Implementing an Evidence-Based Program to Promote Mobility in the Hospitalized Vascular Surgery Patient
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Introduction
Studies have shown that hospitalized older adults spend approximately 83% of their time in the bed. Older adults with prolonged bedrest have an increased risk of adverse outcomes. The staff on the vascular surgery unit recognized immobility as an unintended consequence of fall prevention efforts. A Mobility Program was created to promote patients to get out of bed.

Purpose
The purpose of this quality improvement project was to: 1) educate staff on the risks associated with immobility in the hospital, 2) develop a Safe Mobility Program for patients on the vascular surgery unit, 3) measure impact of intervention on the unit by conducting pre- and post-implementation mobility audits, and 4) evaluate pre-and post-implementation fall rates.

Implementation
• Pre-test/survey on mobility and pre-implementation Mobility Audits were conducted.
• Education was provided to the staff via power point, huddles, bulletin boards, and staff meetings.
• Post-test/survey on mobility and post-implementation Mobility Audits were conducted after education was provided.

Mobility Plan
• Educate patient and family regarding mobility
  • Goal written on white board and document education
• Communication of activity orders
  • Activity order communicated during shift report
  • RN and PCTs schedule ambulation times with patient and family at beginning of shift
  • RN notify MD if pt is on bed rest
• Up to chair for meals
  • Pt notify when they have ordered their meal so the staff can walk pt and then sit up in chair for meal
  • All pts should be up in chair for meals as tolerated
• Encourage to sit in chair
  • When pt returns from test in wheelchair, ask patient to sit in bedside chair instead of returning directly to bed
• Discharge Planning
  • Notify physician and care manager of pts experiencing difficulty with transferring
• If patient can bear weight on one or more leg
  • Pt should get up to the chair and/or ambulate in the room or hallway 3 times a day unless contraindicated

Results
Mean knowledge scores of staff increased from 65.3 to 81.1, p<0.001. The number of patients without an activity order decreased from 21% to 6%. The number of patients that ambulated in past 24 hours increased from 52% to 81%. The percentage of patients/families educated about importance of mobility improved from 45% to 75%. The mean time in chair more than doubled from 1.6 hours to 3.4 hours per day. The unit fall rate declined from 3.43 (6 month pre-intervention) to 0.54 (3 months post intervention).

Implications for Practice
An evidence-based, multi-factorial Mobility Program resulted in improvements in hospitalized patients ambulating, staff knowledge, and patient education. Educating staff on the importance of mobilizing patients should be used as a means to promote patients getting out of bed during hospitalization.