Objectives

1. Describe possible negative outcomes from immobility during hospitalization.

2. Describe successful interventions to minimize low mobility.
Institute of Medicine: Recommendation #2

Expand Opportunities for Nurses to Lead and Diffuse Collaborative Improvement Efforts

Background and Significance

- Variable provider practices for activity orders
- Unnecessary bedrest
- Prevalence of low mobility — 80% of time in bed
- Ambulation of patients is frequently missed nursing care
- Lack of standardized assessment, communication and documentation

Negative Outcomes

Creditor MC Ann Intern Med 1995
**Purpose of the Progressive Mobility Protocol**

- Prevent and/or mitigate negative outcomes
- Promote safe mobility
- Standardization
- Nurse Driven!

**Methods**

- Obtained buy-in of stakeholders from beginning
- Built on existing tools and protocols in place
- Congruent use of mobility language in nursing documentation
- Created auto-generated nursing order for activity protocol
- Educated nursing & medicine staff

**Stoplight**
The Progressive Mobility Protocol was designed to reduce the chance of falls, improve mobility and reduce the possibility of further injury affecting the discharge timeline.

**Progression & regression through protocol will be nurse driven with guidance from physical therapy as needed.**

Family should NOT assist with any above tasks unless they have been properly trained by staff.

**Color Indicator Mobility Level**

**RED LIGHT**
- Level 1: Unable to follow commands or only follow simple commands.
  - Baseline function: bed or wheelchair bound
  - Staff hands on assistance to get out of bed, walk, sit into chair or into bathroom.
  - Passive ROM 3 times/day
  - Turn q2hrs
  - HOB 30 – 60 degrees
  - Splints/boots for contracture prevention as needed
  - Up to chair position at least 20 min 3 times/day
  - Dangle at side of bed
  - PT consult as needed
  - Progress to next level as tolerated

**YELLOW LIGHT**
- Level 2: Able to follow commands, moves extremities against gravity.
  - Baseline ambulator with device and/or use of motorized wheelchair or manual wheelchair for community mobility.
  - Staff must be present for supervision to get out of bed, walk, sit into chair or into bathroom.
  - Includes level 1 interventions
  - Active transfer to chair minimum 20 min 3 times/day
  - Sit in chair for all meals
  - Advance to standing position
  - Ambulate in room (toileting, ADLs)
  - Progress to next level as tolerated

**GREEN LIGHT**
- Level 3: Able to move all extremities against gravity.
  - Baseline independent ambulator with or without assistive device or independently wheelchair mobile.
  - Perform any tasks in room or on the unit, using the proper prescribed device as needed.
  - Include level 1 & 2 interventions
  - Active transfer to chair
  - Sit in chair for all meals
  - Ambulate in hallways twice daily
  - Ambulate in room (toileting, ADLs)
  - Progress to next level as tolerated

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**Outcomes**

- Elimination of unnecessary bedrest orders
- Consistent provider ordering of protocol (85%)
- Reduction of patient days in restraints (40%)
- Protocol education during staff orientation
- Decreased indwelling urinary catheter use
- Nurse driven
Conclusion

- Nurses are strategically positioned to lead
- Empowered nurses champion collaborative improvement efforts
- Reduce and eliminate negative patient care outcomes

Questions?

References