

 NICHE CONFERENCE

Spring into Action: A Progressive Mobility Project

Morristown Medical Center
Morristown, New Jersey

APRIL 21, 2017

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC
NICHE Coordinator



 NYU 

 NICHE CONFERENCE

Objectives:

- Discuss the steps in developing a progressive mobility program
- Discuss the benefits of a progressive mobility on hospitalized older adults, LOS, patient and staff satisfaction

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

 NYU 



 NICHE CONFERENCE

Morristown Medical Center

- Established in 1892, 125 years strong
- 678 bed facility
- Non-Profit organization
- Part of Atlantic Health System, Atlantic ACO
- Level I Regional Trauma Center
- Teaching hospital
- Leader LGBT Healthcare Equality
- Magnet designated Facility since 2001
- NICHE Designated: 2011 - present
- NICHE Exemplar Status: 2014 – present
- Multiple awards and accreditations



PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

 NYU 

35th NICHE CONFERENCE

Atlantic Health System: Trusted Network of Caring™

Our providers are our responsibility to meet all before, after and during care. The highest quality care delivered at the right time, at the right place, and at the right cost. We are committed to creating a trusted network of caring.

View a message from Brian

Moments that Matter Video

Who create focus a place of strength and pride

Our message of integrity and respect. Honored and Caring. We do this together.

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

NYU | NYU LANGONE

35th NICHE CONFERENCE

Background history:

- 2011: Knowledge Translation & Utilization: Preventing Physical Decline in the Adult in the Acute Care Setting research by Musanti, Santos, McGill, Roytman, Primmer together
- 2012-2013: Presented as a podium at Magnet & NYU Langone and as a poster at NICHE & NJ ONE
- 2014: Literature Review and Progressive Mobility (PM) Nurse Driven Protocol was presented to Shared Governance Practice Council, provided team with recommendations
- 2015: Multi-disciplinary team including bedside nurses organized, PM Guideline was developed. Physical Therapy (PT) Referral Tree was developed. Documentation changes proposed: baseline mobility admission assessment and PM check box. PM Guideline approved by SG Practice Council in December
- 2016: Education plan formulation & implementation

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

NYU | NYU LANGONE

35th NICHE CONFERENCE

Multi-disciplinary Team was formed

- Latefia Bailey, PT
- Kathy Borenstein, RN, APN, Cardiac Mgr.
- Carol Callano, PT
- Donna Chauvette, RN, CI
- Sheryl Cicco, RN
- Ben Cortese, RT
- Irene Cortezano, RN, Sub-Acute Rehab/Acute Rehab
- Jane Croby, RN, SW/CM, Bed Mgt.
- Roberta D Achilles, PT, Mgr.
- Nichelle Downing, RN, IT
- Lynn Emmond, RN, Cardiac Mgr.
- Carlene Falconer, RN, Ortho, Fall Chair
- Brandee Fetherman, RN, Neuro, Resp Mgr.
- Susan Fiasco, RN, Cardiac Rehab
- Kelly Giannarico, RN, Cardiac, MS
- Dean Giannone, MD, Care Mgt.
- Jeanne Giannino, RN, IT
- Angie Grizzo, RN, Cardiac, MS
- Chelsea Grainger, RN, CCU
- Mildred Kowalski, RN, Research
- Katerina Makaki, CNS, Cardiac
- Susan More, RN, Nig, Ed
- Kristin Ospina, RN, MICU/SCU
- Margery Pflanz, RN Oncology
- Jason Prager, MD, Geriatrics
- Patly Primmer, RN, ED, MS, MSDU
- Rhoda Sanchez, RN, PACU
- Rachael Santos, RN, GNP-BC, NICHE
- Holly Scourall, RN, SG Practice, Oncology
- Keerli Sharma, MD, Geriatrics
- Michael Staszko, RT
- Jeanne Silva, RN, Oncology
- Wendy Silverstein, RN, Magnet/Nig, Ed Mgr.
- Kathleen Vrenchak, RN, Nig, Ed

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

NYU | NYU LANGONE


NICHE CONFERENCE

What is Progressive Mobility?

Progressive Mobility – Movement that is graduated from those movements that are typically the least difficult to complete to those that are typically the most difficult to complete.

Aims - to meet or exceed each patient's level of function prior to hospitalization, and to prevent loss of function

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator




NICHE CONFERENCE

Value of Progressive Mobility



- Improved functional care
- Self-care management, promote independence
- Prevents complications with clotting, and pressure ulcers
- Improves respiratory function
- Aids digestion, improve bowel and bladder functions
- Facilitates sleep and rest
- Lowers patients risk of delirium, and depression
- Discharge with reduced risk for hospital readmission


PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator



NICHE CONFERENCE

Activity Levels

- Bed Rest: ROM
- Out of Bed to Chair: Assess BP, Dangle, OOB
- Out of bed to Bathroom with assistance
- Walk in Room with assistance
- Walk in Hall with assistance
- OOB ad lib

Musari, R., Santos, R., McGill, C., Royman, P., & Primmer, P. (2011). Knowledge translation & utilization: Preventing physical decline in the adult in the acute care setting. Data on file. Morristown medical Center, Morristown, NJ.

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator


Tools Created:

- PT Consult Determination Flowsheet
- Documentation changes:
 - Added a Baseline Mobility Assessment (for all admissions)
 - Created a patient is eligible for PM check off box (all units)
 - RN SBAR and LPN/NA SBAR included Activity orders, actual activity performed and PM eligibility information
 - Relocation of bed rest activity orders to bottom of choices with need to provide indication (all activity orders)
 - Special Care areas: Critical Care Units have separate order set/criteria created



Practice Flash

MO: Services, Nursing, Rehabilitation, and Telehealth
VERSION: Updated with the Clinical Guidelines Committee
DATE: May 17, 2019
BY: Rachael Santos, MSN, RN, CDP

OBJECTIVE/GOALS:
Improve practice flash to ensure that within the greatest timeline as an individual patient, the response for admission and discharge orders of services needed regarding activity orders and mobility orders. Mobility is important to maintain physical function and to support health, well-being, and quality of life.

SCOPE: Progressive Mobility is intended for use in all hospital inpatient settings and is intended for use in all hospital inpatient settings.

APPLICABLE REGULATIONS: The team will assess and document mobility using the baseline functional assessment tool and the patient's functional mobility tool.

KEYWORDS: Progressive Mobility, Baseline Functional Assessment, Mobility, Baseline Functional Assessment, Baseline Functional Assessment, Baseline Functional Assessment

Determining the Need for a Physical Therapy Consult

FACILITY – Is physical therapy consult required for the discharge? (If the answer is NO, proceed to the next question.)	NO	NO
COM – Is there documentation of medical orders and/or physician orders that would allow for patient discharge?	YES	NO
CHRONIC – Is the lack of mobility due to a chronic condition?	NO	NO
DECLINE – Is functional decline from pre-admission?	NO	NO
PARTICIPATION – Can you and the patient participate with physical therapy services?	NO	NO
MAINTENANCE – Can you and the patient participate with physical therapy services to maintain function?	NO	NO
SKILLED SERVICES – Does the patient's condition require the use of skilled services for physical therapy?	YES	NO

The most effective way to avoid confusion is to refer to the Order Set. These are indicated by a red box in the flowchart.



35 NICHE CONFERENCE **Critical Care Progressive Mobility**


SBAR & THE ALL ORDERS

System	SBAR & THE ALL ORDERS	2018 PT PRIORITY
SBAR	SBAR & THE ALL ORDERS	2018 PT PRIORITY

CRITICAL CARE SBAR ASSET

SBAR	SBAR & THE ALL ORDERS	2018 PT PRIORITY
-------------	----------------------------------	-------------------------





NICHE CONFERENCE

Education Tactics

- Practice Flash issued
- Nursing Journal Club: Importance of Progressive Mobility (CE offered)
- Promote Progressive Mobility Guidelines and transitions of care
 - Patient Care Management Council
 - Coordinators
 - Unit Educators
 - Unit Based Shared Governance meetings
 - Unit Staff meetings
 - Falls Committee
 - Physician and Residents (Physician lead)
 - APN and Nursing Research Council (CE offered)

PROGRAM PRESENTER:
 Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator




NICHE CONFERENCE

Increasing Awareness


- Poster to raise awareness
- iTgr video about mobility
 - Patient and family video created
 - Staff video created
- Patient and family welcome brochure

Spring into Action!
Get Up! Walk, Move Around!
 Ask your nurse or doctor how we can help you get up to move around.
 Movement keeps you healthier - moving while in the hospital helps to prepare you for discharge.


 Morristown Medical Center

PROGRAM PRESENTER:
 Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator





NICHE CONFERENCE

Outcome Measure

- Retrospective review of all admissions, over seven days
 - Initial activity order
 - Percent with physician bedrest orders
 - Of activity orders, how many have escalation to more activity within 24 hours (percent)
- Repeat at approximately six months, and again at one year
 - Note change in number of admissions with activity orders
 - Change in percent with physician bedrest orders at admission
 - Change in percent of patients with changes in activity orders within 24 hours (6 months and 1 year)

PROGRAM PRESENTER:
 Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator





Physician Activity Orders

- Review of all admissions
- December 2015 (seven day)
- March 2016 (seven day)
- July 2016 (three day)
- March 2017 (seven day)
- Total patients admitted
- Any activity order
- Initial bedrest orders
- Initial bedrest order changed to ambulation (any level)
 - < 24 hours
 - 1 day or more
- Percent reported (to standardize for difference in admission rates and duration of review)

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator





Point Prevalence (March 2017)

- Assessment of activities versus physician orders
- Conducted over two days
- Observed five patients on each unit
- Reviewed all five patient charts
- In-patient Palliative/Hospice unit) excluded, no patients with orders to be out of bed
- Total units: 17 units
- N = 80

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator



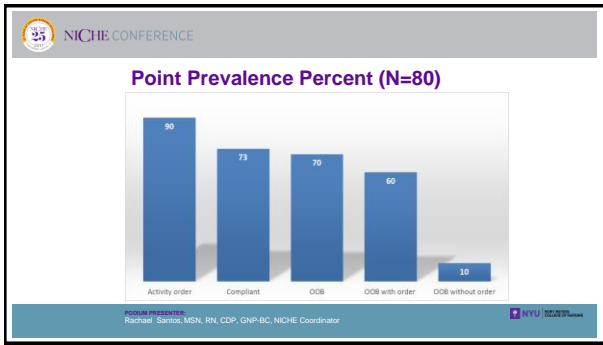


Point Prevalence Findings

	n	%
Activity order	72	90
No order	8	10
OOB	56	70
OOB with order	48	60
OOB without order	8	10
Compliant	58	73

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator





35th NICHE CONFERENCE

Opportunities and Limitations

- 10 % of patients had no order, or no current orders
 - Nurses are taking the initiative to get patients OOB
 - Best to obtain activity orders
- Compliance could be improved
- 3 units are at 100% compliance and will be given recognition

Limitations:

- Based on one period of time
- Provides a snapshot
- May not be representative

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

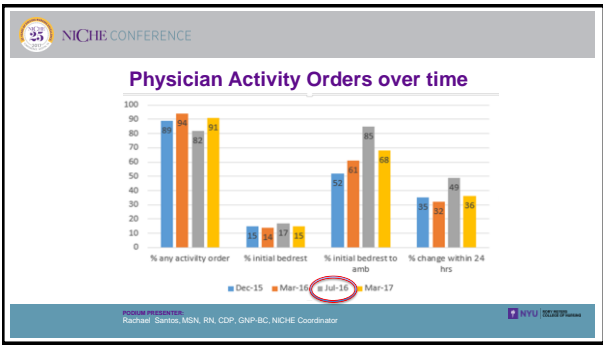
NYU **SCOPES**

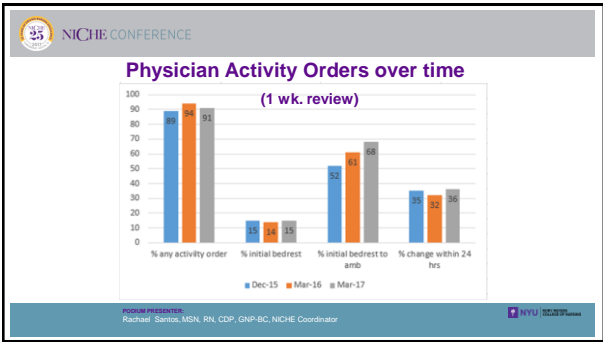
35th NICHE CONFERENCE **Physician Activity Orders** ^{*} Over Seven Days ^{**} Over Three Days

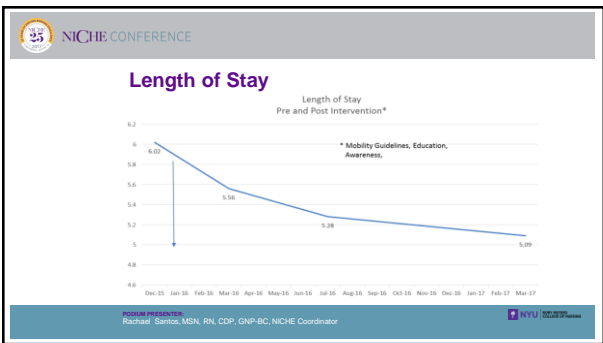
	December 2015*	March 2016*	July 2016**	March 2017*
Total admissions	771 (100%)	790 (100%)	347 (100%)	744 (100%)
With Activity Orders	686 (89%)	742 (94%)	286 (82%)	675 (91%)
Bedrest initial order†	100 (15%)	102 (14%)	48 (17%)	109 (15%)
Bedrest changed††	52 (52%)	62 (61%)	41 (85%)	74 (68%)
≤1 day	35 (35%)	33 (32%)	23 (49%)	39 (36%)
2 days	8 (8%)	12 (12%)	8 (17%)	14 (13%)
3 days	4 (4%)	7 (7%)	2 (4%)	12 (11%)
4 days	3 (3%)	3 (3%)	2 (4%)	5 (5%)
5 days	1 (1%)	6 (6%)	6 (13%)	2 (2%)
≥ 6 days	1 (1%)	1 (1%)	n/a	2 (2%)

PROGRAM PRESENTER:
Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator

NYU **SCOPES**









Staff Feedback

- "At first I felt patient needs to be seen by rehab before I can move them but now I know better, I can follow our PM guideline"
• "Makes me think ahead of safe discharge rather than just pass meds"
• "I love when my patients heal faster and get back on their feet. I know I am part of that recovery and it feels good"
• "I am able to multiply myself, I involve the family in PM and they bother me less when they are empowered, to add, their family goes home quicker"
• "It had improve teamwork on our unit"

PROGRAM PRESENTER: Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator



Handwritten notes on lined paper



Reference

American Nurses Association (ANA) (2013). Advancing the Science and Technology of Progressive Mobility. Retrieved from www.nursingworld.org.../Advancing-the-Science-and-Technology-of-Progressive-Mobility.PDF
American Association of Critical-care Nurses. (2013). Executing Evidence-Based Progressive Mobility in the ICU. Retrieved from http://www.aacn.org
Burkel, T.L., Hippertstedt, D., Penrod, J., & Resnick, B. (2013). Pilot testing in the function focused care intervention in an acute care trauma unit. Geriatric Nursing, 34, 241-46. Elsevier.
Doheny-King, B. & Bowers, B.J. (2013). Attributing the responsibility for ambulating patients: A qualitative study. International Journal of Nursing Studies, 50, 1249-1246.
Haastings, S.N., Slone, R., Morey, M.C., Pavon, J.M. & Hoeling, H. (2014). Assisted early mobility for hospitalized older veterans: preliminary data from the STRIDE program. The American Geriatrics Society Journals, 62(11):2189-4, doi:10.1111/jgs.13095
Liu, B., Almaawy, U., Moore, J., Chan, W. and Straus, S. (2013). Evaluation of a multisite educational intervention to improve mobilization in older adult in hospital: protocol for mobilization of vulnerable elders in Ontario (MOVE ON). Implementation Science, 8(76): 1-8.
Musant, R., Santos, R., McGill, C., Roytman, P. & Primmer, P. (2011). Knowledge Translation & Utilization: Preventing Physical Decline in the Adult in the Acute Care Setting. Data on file. Morristown Medical Center, Morristown, NJ.
Powers, J. (2011). How to promote progressive mobility. Nursing Made Incredibly Easy, 9(3), 56.
Rutstele, C.D., & Gagnon, M.M. (2013). Making strides in the prevention of ICU acquired weakness: Involving family in early progressive mobility. Critical Care Nursing Quarterly, 36(1): 141-47.

PROGRAM PRESENTER: Rachael Santos, MSN, RN, CDP, GNP-BC, NICHE Coordinator



Handwritten notes on lined paper