

Will Education of Progressive Mobility Protocols Increase their Usage?

LeeAnn Chatto, RN, Katherine Gray, BSN, RN,
Lee Nolan, RN, Elise Presby, RN



Background

- For the least amount of adverse effects following surgery, mobility should be a staple in the post-operative period.
- Within **FOUR** days 25% of muscle mass can be lost.
- Mobility can decrease length of stay, cost, risk of DVT, pulmonary edema, skin breakdown, muscle wasting and mortality, and promote pulmonary toileting.
- Nurse driven protocols help patients increase mobility as it allows for better determination of level of mobility for each individual.

Practice Change

Assess RN staff before and after implementation of mobility protocol teaching during daily huddles on Merritt 3 Surgical unit.

Methods

- Conduct pre-assessment via e-mailed surveys (before educational presentations) to determine the nursing staff's knowledge of the mobility protocol.
- Educate nursing staff about mobility protocol during daily floor huddles and by posting flyers on unit.
- Provide post-assessment survey to nursing staff to determine new understanding of mobility protocol.

Measures and Results

Survey questions – please note: the last two questions were included on the post-survey only.

Did you know a mobility protocol exists?

Do you understand the mobility protocol?

Do you actively use the mobility protocol?

Do you track/chart your patients ambulation activity?

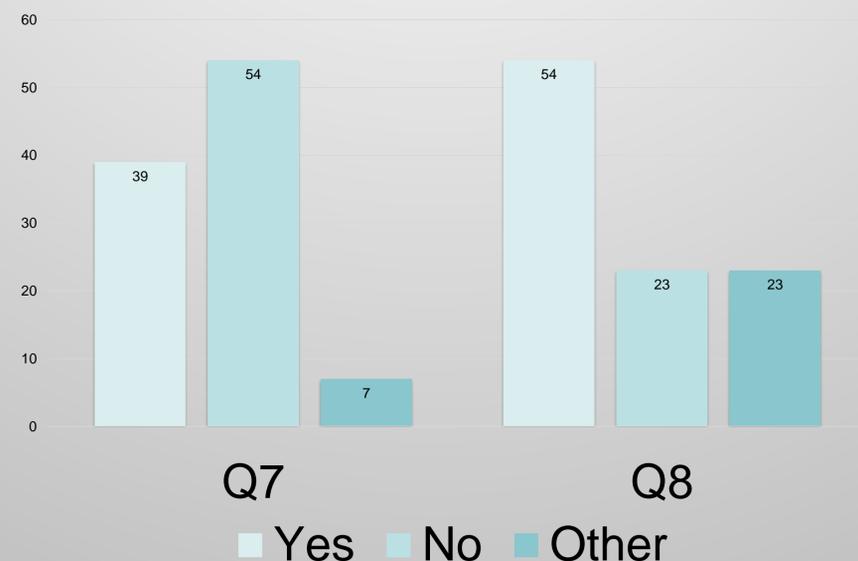
Do you request your patients to be on the mobility protocol if they aren't already?

Do you advance activity orders as applicable per protocol?

Post-survey only: Has the education provided helped you to understand the mobility protocol better?

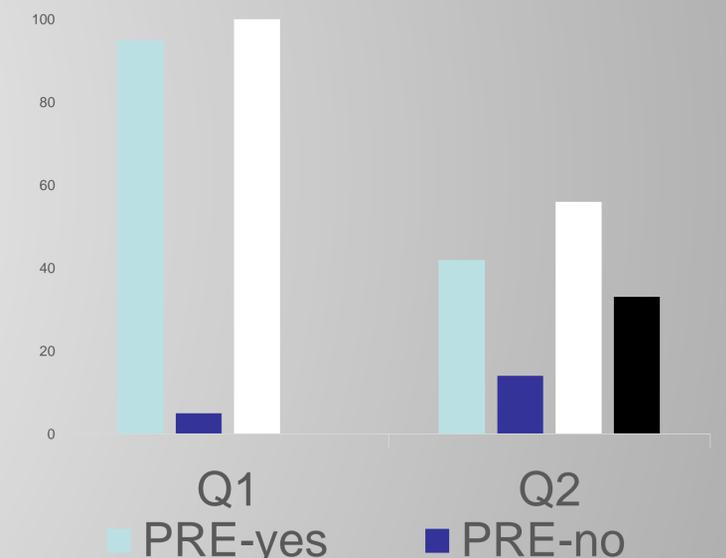
Post-survey only: Are you more likely to use the protocol now that education has been provided?

Results



Summary/Discussion

- The education provided probably wasn't circulating long enough to reach all the staff.
- Different types of education could have been provided to reach each staff member directly.
- Copies of the mobility protocol could have been provided.



Conclusion

- Mobility is a priority in the post-operative period. Regardless of how it is getting done, the fact that it is done is the most important.
- Unfortunately, there will always be some push-back from staff, but continued education is key in making the mobility protocol the most used activity order.

References

Edlund, M.M., and J.W. Bliss. "Progressive Mobility As a Team Effort in Transitional Care." *Critical Care Nurse* 35.3 (2015): 62-68. EBSCOHost. Web. 12 June 2017.
Messer, A. L., Carter, and S. Ford. "Implementation of a Progressive Mobilization Program in a Medical-Surgical Intensive Care Unit." *Critical Care Nurse* 35.5 (2015): 28-42. EBSCOHost. Web. 12 June 2017.
"Nurse-Driven Early Mobility Protocol." *Agency for Healthcare Research and Quality*. U.S. HHS. Agency for Healthcare Research and Quality. 31 Jan. 2017. Web. 12 June 2017.
Tracy, Michelle. "Mobility Protocol Naming Standard of Care." *Critical Care Nurse*. American Association of Critical-Care Nurses, 01 Aug. 2004. Web. 12 June 2017.
Zonawski, Meg, Darla Tripley, and Marie McKeown. "Developing a Mobility Protocol for Early Mobilization of Patients in a Surgical Trauma ICU." *Critical Care Research and Practice*. Hindawi Publishing Corporation, 20 Dec. 2012. Web. 12 June 2017.