GET UP Campaign: Continued!
Mobility Team Strategies
June 11, 2018
Fun on the Road
PROGRESSIVE MOBILITY reduces harm in EIGHT focus areas

- Falls
- PrU
- Delirium
- CAUTI
- VAE
- VTE
- Readmissions
- Worker Safety

GET UP

American Hospital Association

An Initiative of the Florida Hospital Association Hospital Improvement Innovation Network
What is Progressive Mobility?

Progressive mobility is defined as a series of planned movements in a sequential manner beginning at a patient’s current mobility status with goal of returning to his/her baseline.

- **Elevate Head of Bed**
- **Manual turning**
- **Passive Range of Motion (PROM)**
- **Continuous Lateral Rotation (CLRT) and Prone positioning**
- **Upright leg down position**
- **Chair position**
- **Dangling**
- **Ambulation**
Sharing Successes:
Implementation of a Mobility Team
Deployment of a Mobility Team in the Acute Care Setting: Programmatic Success Through Collaboration

Leslie Pollart, RN, OCN, MSN, MBA
Director of Nursing, Memorial Regional Regional Hospital
lpollart@mhs.net | 954-265-5250 Office
History

• Opened in 1953 with 100 beds
• Three campuses, one license, 1,057 total beds:
  – Memorial Regional Hospital (553 beds)
  – Joe DiMaggio Children’s Hospital (224 beds)
  – Memorial Regional Hospital South (280 beds)
• Regional Tertiary and Quaternary Care Hospital
• One of only 7 state-approved Level 1 trauma centers (adults and pediatrics)
• Largest provider of emergency services in Broward County
• Largest provider of acute care inpatient services in Broward County
• Comprehensive Stroke Center
• Adult Heart Transplants & Adult Renal Transplants

1 Source: Broward Regional Health Planning Council, One Year Ending December 2014
The Effects of Immobility

- Patients who walk outside their room at least once a day left the hospital 1.5 days earlier than those who stayed inside their room.

- Muscle fatigue decreases by as much as 20-30% after just a week of bed rest.

- 65% of older patients experience a decline in mobility by day 2 of hospitalization.

- Immobility is a risk factor for adverse outcomes related to DVT’s, pressure ulcers, and respiratory distress.
Consensus Within the Interdisciplinary Team

RN
• “I wish I had more time to ensure my patients ambulate.”
• “While I know it is very important, competing priorities and workload are impediments for me to ensure timely patient mobility.”
• Many patients require increased manpower and time to provide safe transfers & ambulation.”

PT
• “I frequently get pulled from doing consults to assist nurses with putting patients back to bed.”
• “Some PT consults are ordered as a means to assist with ambulation.”

MD
• “I write activity orders, but they are not carried out consistently.”
• “Patients would get out of the hospital sooner and more frequently back to home if they were ambulated regularly.”
• “I often find myself ordering a PT consult to ensure my patients get OOB.”

Memorial Regional Hospital
Patient Handling Injuries by Location
2011-2015

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<th>Total</th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
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<td>10</td>
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Project Mission Statement:
“Prevention of hospital acquired functional decline and other adverse outcomes to facilitate the earliest discharge to the most independent setting.”
MEMORIAL HEALTHCARE SYSTEM

JOB DESCRIPTION

Job Title: Mobility Technician

Job Summary: Provides patient handling assistance to support function as part of the patient care team.

Job Responsibilities:

1. Assists with the repositioning, lifting, transferring and ambulation of patients.
2. Utilizes patient handling equipment that assist in the repositioning, lifting, transferring and ambulation of patients and serves as a resource and support to nursing staff.
3. Works collaboratively as part of the nursing-patient care service team and adheres to department and hospital wide procedures.
4. Documents activity, level of assistance, and distance for each patient intervention.

Job Responsibilities (continued):

Required Education:

B.S. degree or equivalent

Required Licensure:

Basic Life Support (BLS) Healthcare Provider

Required Work Experience:

No experience required

Complexity of Work (You may edit this section as necessary):

This role requires critical thinking skills, effective communication, decisive judgment, and the ability to work with minimal supervision. The incumbent must be able to work in a stressful environment and take appropriate action when required.

Required Personal Protective Equipment:

Patient Standard Precautions only personal protective equipment as required

Disclaimer:

This job description is not intended, nor should it be construed, to be an exhaustive list of all responsibilities, skills, efforts, or working conditions associated with the job. It is intended to indicate the general nature and level of work performed by employees within this classification.

ADA Requirements

For each section below, please provide a response for each item listed:

Preparation Surface:

- No responsibility to treat or care for patients

- No responsibility to transport or care for patients

- Infants (under 1 year)

- Early Childhood (1 year and < 5 years)

- Late Childhood (6 years and < 10 years)

- Adolescents (11 years and < 16 years)

- Young Adult (17 years and < 21 years)

- Older Adult (60 years and >)

- Special patient areas other than patient care

Physical Health Information:

Type of Protected Information Accessed:

- Age
- Social Security Number
- Medical History

Frequency of Access:

- Routine
- Occasional
- Rarely
- Never

Types of Access:

- Never
- Rarely
- Occasionally
- Frequently
- Constantly

Activity:

- Bending/Stepping
- Climbing
- Lifting/Carrying (as necessary)
- Pushing/Pulling
- Reaching
- Repetitive Foot/Leg Movements
- Repetitive Hand/Arm Movements
- Running

- Auditory Acuity: Hearing and Speech
- Auditory Acuity
- Smell/Gustatory Acuity
- Tactile Acuity
- Vision
- Depth Perception

Exposure to Hazardous Substances:

- Chemicals
- Biological Hazards
- Physical Hazards
- Other Hazards

- Non-Flammable
- Flammable
- Explosive
- Asbestos
- Lead

- Bleach
- Cyanide
- Gasoline
- Paint
- Infectious
- Medications
- Latex

- Other:

- Unknown
Mobility Decision Tool

1) Is patient able to lift both legs off the bed independently or with the assistance of one person?
   - Yes, go to #2
   - No – refer to mobility team

2) Is patient able to move from supine to sit independently or with the assistance of one person?
   - Yes, go to #3
   - No – refer to mobility team

3) Is patient able to move from sit to stand independently or with the assistance of one person?
   - Yes, go to #4
   - No – refer to mobility team

4) Is patient able to take a step forward independently or with the assistance of one person, with or without a device?
   - Yes, ambulate patient
   - No – refer to mobility team
Coverage Model

- Telemetry
- Telemetry
- Telemetry
- Telemetry
- Telemetry
- IMCU - 1 RN/PCA with Mobility Tech
- Telemetry
- Telemetry
- Ortho/Neuro - 1 RN/PCA with Mobility Tech

Each Couplet can see approximately 32 patients per day
Patient Mobility Initiatives

• Representation from all MHS campuses to discuss what initiatives could be rolled out in lieu of a mobility team

• Universal agreement in the need to implement a patient mobility initiative:  
  Ambulation is the 🏃 for Wellness!

• The consensus initiatives include:
  – Heels for Meals Campaign
  – Develop a way to track distance walked & use enhanced documentation within the EMR
  – Patient Education on the risks of decreased mobility
  – Promote Use of Patient Handling Equipment
Move to Improve!

DID YOU KNOW ...

• Patients who walk outside their room at least once a day left the hospital 1½ days earlier than those who stayed inside their room.

• Encouraging activity during hospitalization can help to prevent functional decline.

• Strength can decrease by as much as 20-30% after only a week of complete bed rest.


HOW TO
Move to Improve!

1. “Heels for Meals” – We will assist you out of bed for all meals.

2. Walk a minimum of 2-3 times a day.

3. We will record the distance between miles.

4. Each step you take will get you closer to discharge.
Meaningful Ambulation Documentation

Daily Care - Daily Care

Time taken: 0026 8/4/2016

Values By: Create Note

Mobility/Activity

Distance ambulated (meters)

FEET TO METERS CONVERSION GUIDE

Document distance ambulated in meters (M)

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# MY MOBILITY JOURNAL

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For Your Safety:
Please remember to call for assistance
Allow someone to assist you with walking
Ask nursing first before walking with your family

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Memorial Healthcare System
Lift Smart: Patient Handling Device Roll Out

Memorial Healthcare System

We commit to Lift Smart
### Patient Handling Equipment

#### MHS Lift Equipment

- **Sara Combilizer**
  - Weight Capacity: 440 pounds.
- **Sara Plus**
  - Weight Capacity: 420 pounds.
- **Sara Stedy**
  - Weight Capacity: 400 pounds.

- **Maxi Move**
  - Weight Capacity: 500 pounds.
- **Tenor**
  - Weight Capacity: 704 pounds.

Learn the availability and location of the Lift Equipment in your area and in the facility.
Pace Carts: Early Mobility

LIVENG00D

Generously donated by the MHS Foundation

Memorial Regional Hospital
Patient Handling Equipment Assessment

Mobility Screen

- Is patient able to lift both legs off the bed independently or with the assistance of one person?
  - 0 = Yes, 1 = No
  - 0 = Yes
  - by Lola Adelakun, RN at 12/12/17 2100

- Is patient able to move from supine to sit independently or with the assistance of one person?
  - 0 = Yes, 1 = No
  - 0 = Yes
  - by Lola Adelakun, RN at 12/12/17 2100

- Is patient able to move from sit to stand independently or with the assistance of one person?
  - 0 = Yes, 1 = No
  - 1 = No
  - by Lola Adelakun, RN at 12/12/17 2100

- Is patient able to take a step forward independently or with the assistance of one person, with or without a device?
  - 0 = Yes, 1 = No
  - 1 = No
  - by Lola Adelakun, RN at 12/12/17 2100

Summary

Moderate Assist Needed
SARA Plus

Memorial Healthcare System
Revision to Post-Fall DeBrief

Did the patient meet criteria for use of a patient handling device during ambulation/OOB?  □ Yes  □ No

If so, was the device available?  □ Yes  □ No

Was the device used at time of patient fall?  □ Yes  □ No

Memorial Regional Hospital

Patient Fall Debriefing / Follow-up

(MEM-0215)

PATIENT FALL DEBRIEFING / FOLLOW-UP - RCA WORKSHEET

<table>
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<tr>
<th>DATE</th>
<th>TIME OF FALL</th>
<th>UNIT/Department</th>
<th>Admission Date</th>
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Revision to Post-Fall DeBrief

Memorial Healthcare System
The Mobility Team at MRH would like to invite:
ALL Transfer Mobility Coaches to a Special Team Meeting

Tuesday, December 19th
07:30am-09:00am
6 North Conference Room
A light breakfast will be served

Discussion/Education on Patient Handling Equipment

Wear Your Green Shirts

Memorial Healthcare System
Inpatient Fall Rates: 2016-2018 YTD

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<th>2nd Quarter</th>
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Patient Handling Equipment Go Live
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<tr>
<th>Date</th>
<th>Harm Measure</th>
<th>Most Recent Month Reported</th>
<th>HIIN Goal Status</th>
<th>Cost Savings</th>
<th>Harms Prevented</th>
<th>Lives Saved</th>
<th>Baseline Rate per 1000</th>
<th>Year To Date Rate per 1000</th>
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<td>Falls with Injury (FALLS-1)</td>
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<td>$316,530</td>
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Hospital Acquired LE DVT: 1st Quarter 2018

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<th>Month</th>
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<td>March</td>
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MRH: Musculoskeletal Injuries 2016

Musculoskeletal Disorder - injuries requiring treatment

- MRH Musculoskeletal disorder injuries with treatment pt related
- Linear (MRH Musculoskeletal disorder injuries with treatment pt related)
MRH: Musculoskeletal Injuries 2017

Musculoskeletal Disorder - injuries requiring treatment patient related

Patient Handling Equipment Go Live

MRH Musculoskeletal disorder injuries with treatment pt related
Linear (MRH Musculoskeletal disorder injuries with treatment pt related)
SEDATION MANAGEMENT reduces harm in
SEVEN focus areas

ADE
Failure to Rescue
Delirium
Falls
Airway Safety
VTE
VAE

W A K E - U P

American Hospital Association
HRETOC
An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network
ONGOING EVALUATION OF MEDICATIONS reduces harm in TEN focus areas

ADE  Readmissions  Falls  CDI  CAUTI  SSI  VAE  CLABSI  Sepsis  MDRO

SCRIPT-UP

American Hospital Association

H Mission to Care

HRET

An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network
WAKE UP to Protect Patients from Oversedation!

- **June 12**– Orlando, FL [Register online]
- **June 14**– Pensacola, FL [Register online]

Additional Regional Meeting

- Regional Readmissions Discussion Forum
  Jun. 15, 2018: Courtyard Pensacola, Pensacola, FL [Register Online]

Check the weekly *MTC HIIN Upcoming Events* for details and registration
We are here to help!

HIIN@fha.org
407-841-6230

Improvement Advisors:
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Cheryl D. Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM