U Move
Patient Mobility Initiative

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Objectives

• Promote and energize a *culture of mobility* across the health system

• Every inpatient is on a mobility program of some level (ranging from bed level range of motion to full ambulation)

• Coordinate with existing services (such as Lift Team and Safe Patient Handling) to reduce redundancy and/or duplication
Mobility – A Hot Topic

• MOVERS
  • Patient mobility is a component of the “S” or “Patient Safety” goals → “early and increased patient mobility” has been identified as an important opportunity for our Health System

• American Academy of Nursing
  • “Lying in bed” is one of the top “Five Things Nurses and Patients Should Question”

• TEAM approach for RN/MD Rounding at SMH
  Tell me your goals for the day, including a mobility goal

  Early mobility and fall prevention

  Avoid infections

  Manage pain
Our Team

Julie Kielman, PT/Manager, SM
Jill Scherrey, RN/Manager, SM
Ellen Wilson, PT/Director
Coleen Wilson, RN/UD, SM
Larona Taylor, SPH Coordinator
Martin Lingard, Lift Team, SM
Charlene Earnhardt, RN/CNS, RRMC
Raquel Branom, RN/CNS, RRMC
Jennifer Do, RN/UD, RRMC
Grace Sund, RN/CNS, SM
Barbara Anderson, RN/UD, RRMC
Yuhan Kao, RN/CNS, RRMC
Paulette Madley, RN, SM
Niaz Farzadfar, RN, SM
Erin Castle, RN, SM
Valerie Yeo, RN/UD, SM
Rachel Rose, RN, SM
Mary Lawanson-Nichols, RN/CNS, SM
Cindy Jaeger, OT/Manager, RRMC
Christine Kiamzon, RN, RRMC
Anila Ladak, RN/CNS, SM
Care Connect & Marketing Colleagues
Patient Mobility Guideline

• Developed new Health System guideline (will replace previous campus specific policies/guidelines) → **Inpatient Mobility and Activity Guidelines HS - xxx**

  • Written generally so unit/population specific patient mobility plans can continue

  • Includes new validated nursing mobility assessment tool (Bedside Mobility Assessment Tool = BMAT)

  • Includes generic U Move mobility algorithm, if needed
Care Connect Changes and New Workflow

- The BMAT is completed Q shift
  - The documented mobility level and corresponding color populate the new Patient Mobility section on the patient story
  - A mobility care plan is generated based on the documented level
  - RNs and CCPs complete Daily Cares flowsheet documentation as per usual frequency mandated by their unit, however will only document in the Mobility section when they are personally involved in mobilizing the patient
Care Connect Changes – Nursing Assessment Flowsheet

- BMAT replaces most of the current nursing mobility assessment (will be embedded in Nursing Assessment flowsheet).
Care Connect Changes – NEW! Mobility Care Plan

• Based on the mobility level determined from the completion of the BMAT, the RN will select a mobility care plan specific to that level.
Care Connect Changes – Daily Cares Flowsheet

• Reorganization of the elements of the Daily Cares flowsheet related to safe environment, mobility, positioning, and safe patient handling. For example:
  • Safe Environment section will get a new title → Safety
  • The positioning related items in the Mobility section (i.e. position, head of bed elevated, heels/feet, etc.) will be moved to the Safety section.
  • Mobility and Safe Patient Handling sections will be consolidated into one to avoid repetitive documentation!

*Additional details to come once built in Care Connect.
**Cheat Sheets**

**Bedside Mobility Assessment Tool**

**Assessment Level 1: Sit and Shake**
1. From a semi-reclined position, ask the patient to sit up and rotate to a seated position at the side of the bed. *May use the bedrail.*
2. Ask the patient to reach out and grasp your hand while maintaining seated balance. Patient unable to perform tasks, patient is **Mobility Level 1**.

**Assessment Level 2: Stretch and Point**
1. With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips.
2. Ask the patient to stretch one leg and straighten the knee, then bend the ankle to 90 degrees and point the toes. If appropriate, repeat with the other leg. Patient unable to complete task, patient is **Mobility Level 2**.

**Assessment Level 3: Stand**
1. Ask patient to elevate off the bed or chair (seated at standing) using an assistive device (cane, bedrail).
2. Patient should be able to raise buttocks off bed and hold for a count of five. May repeat once.

**Assessment Level 4: Walk**
1. Ask patient to march in place at bedside.
2. Then ask the patient to advance step and return each foot. *There are medical conditions that may render a patient unable to step backward, use your best clinical judgment.*

**PASS** Patient able to come to a seated position, maintain core strength. Maintains seated balance while reaching across midline. Move on to Assessment Level 2.

**FAIL** Patient unable to perform tasks, patient is **Mobility Level 1**.

**PASS** Patient able to demonstrate appropriate quad strength on intended weight bearing limb(s). Move onto Assessment Level 3.

**FAIL** Patient unable to complete task. Patient is **Mobility Level 2**.

**PASS** Patient maintains standing balance for at least 5 seconds, proceed to assessment level 4.

**FAIL** Patient unable to demonstrate standing balance. Patient is **Mobility Level 3**.

**PASS** Patient demonstrates balance while shifting weight and ability to step, takes independent steps, does not use assistive device. Patient is **Mobility Level 4**.

**FAIL** Patient not able to complete task OR requires use of assistive device. Patient is **Mobility Level 3**.

**B.M.A.T. Equipment Options**

<table>
<thead>
<tr>
<th>MOBILITY LEVEL 1</th>
<th>MOBILITY LEVEL 2</th>
<th>MOBILITY LEVEL 3</th>
<th>MOBILITY LEVEL 4</th>
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<tbody>
<tr>
<td>CALL DON'T FALL</td>
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Communication Around Mobility

• Mobility status will be discussed during:

  RN/MD bedside rounding

  Shift hand-off report (suggest updating your unit hand-off forms to include this, if not already)

  RN/CCP communications at the start of the shift
Patient Whiteboard

• Incorporate mobility in the patient whiteboard. At minimum, should include:
  • A mobility goal for the shift
  • The BMAT mobility level
  • Equipment to use/used

• Serves two important purposes:
  • Engages the patient/family in mobility plan and goal
  • Communicates the mobility status of the patient to our other team members who don’t have access to Care Connect
Patient Whiteboard (cont.)

• Goal: Incorporate patient mobility into a standardized whiteboard for the Health System

• In the meantime, post laminated page by each whiteboard indicating the BMAT level & goal for each shift (dry erase)
Patient Whiteboard Posting

**Bedside Mobility Assessment Tool**

**Prior Functional Level:**

**SELECT LEVEL**

**Instructions**

- **Assessment Level 1: Sit and Shake**
  1. Ask patient to sit at bedside.
  2. Ask patient to shake hand.
- **Assessment Level 2: Stretch and Point**
  1. Ask patient to place feet flat on floor.
  2. Ask patient to stretch leg out, then point and flex foot.
- **Assessment Level 3: Stand**
  1. Ask patient to stand using an assistive device (cane, bedrail).
  2. Patient should be able to raise buttocks off bed and hold for a count of five. May repeat once.
- **Assessment Level 4: Walk**
  1. Ask patient to march in place at bedside.
  2. Ask patient to advance step and return each foot.

**Example**

- **Assessment Level 1: Sit and Shake**
- **Assessment Level 2: Stretch and Point**
- **Assessment Level 3: Stand**
- **Assessment Level 4: Walk**

**Results**

- **PASS** = Able to complete tasks of assessment.
- **FAIL** = Patient unable to perform tasks, patient is **MOBILITY LEVEL 1**.
- **PASS** = Able to perform tasks of assessment.
- **FAIL** = Patient unable to complete task. Patient is **MOBILITY LEVEL 2**.
- **PASS** = Able to perform tasks of assessment.
- **FAIL** = Patient unable to complete task. Patient is **MOBILITY LEVEL 3**.
- **PASS** = Able to perform tasks of assessment without assistive device. Patient is **MOBILITY LEVEL 4**.
- **FAIL** = Patient not able to complete tasks OR requires use of assistive device. Patient is **MOBILITY LEVEL 5**.

**Mobility Goal for the Shift:**

![Checkmark icon]
Other Components of the Initiative

- Distance markers every 25 feet in the hallways of all nursing units
Other Components (cont.)

• Re-usable gait belts for every patient room, kept in an approved plastic bag. Units to decide where, but needs to be visible.
• Will be cleaned as part of EVS’s terminal clean and placed in a new, clean bag
• Issue to patients in isolation (vs. re-use)
Branding and Publicity

- U Move flyers for internal publicity
Branding and Publicity (cont.)

• U Move badge ribbons for champions (adhesive backing)
Your Role

• Educate all the staff on your unit before the tentative May 2, 2016 roll-out
  • You can decide the format that works best for your unit (skills lab, during a monthly staff meeting, etc.)
  • You will be provided with a power point (including video links) for teaching purposes and other training materials by the end of March

• Lead by example during roll-out
• Support your peers by being a resource and making yourself available for questions
• Reinforce the importance of mobility and expect it!
Other Areas Education Plan and Timeline

• U Move Committee members will be in-servicing at non-nursing department staff meetings during the months of March and April 2016

• Educational content of the in-services will be tailored to the level of knowledge needed for that area related to this initiative
Preparation for Roll-Out

• The U Move Committee will be bringing “care packages” to every affected unit which will include:
  • U Move flyers for posting
  • Various laminated cheat sheets (BMAT, linking SPH equipment to the mobility level, etc.)
  • Tip sheets showing Care Connect documentation changes
  • Gait belts and plastic bags for every patient room

• Facilities will be mounting distance markers on every unit
In Progress

• Physician Activity Orders:
  Requirement of a reason for bedrest orders
  Simplification and consolidation
• Mobility Screen Savers
• Collection of baseline data (i.e. number of bed rest orders, HAPU rates, fall rates, baseline mobility numbers)
QUESTIONS?