lose the ability to do things they want to do, and to have difficulty coping when they go home.

**Facts**
- Research shows that bed rest is not a good way to recover from many different conditions and may actually make recovery time longer.
- Staying in bed and not moving can lead to problems with breathing, skin breakdown (bed sores), muscle loss, weakness, tiredness and confusion.
- Although there are risks to moving around, staying in bed can actually be more risky to overall health and well-being. There are many things that can be done to avoid falls and stay safe while moving around in the hospital.
- If you don’t use it, you lose it! People who stay in bed are at risk of losing their ability to move around and do their own personal care, such as washing and dressing.

**Benefits of Staying Active in the Hospital**
- Better breathing
- Better able to fight infections
- Better appetite
- Better sleep
- Better mood
- Better able to manage at home
- Less skin breakdown (bed sores)
- Less weakness and fatigue
- Less dizziness
- Less falls
- Less pain
- Less confusion

**How to stay Active While in Hospital**

Every little bit of activity can help to keep you healthy. If you are not sure what you are safe to do, ask a member of your healthcare team.

Continue to perform tasks that you were able to do at home, such as dressing or walking to the washroom. Ask someone to bring your clothes, shoes, grooming supplies and get aids.

1. Sit up for all of your meals, either in a chair or at the edge of the bed.
2. Sit up in a chair when you have visitors.
3. Walk around the unit, either alone or with help.
4. Do bed exercises on your own throughout the day.
Education

Nurses who have completed

Mandatory
Mobility
Training

[Image of nurses in a meeting]
You must make a change, to see a change.