

Identifying Barriers: The First Step in Creating a Mobility Culture

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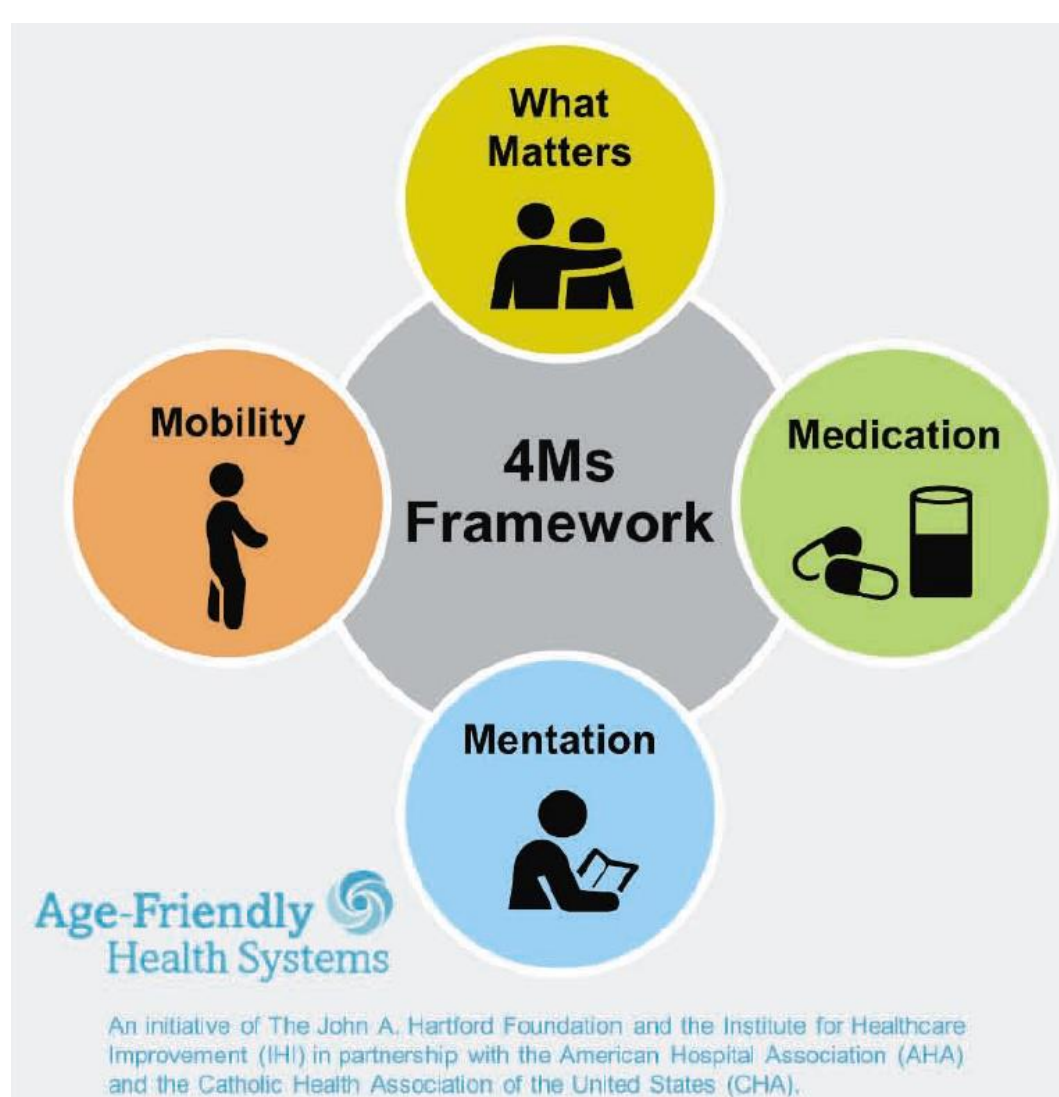
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Background

- Hospitalization negatively impacts the mobility of older adults (Chase et al., 2018). For patients over 70, 30% are discharged with new impairments in ADLs (Lloyd et al., 2020). Detecting mobility decline in older patients at an early stage can enable timely intervention and prevention of further mobility loss (Chase et al., 2018).
- Patient mobility status is a crucial component of physical functioning. Significant evidence suggests that a loss of independent activities of daily living (ADL) function often occurs for the first time in older adults following a hospitalization (Covinsky et al., 2011).
- Several patient-centered outcomes, such as an increased risk of 30-day hospital readmission (Fisher et al., 2013) and long-term disability (Fried, Bandeen-Roche, Chaves, & Johnson, 2000), have been linked to mobility impairment.
- Maintaining optimal levels of functioning and participation in ADLs skills are critical as functional and cognitive decline in patients is associated with prolonged hospitalization (Wolinsky et al., 2011). Thus, prioritizing mobility in hospitalized patient care may result in positive health outcomes.

Purpose

- To assess and understand the viewpoint of Patient Care Technicians (PCTs) towards prioritizing mobility in the care they provide to patients on a 32-bed medical-surgical unit. Potential barriers to providing this care were explored.
- Serve as the baseline environmental scan for a clinical nurse leader capstone project.
- Utilize Kotter's Change theory to promote improvement in patient outcomes following the Institute for Healthcare Improvement (IHI) 4Ms framework, which includes What Matters, Mentation, Medication and Mobility.



Methodology

- Reviewed the Patient Mobilization Survey from the Johns Hopkins Mobility Toolkit.
- Engaged unit advisory committee and coordinated with PCT Mobility Champion
- PCTs were invited to participate by email and received a RedCap survey link for secure and anonymous data collection.
- Survey Results Analyzed
- Staff Member Feedback Session and Mobility Pamphlet Distribution

Results

Participant Demographics

- (70.5%) Twelve of the 17 PCTs completed the survey, (100%) women.
- (83%) between the ages of 18-35, with 5 months to 9 years of experience.
- Mix of full-time and part-time staff members.

Participant Mobility Beliefs

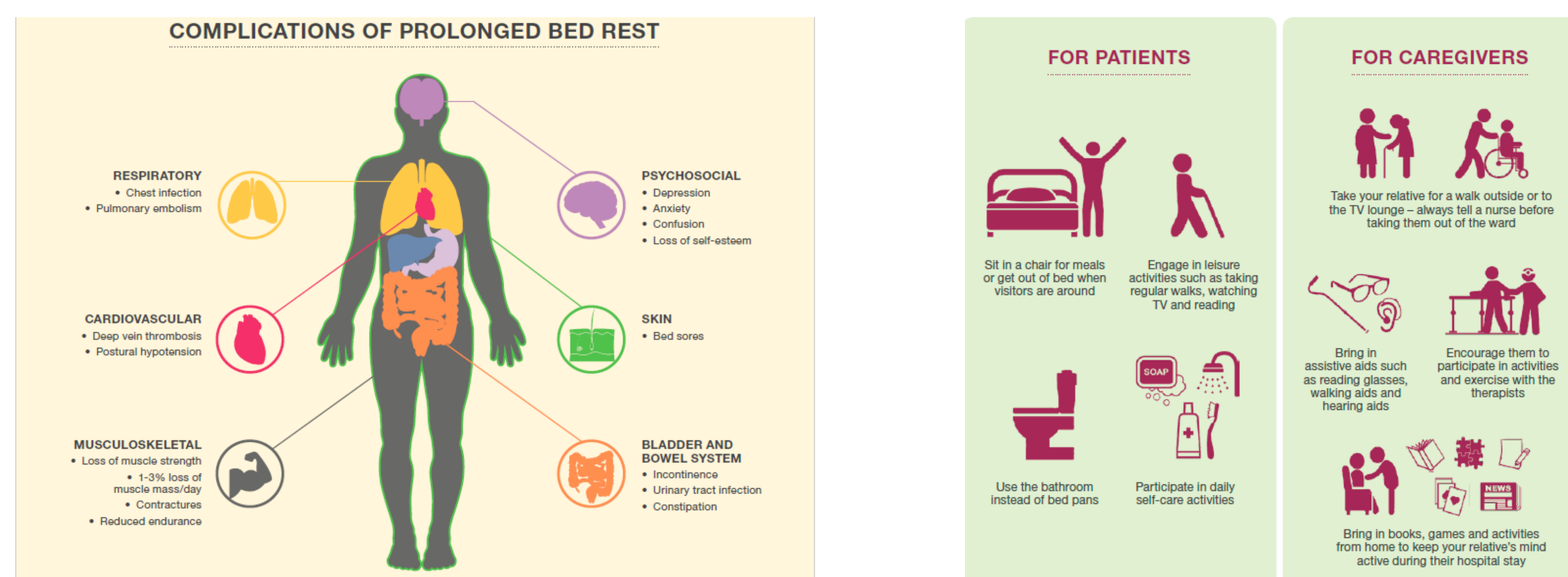
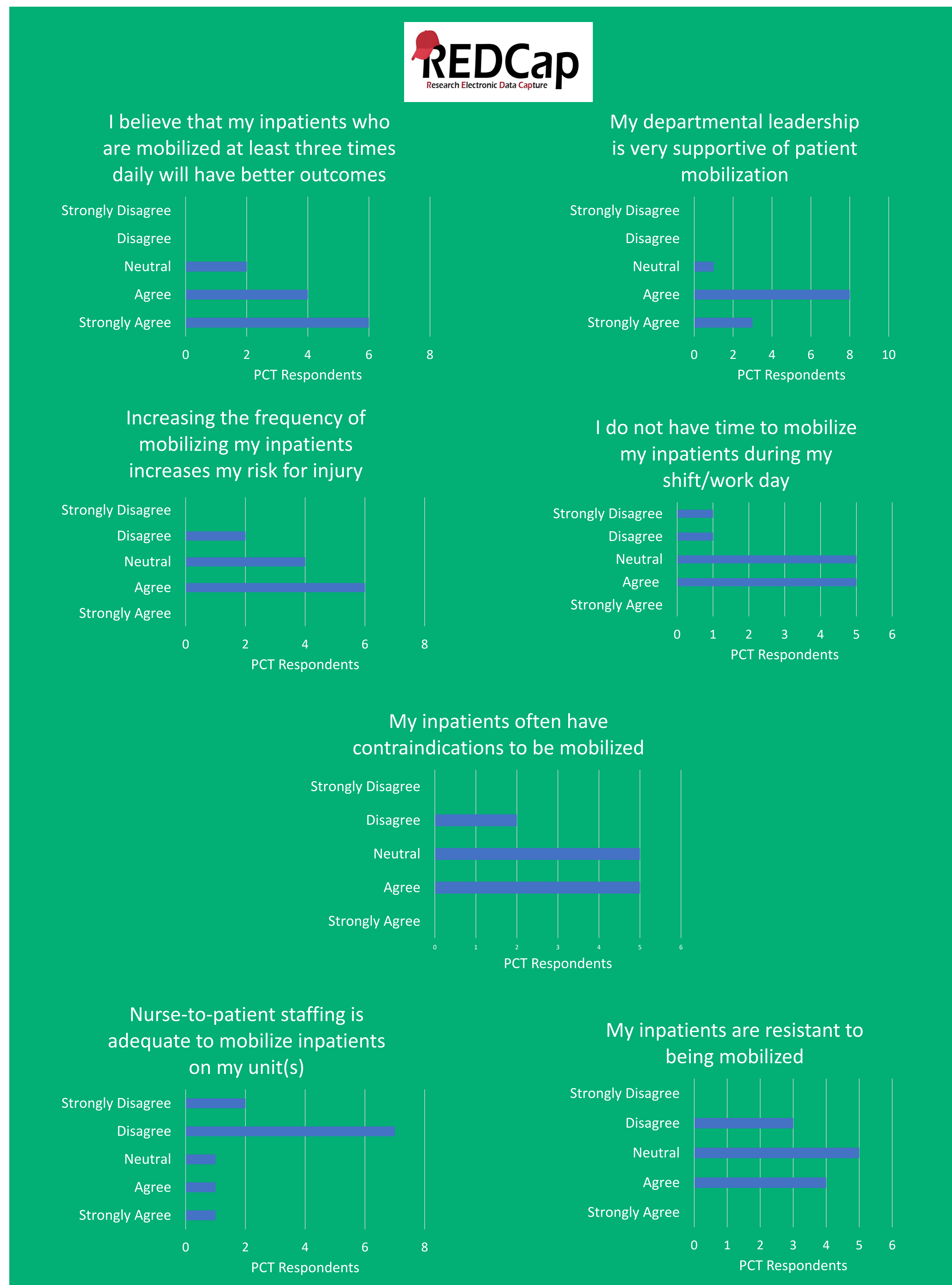
- (83%) believe patients mobilized at least 3X per day will have better outcomes.
- (91.7%) agreed or strongly agreed that unit leadership was supportive of patient mobilization.

Supporting factors identified by PCTs

- (58%) responded that they received training on how to safely mobilize patients.
- (66.7%) had appropriate equipment.
- (58.3%) felt confident in their ability to mobilize patients.

Barriers identified by PCTs

- (50%) reported that increasing mobility included increased risk for personal injury.
- (41.7%) were concerned that they did not have enough time to mobilize patients.
- (75%) viewed staffing was not adequate to mobilize patients regularly.
- (41.7%) stated patients had contraindications to being mobilized.
- (33.3%) reported that patients were resistant to mobilization attempts.



Conclusion

- There is a strong consensus among PCTs which supports the belief that mobilizing patients at least three times a day contributes to improved patient outcomes.
- The majority agreed or strongly agreed that unit leadership is supportive of patient mobilization, indicating a positive organizational culture.
- Supportive factors facilitating patient mobilization include the provision of training on safe mobilization techniques for PCTs.
- The availability of appropriate equipment contributing to PCTs' ability to mobilize patients effectively.
- A significant proportion of PCTs expressed confidence in their ability to safely mobilize patients.
- Barriers to increasing mobility identified include concerns about increased risk for patient injury, time constraints, inadequate staffing levels and patients' being resistance to mobilization.

Practice Implications

- Engage the PCTs in setting a SMART goal for mobilizing older adult patients on the unit. Together with the PCT champion the author will run mobility chart audits and assess progress towards meeting the mutually agreed upon SMART goal.
- Work with both the Clinical Nurse Specialist and direct care staff to understand gaps in patient mobility training.
- Create an evidence-based, case-based mobility day that address the gaps in education and training to implement on the unit.

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