



## Background

Mobility during hospitalization can negatively impact patient outcomes contributing to longer lengths of stay, readmissions, and other complications. (Wu et al., 2018; Higgins et al., 2018). On the medical-surgical unit, patients were not meeting mobility targets consistently. Interventions implemented early during inpatient stay can improve patient outcomes (Bregbower et al., 2020). This project aims to translate knowledge into practice by implementing interventions targeted at improving mobility goal achievement to improve adherence to best practices.

## Aim of the Project

Aim is to increase the Johns Hopkins Highest Level of Mobility (JH-HLM) goal achievement by 10% in 6 months on 4 pavilion Acute Medical Surgical Unit

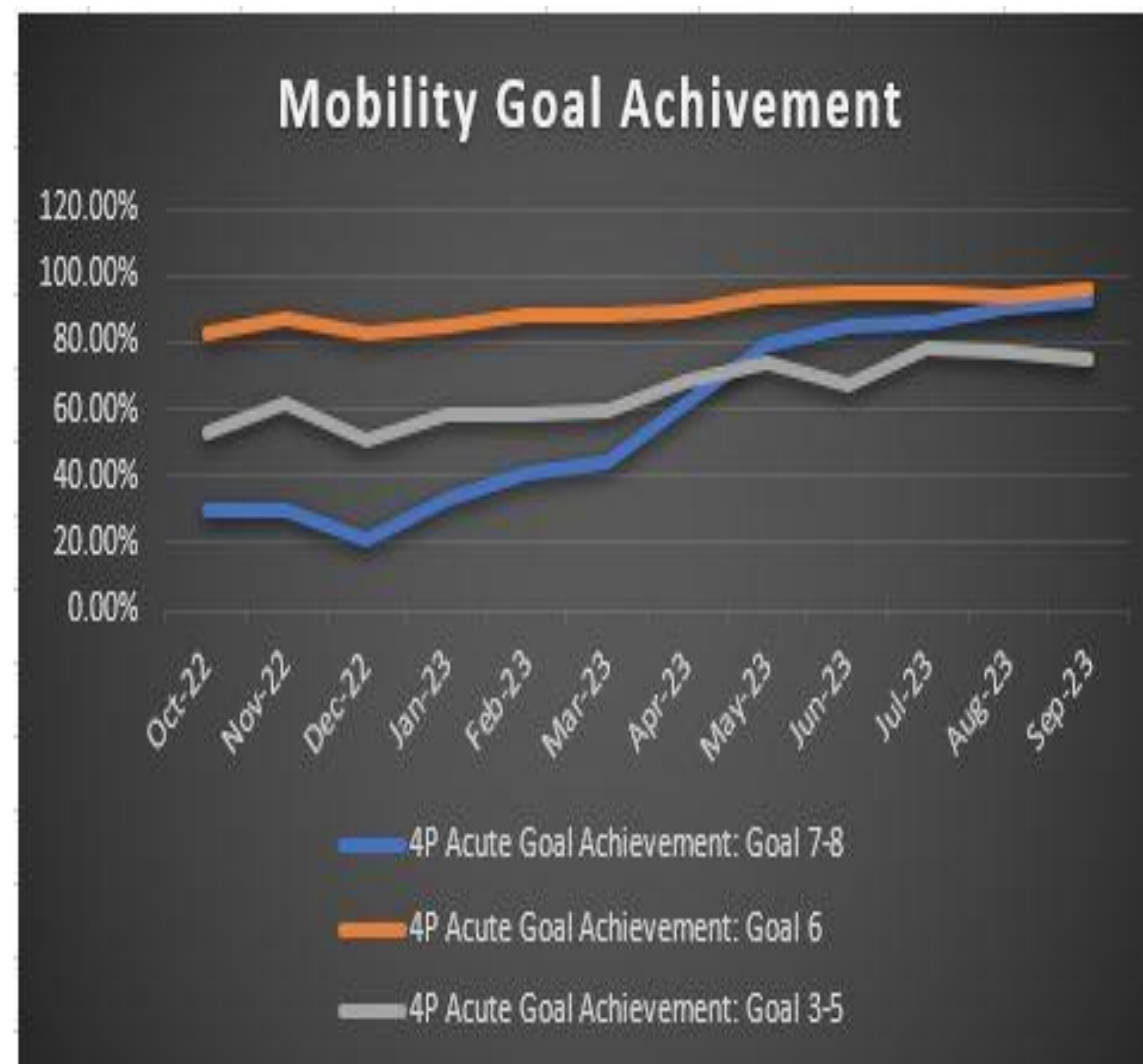
## Methods

Model for improvement framework was used to implement a multipronged approach that targeted culture change around mobility. Education to staff about appropriately documenting the AM-PAC daily activity and AM-PAC Basic Mobility Scale (daily), mobilization techniques (once during the period) and patient education using specific scripting about mobility expectations, pain management were provided. Mobility barriers were discussed and addressed at the mid-shift huddles daily. Charge RN ensured documentation of mobility achieved before 5pm daily in EMR.

## Results

The data shows a steady improvement in mobility scores across in the project period from January 2023 to September 2023. The most drastic improvement was for mobility goals 7-8 which rose from 33.2% in January to 92.3% in September. Mobility goal achievement for goal 6 improved from 84.6 to 95.0 % over the 9-month period. Goal achievement for goals 3-5 rose from 58.7% in January 2023 to 74.7% in September 2023.

## Outcomes Measures or Results



## Discussion

The improvement of patient's mobility goal achievement demonstrates the success of multipronged interventions targeted at changing the culture surrounding patient mobility. Increased mobility reduces complications and length of patient's stay in the hospital (Hoyer et al., 2018). Challenges such as initial staff resistance and patient hesitancy were addressed through education of both patients and staff. To sustain the change, mobility interventions are to be integrated into unit's culture and related protocols.

## References

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