Title: Increasing Mobility to Increase Discharges

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Background
- Mobility is the ability of a patient to change and control their body position and requires sufficient muscle strength and energy.
- Mobility reduces complications and improves patient outcomes and throughput.
- 8 South is a 44-bed unit in a large, suburban, Level 1 trauma center, specializing in patients with neurological diagnoses.
- 8 South recently experienced decreased patient mobility, resulting in longer length of stay and reduced throughput.

Purpose
- This quality improvement initiative aimed to establish the relationship between patient ambulation and the number of 8 South discharges every month.

Methods
- An interdisciplinary team designed and implemented a workflow improvement process, utilizing peer-reviewed journals.
- This process initiated consistent use of the Comprehensive Mobility Evaluation Tool (CMET) when patients were admitted to the unit.
- Daily Care Coordination Rounds (CCR) discussed each patient’s mobility status with the interdisciplinary team.
- Utilization of a Mobility Tech (M-F). Under the direction of the assigned RNs, the tech assisted in the mobility of patients in order to maintain their functional ability while hospitalized and documented the total number of steps each patient completed during her shift. She was encouraged to identify at least 4 patients to ambulate the next day by the end of each shift.
- The unit hallways have measurements in feet posted as a visual for both staff and patient to inform them how far they walked.
- Mobility reports for 8 South were extracted and tallied from Epic (Guided Performance scoreboard) every month.
- Reports for the total number of 8 South discharges and length of stay were extracted and tallied from Epic (NUR1131 Patient Mobility Report), showing total number of feet ambulated every month.
- Reports for the total number of feet ambulated increased every month.
- Implementation of a Mobility Tech (M-F).
- Daily recognition for being a Top 5 Unit for most discharges.

Results
When comparing March to July 2023 to March to July 2022:
- The total number of feet patients ambulated increased every month (except for 1st month).
- Patient length of stay decreased every month.
- The total number of discharges consistently increased after the 3rd month.

Figure 1: Comparison of the total number of feet ambulated for the months of March through July (2022 & 2023).

Figure 2: Comparison of the Length of Stay for the months of March through July (2022 & 2023).

Figure 3: Comparison of the total number of unit discharges for the months of March through July (2022 & 2023).

Conclusion
- Increasing the mobilization of 8 South patients correlated with the number of discharges experienced every month based on the data gathered. The graphs show that patient mobility increased in 2023, resulting in increased discharges and decreased length of stay.

Limitations
- Length of workflow improvement process monitored was only 5 months. Further studies should be done over longer periods of time.
- Lack of documentation. Some RNs and Nursing Assistants are not consistent in documenting the number of feet a patient ambulated, so numbers may not be completely accurate.

Implications for Practice
- Continue to utilize the mobility tech.
- Implement universal mobility audit to track unit’s progress.
- Coordinate scheduled PT/OT evaluations with RNs on which patients to mobilize for the day.
- Continue to utilize the Safe Patient Handling Coordinator as a resource when mobility training is required by staff.
- Daily recognition for being a Top 5 Unit for most discharges was achieved, so this process is recommended and should be utilized hospital-wide.

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References:
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