Background
- Patient immobility contributes to hospital-acquired complications and poor patient outcomes.
- Despite its importance, patient ambulation is often missed with barriers that limit mobility and keep patients bedridden.
- Baseline data shows 57% of eligible patients were ambulating daily.
- Unit staff was using inaccurate distances when documenting patient mobilization.
- Nursing units identified several perceived barriers to ambulation:
  - Lack of time
  - Inadequate staffing
  - Decreased teammate motivation
  - Lack of resources to safely mobilize patients

Approach
- The sample included inpatients on medical-surgical, stepdown, and critical care units at a large suburban Level 1 Trauma Center.
- A gaming strategy was utilized to engage and motivate clinical units to compete to improve patient outcomes.
- An eight-week football-themed game was implemented from January to March to increase patient ambulation.
- A Distance Ambulated Card was created to ensure accuracy and ease of documentation of patient mobilization (See Figure 1).
- Data auto-populated by an electronic medical record report was used to track percentage of patients ambulated per day for each unit.
- A designated teammate from each unit compiled the data to drive teammate engagement and improve peer buy-in.
- Average weekly results were sent to all nursing staff via an electronic newsletter.
- The weekly winning unit for highest percent of patients ambulated was celebrated using a football field poster with their top score highlighted (See Figure 2).
- The football field poster was used as a motivator and moved from unit to unit based on the weekly winning percentage.
- Weekly results of the game were averaged to determine an overall winner at the end of the eight-week competition.

Results
- All participating units were engaged in the game.
- All participating units showed improvement in daily percent of patient ambulation with an average increase to 64% (see Figure 3).
- The winning unit improved to an average of 73% eligible patients ambulating (See Figure 2).
- Average length of stay increased to 4.23 days from a baseline of 4.09 days which could be attributed to a variety of factors outside of mobility (See Figure 4).
- Percentage of patients discharged to skilled care decreased from 21% to 17% after the competition (See Figure 4).
- VTE rates remained below the hospital goal (See Figure 4).

Discussion
- At baseline, unit staffing was above the national average, suggesting that staffing was adequate.
- Peer buy-in fostered a pro-ambulation environment.
- Nurses reported the competition served as motivation and enjoyed participating in the game.
- Additional staff was not needed to ambulate patients as the winning unit did not have a mobility aide which was a resource available to other units.

Implications for Practice
- A gamification approach can be applied to other quality improvement initiatives.
- Competition, as a fun and non-intimidating method, can be utilized to increase staff engagement and overcome perceived barriers.
- Peer buy-in is an effective driver for future unit culture changes.

References

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