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Application of Quality and Patient Safety Principles to Improve Patient Mobility

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Abstract

Title: Application of Quality and Patient Safety Principles to Improve Patient Mobility.

Decreased patient mobility in hospitals leads to an increased incidence of hospital-associated complications, falls, and delirium, resulting in prolonged post-hospital stays, an increase in patient mortality, morbidity, and rise in healthcare costs and utilization. Our project, UMove to IMPROVE, was piloted in two medical-surgical units in November 2023 to enhance safe patient mobility practices, improve patient flow and reduce hospital-associated complications.

The nursing and PCAs will assess the patient's baseline mobility and their level of assistance at admission and during the shift changes by calculating the activity measure for post-acute care(AMPAC) score. The AMPAC scores are used to assess a patient's baseline functional status. AMPAC scores are converted to John Hopkins Highest Level of Mobility (JH-HLM) and John Hopkins Activities of Daily Living (JH-ADL) guides to determine patient mobility goals, promote early mobility, and improve patient functionality. Patients with low AMPAC scores (<18) will benefit from PT consult, and patients with AMPAC scores more than 18 will be provided with mobility goals to retain their functional status. The mobility protocols and longitudinal view of scores are documented in a comprehensive flowsheet in electronic records for the incoming teams to follow the recommended care plans. Weekly team meetings are conducted to analyze the strengths and challenges of the project. The staff will not only engage patients with safe ambulatory practices but also support and educate them on the importance of early mobility in hospitals

Physical therapy consults are indicated for JH HLM score 6 and below (AMPAC equivalent of 18 and below). The baseline data indicated that PT consults were utilized for

patients with good baseline mobility (JH HLM score 6 and above and AM PAC equivalent of 18 and above). Our goal through this project is to promote nurse-driven mobility protocol using AMPAC and JH-HLM scores to calculate JH-HLM goals, thus reserving PT consults for complex patients with decreased mobility scores (JH HLM score 6 and below & AM PAC equivalent of 18 and below).

In the pre-implementation phase from October November 2023, there were 114 discharges from pilot unit floor. Among them, 31%(36) were discharged to home and 68%(78) were discharged home with PT services. In the post-implementation phase, from February-March 2024, there were 147 discharges. Among them 63%(93) were discharged home, and 36%(54) were discharged home with PT services. The post-implementation data showed an improvement in discharges to home without PT services in February-March 2024 when compared to that from October November 2023. The percentage of PT utilization at discharge in February-March 2024 also showed a downtrend when compared to that in October- November 2023.

Through this project, we aim to retain and improve functional status in complex medical patients through the effective implementation of mobility protocol by showing a reduction of PT service utilization in patients discharge to home, which will play a crucial role in mitigating healthcare costs, patient morbidity, and mortality. Effective communication and collaboration between the stakeholders and understanding the concepts of just culture play a key role in project implementation and sustainment.