

# Evaluation of Early Mobility Projects in an Academic Medical Center

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## Background

Patients admitted to acute care units are at high risk for functional decline and increased length of stay (LOS) due to decreased mobility during hospitalization. Between 2013-2019, seven quality improvement projects were initiated with the goal of mobilizing adult patients in the acute care units at an academic medical center. No formal evaluation of these seven mobility projects has been completed to determine whether they were successful in increasing mobilization, had achievable outcomes, and were sustainable. Lack of a formal evaluation is a missed opportunity to systematically appraise early mobility throughout the academic medical center and identify whether intended goals were achieved.

## Purpose

The purpose of this evaluation project was to perform a comprehensive evaluation of the seven mobility-related projects implemented over the past years at the academic medical center using the Donabedian framework of quality care and to develop a report for key stakeholders.

## Method

Evaluation strategies incorporated both quantitative and qualitative data to evaluate the seven mobility projects. Quantitative data were obtained through surveys with project leads, nursing leadership, and frontline staff, and chart reviews of documented mobility. Qualitative data were collected through open-ended survey questions with the project leads, nursing leadership, and frontline staff. The Donabedian framework was used to guide the evaluation of the mobility projects using Structure, Process, and Outcomes.

## Project (Outcome) Objectives

The 7 mobility projects were evaluated to determine:

1. Was the project successful on the unit?
2. What best practices developed as a result of the project?
3. Is the project currently being sustained on the pilot unit?
4. Was the project disseminated and implemented on other units within the academic medical center?
5. To what degree are patients being mobilized?

## Results

Overall survey response rate was 23.9% (n=223). With respect to structure, frontline staff had the resources to help mobilize patients. Patient mobility was typically performed in the patient's room, hallway of the unit, and therapy gyms. With respect to process, 63% (n=215) of frontline staff felt "It (mobility project) was what I expected it to be". Seventy-five percent (n=145) of staff felt that the mobility order set was applicable to their patient population. Seventy percent (n=58) of the frontline staff were unaware of any mobility project on their unit. With respect to outcomes, frontline staff felt more confident mobilizing patients after receiving mobility education, from 76% to 87% (n=215). Sixty-one percent (n=215) of frontline staff felt satisfied with the current process of patient mobilization. Of the three out of the 11 project leads and leadership who responded, 67% of the mobility project outcomes were met, 67% of the mobility projects are still active on the units, and 100% of the mobility projects were implemented on other units at the academic medical center. A chart review on the units with mobility projects revealed a 21% mobility documentation rate with orders for progressive mobility.

## Results - Evaluation Key Themes

Themes	Quotes
Staff were unaware of mobility education	"What is the mobility education rollout? I've been here for 4 years and don't know what this is" "I am not aware of the mobility project education that was received"
Staff were unaware of the mobility order set and documentation associated with order set	"The documentation in EPIC could be a little clearer and less up to nursing interpretation." "I know there's a progressive mobility section of the flow sheet and after some time we got a Leap module on it, but even the progressive mobility stuff doesn't seem like it sheds light on much and is just an extra section to chart on."
Units had the resources in terms of equipment to help mobilize patients	"I received fall prevention and lift equipment in-service education" "We assess mobility Q4 and as our patients are critically ill we usually have at least two individuals helping to mobilize the patient when deemed appropriate"
Current staffing and patient acuity does not allow patients to be ideally mobilized	"As with everything else, the workload fell on the understaffed, overworked nursing staff." "Everything was pulled on the nurses to mobilize patients 5x a day in the hallway and with a heavy assignment, you'll be lucky to mobilize each patient once."

## Implications for Research and Practice

Patient mobility programs should be standardized across an organization and not unit based to support sustainability. Electronic medical record (EMR) documentation needs Best Practice Alerts when progressive mobility is ordered on patients to remind staff to mobilize patients and to document in the EMR. Mobility module/education also needs to be a part of annual competency day, whether in person or an online education module, for the frontline staff. There needs to be continued organizational support and promotion of patient mobility to prevent skin breakdown, decrease falls, decrease LOS, reduce functional decline, and maintain patient independence. Finally, safe mobility remains an urgent priority as the academic medical center has been designated as a Nurses Improving Care for Health system Elders (NICHE) member and an Age-Friendly Health System.

## Conclusion

Early patient mobility has been shown to increase functional mobility, reduce length of stay, and improve patient outcomes. Between the years 2013-2019, there have been seven mobility initiatives with the goal of mobilizing patients in the adult ICU/medical/surgical populations at the academic medical center. It remains unclear from these data whether the mobility projects were successful on the units. This evaluation indicated that mobility equipment was available at point of care which aligns with best practice. Based on responses, two projects were sustained on the pilot units and were implemented on another unit at the academic medical center. In conclusion, a small number of patients were being mobilized based on chart reviews.

## Project (Outcome) Objectives Conclusion

The 7 mobility projects were evaluated to determine:

1. Was the project successful on the unit?
  - Difficult to fully determine given limited data from project leads
2. What best practices developed as a result of the project?
  - Data showed mobility equipment was available at point of care
3. Is the project currently being sustained on the pilot unit?
  - Data suggest 2 projects were sustained on the pilot units.
4. Was the project disseminated and implemented on other units within RUMC?
  - Data suggest 2 mobility projects were implemented on other units at academic medical center.
5. To what degree are patients being mobilized?
  - Data from limited randomized review, only 21% patients are being mobilized.