Improving Mobility in Heart Failure Patients

Lavina Patel BSN, RN, Mary Ellen Connolly DNP, CRNP, Joyce Maygers DNP, RN, Taylor Swing DNP, RN, CRNP-BC

Johns Hopkins Bayview Medical Center & University of Maryland, School of Nursing
Baltimore, Maryland

Background

❖ In 2022, a medical-surgical unit has noted 47% of the patients with congestive heart failure (CHF) did not progress on their highest level of mobility (HLM) scores on discharge.
❖ Mobility of CHF patients improves physical function, independence, and overall performance.

Aim of the Project

❖ To implement a program focused on improving mobility practices for CHF patients.
❖ **Goal:** To observe increased and/or sustained JH-HLM mobility scores without resulting in additional injurious falls.

Description of the Intervention

❖ **Target Population**: Inclusion Criteria: Patients ≥18 years, admitted from September 2023 to December 15th, 2023, listed in EPIC CHF Registry and admitted for≥48 hours were included. Exclusion Criteria: Patients pursuing hospice care and/or end of life care measures.
❖ **Implementation:** Week 1 focused on education of staff. Staff assisted patients out of bed three or more times daily and recorded progress twice on the HLM flow sheet. HLM assessments were also conducted on admission and discharge. Patient's current HLM scores and goal to achieve were shared using a modified handoff tool during bedside rounds. Goal HLM was determined by performing an activity measure post acute care (AM-PAC) assessment. Falls data were monitored through the hospital database system.
❖ **Data Collection:** Unit champions and project leader performed process measure audits on all patients listed in CHF Registry thrice weekly. Outcome data was sourced from EPIC and analysis was completed. REDCap was used to store deidentified information to identify trends and perform analysis.
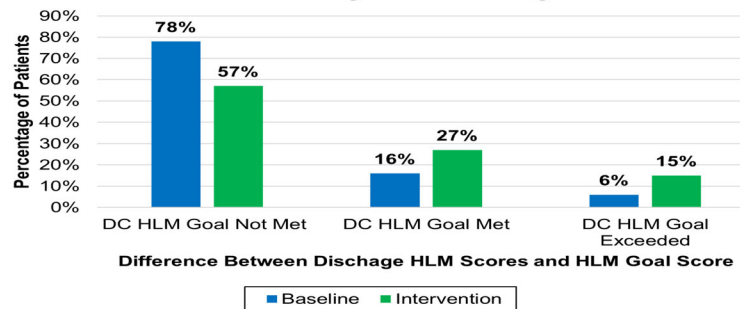
Outcomes Measures or Results

Percentage of Patients Meeting HLM Goal During Hospitalization
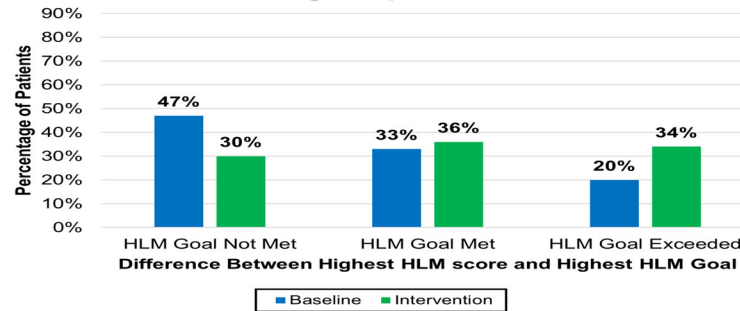
Comparison of Difference Between Admission HLM Score and Discharge HLM Score
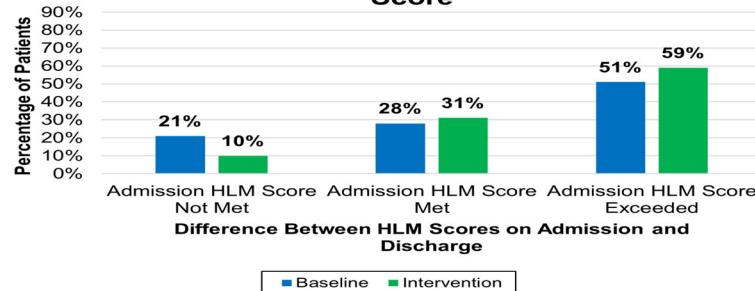
Comparison of Difference Between Highest HLM Goal and Highest Discharge HLM Score

Description of Data Collection and Analysis

N=102 patients
❖ 70% of total patients either met or exceeded their highest goal HLM compared to 53% in baseline period.
❖ 90% of total patients either met or exceeded admission HLM scores prior to discharge compared to only 79% of patients in baseline period.
❖ 42% of total patients met highest HLM goal on discharge compared to only 22% in baseline period.
❖ Four falls occurred during the intervention period, with two patients suffering minor injuries. The outcomes align with evidence that supports inpatient mobilization initiatives for CHF patients.
Limitations:
❖ QI initiative of 15-weeks and patient population was limited to CHF patients. High staff turnover and change in unit leadership positions.

Implications for Practice

❖ Implementing a mobility-based program can improve patient outcomes during hospitalization, but future practice should focus on provider involvement and its impact on length of stay as well as discharge disposition.

Lessons Learned

❖ Encouragement of mobility, frequent auditing and documentation adherence is key to success.
❖ Frequent mobility leads to functional health improvement without resulting in additional injuries.
❖ Sustainability relies on positive reinforcement of staff and patients.

References