A Standardized Mobility Protocol for Hospitalized General Medicine Adult Patients
Rebecca Jenetopulos, BSN, RN

Background

- 1/3 of hospitalized adults on general medicine units are discharged below their baseline function ³
- Low levels of physical activity while hospitalized is associated with increased fall risk, decline in functional autonomy, pneumonia, pressure ulcers, increased length of stay, venous thromboembolism, delirium, and an increased need for a facility at time of discharge ³
- Inpatient mobilization is one of the most omitted elements of inpatient nursing care, missed 76.1-88.7% of the time ⁴
- 86% of patients that engage in low levels of activity during hospitalization experience a decline in their activities of daily living (ADLs) ⁶
- Standardized mobility protocols help increase patient mobility while hospitalized and may improve patient outcomes ¹

Purpose & Aims

- Purpose: To improve early mobility of hospitalized general medicine adult patients, through the implementation of a standardized mobility protocol.
- Aim: To increase the percentage of patient days that hospitalized adult general medicine patients meet (or exceed) their assigned daily mobility goal during admission, over a 12-week time period.

Methods

Design: Pre- / Post- Intervention Design
Setting: A 23 bed adult general medicine unit at a large urban academic medical center in the Mid-Atlantic United States
Sample: 8,134 hospitalized adult general medicine patients could meet their assigned mobility goal, determined by the Johns Hopkins Daily Mobility Goal Calculator
Intervention: 6-point mobility bundle previously implemented at the target institution over the 12-weeks of the intervention

Data Collection: De-identified aggregate data provided by the institution over the 12-weeks of the intervention

Results

Table 1: Comparison of percentage of patient days mobility goal was met, by mobility category

<table>
<thead>
<tr>
<th>Month</th>
<th>Mobility 1</th>
<th>Mobility 2</th>
<th>Mobility 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>25.30%</td>
<td>63.30%</td>
<td>52.60%</td>
</tr>
<tr>
<td>March</td>
<td>67.50%</td>
<td>8.20%</td>
<td>75%</td>
</tr>
<tr>
<td>April</td>
<td>1.60%</td>
<td>1.60%</td>
<td>1.60%</td>
</tr>
<tr>
<td>May</td>
<td>60%</td>
<td>68%</td>
<td>53.30%</td>
</tr>
</tbody>
</table>

Table 2: Percentage of days patients met their mobility goal per month

<table>
<thead>
<tr>
<th>Month</th>
<th>Mobility 1</th>
<th>Mobility 2</th>
<th>Mobility 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>68.1%</td>
<td>4.1%</td>
<td>62.4%</td>
</tr>
<tr>
<td>March</td>
<td>43.3%</td>
<td>4.19E-19</td>
<td>68.1%</td>
</tr>
<tr>
<td>April</td>
<td>44%</td>
<td>1.4457E-19</td>
<td>71.9%</td>
</tr>
<tr>
<td>May</td>
<td>47.5%</td>
<td>8.23E-27</td>
<td>63%</td>
</tr>
<tr>
<td>June</td>
<td>52.6%</td>
<td>63.3%</td>
<td>53.20%</td>
</tr>
</tbody>
</table>

Discussion

- Re-education, on-going discussions, and an increased focus on patient mobility was pivotal in increasing the percentage of patients achieving their mobility goal while hospitalized
- Statistical and clinical significance were established.
- Except for December 2021 JH-HLM goal 3-5
- Findings from this quality improvement project were similar to those from the study conducted at the sister institution.
- Findings are consistent with the evidence – utilizing standardized multidisciplinary early mobility protocols improve patient outcomes and offer greater long-term success ¹

Strengths

- The utilization of the Johns Hopkins daily mobility goal calculator at the target institution prior to implementation of this project
- Organizational support from upper management
- Implementation at the sister institution

Limitations

- High nurse turnover ➔ increased number of new nurses
- Poor staffing due to COVID-19 pandemic
- Inability for patients to ambulate in halls due to COVID-19

Conclusion

Project Faculty Advisor: Dr. Nancy G. Russell, DNP, MSN, APRN, FNP- BC, CNE
Organizational Mentor: Eleni Flanagan, DNP, BMA, RN, BC
Organizational Mentor: Regina Hendrix, MSN, MPA, NPD- BC
Nelson 8 unit staff

Acknowledgements

References