

Achieving Patient Activity and Mobility Promotion (AMP) Goals with Staff and Patient Engagement on an Adult Inpatient Unit

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Problem

Physical activity is a modifiable risk factor for complications in hospitalized patients. Post-operative pathways include an activity order; however, there has yet to be a measurable activity tool for activity compliance or data collection on the unit. The engagement of both staff and patients greatly influences patient mobility and activity. The absence of established activity and mobility-promoting unit initiatives contributes to patient immobility.

Aim

Mobility Champions to conduct unit and hospital auditing for medical record documentation improvement and changing the mobility culture by implementing engaging team and patient initiatives.

Goals for Medical Record improvement include:

- Nurses (RNs) will increase their documentation compliance of the Activity Measure for Post-Acute Care (AM-PAC) assessment field to 90%
- Nurses and patient care technicians (PCTs) will increase their documentation compliance with the Johns Hopkins Highest Level of Mobility (JH-HLM) to 90% within three months
- Nurses and PCTs will increase patient JH-HLM goal achievement, based on the Johns Hopkins Mobility Goal Calculator (JH-MGC,) to 50% or greater within three months.

Interventions

Two-unit mobility/ CUSP champions identified opportunities to improve and promote mobility practices on the unit, using the Model for Improvement/PDSA Model.

Inconsistencies identified:

Staff education, patient engagement, staff engagement

Interventions implemented:

- Mandatory hour-long unit mobility workshop- including hands-on training of lifting equipment and education on AM-PAC, JH-HLM, and mobility calculator
- A team email thread- nominations are tallied and mobility champion winners are named and rewarded monthly.
- Patient competition: A mountain-climber themed game/ bulletin board where patients are acknowledged for their actions as they accomplish goals, move up the mountain, and compete against other patients to receive a small plastic trophy

Methods

Twenty to thirty random patient-charts are audited monthly by the unit champions. Documentation compliance from patient admission is captured with an Excel Spreadsheet. It includes (admission AM-PAC, AM-PAC per shift, JH-HLM each shift by RN & PCT, and HLM goal achievement). Real-time barriers to goal achievement/ documentation compliance are tracked, and a follow-up email or a face-to-face conversation with the involved staff is implemented. Results from the unit audits and the Hospital AMP Report card, created from Tableau, is shared each month at huddles, staff meetings and posted on the team Huddle board.

Results

Audit results after the implementation of the on-unit mobility training sessions:

- +23% improvement in PCT JH-HLM document compliance
- -17% decrease in RN JH-HLM documentation compliance
- -1% decrease in AM-PAC on admission compliance
- +12% improvement in AM-PAC daily compliance on Hospital Johns Hopkins AMP Report Card

AMP Report Card results after implementing the patient engagement mobility bulletin board and staff engagement email thread:

- +1% increase in JH-HLM goal achievement maintained
- 99.5-100% JH-HLM documentation compliance
- 100% Admission AM-PAC documentation compliance
- 99% daily AM-PAC documentation compliance

Discussion

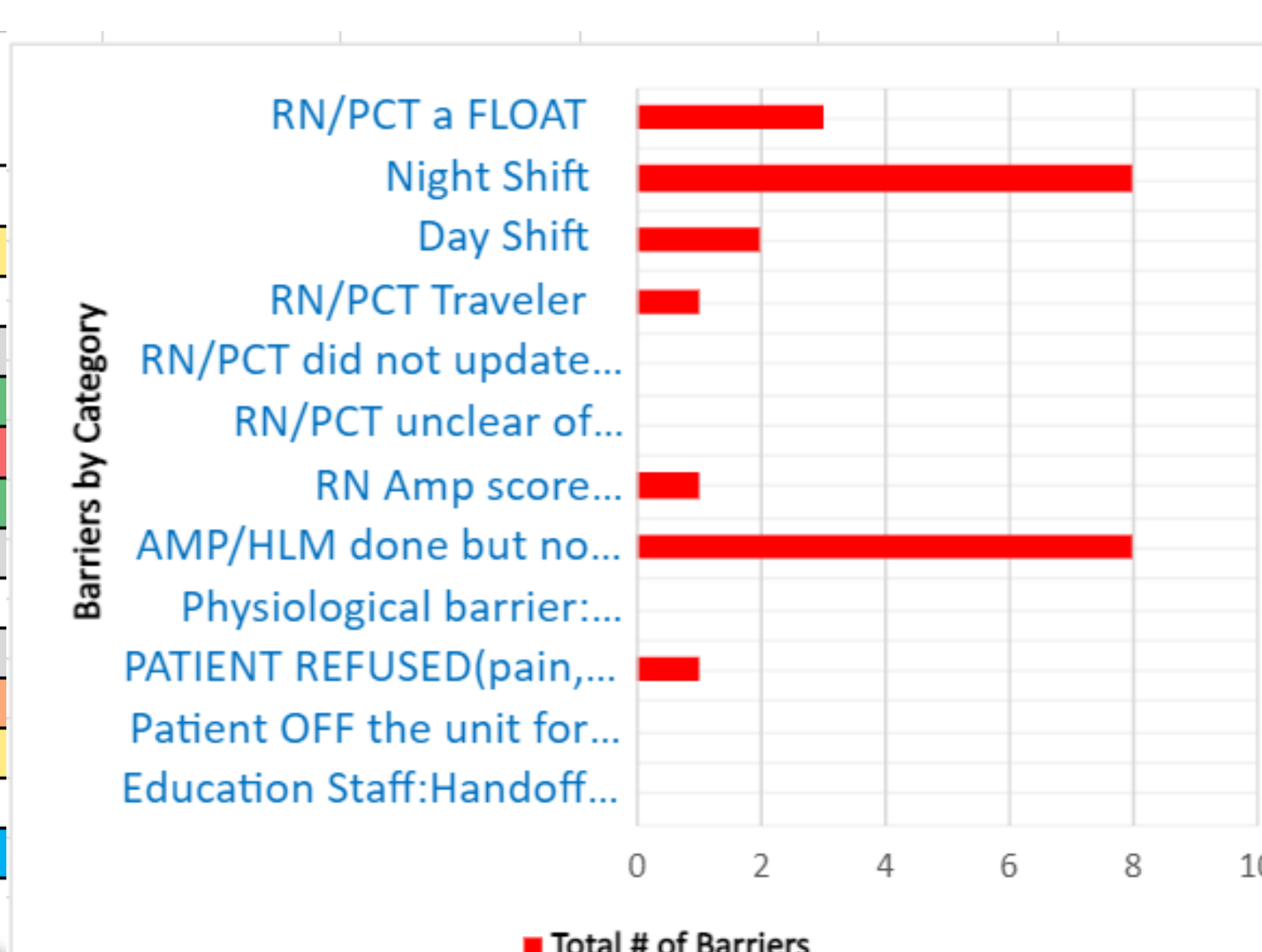
The unit champions evaluate more stringent variables than the hospital-level audits by breaking down compliance from RNs AND PCTs on each shift. According to the Johns Hopkins AMP report cards, the overall documentation compliance improved. The new focus is achieving JH-HLM goals. Meeting the goal means the patient demonstrated the desired activity level for the day. The most significant deterrent in the documentation compliance and JH-HLM goal achievement is non-unit staff. For further analysis, the team is asked to add a barrier comment in the ADL flowsheet when HLM is not achieved. Some limiting factors are patient refusal, bed rest ordered, pain, and low blood pressure. The champions are trending the barriers and tracking patient age, fall status, AM-PAC scores, etc. These findings are shared during unit staff and CUSP meetings.

References

References available upon request.

Room	BV#	Age	Fall Risk	RN	PCT	AMP Score	HLM Goal	Goal Achieved	Barriers/feedback	Total
632B	BV020	28	HIGH	GLORIA	BEN	18	6	YES	ACHIEVED 8 BY BEN AND GLORIA	1
602B	BV026	77	HIGH	CINDY	BEN	18	6	YES	ACHIEVED 6 BY CINDY	1
632A	BV025	57	HIGH	ELL/GLO RIA	MARY D/ BEN	22	7	YES	ACHIEVED 8 BY BEN	1
612A	BV026	52	LOW	CINDY	MERVIN	18	6	YES	ACHIEVED 6 EACH SHIFT BY CINDY,MERVIN, ERIC, BEN	1
636A	BV015	54	MODERATE	LOILYN	BRITTNE	24	8	NO	ACHIEVED 7 X 1- NO BARRIERS DOCUMENTED ON ANY SH	0
604B	BV011	191	HIGH	Ailea/Ally	BRITTNE	14	4	yes	AMP-14 HLM-2. Goal-4. Highest level achieved-pt order B	1
616B	BV012	58	HIGH	Jaine	Xo	14	4	NO	AMP-14 HLM-2. Goal-4. Goal not achieved	0
633A	BV026	30	HIGH	Nerisa	BRITTNE	18	6	yes	AMP-18 HLM-6. Goal met(excellent Britt/Nerisa)	1
633B	BV018	22	MODERATE	Terron	Mandy	22	7	no	AMP-22 HLM-6. Goal of 7 not met	0
634B	BV023	41	MODERATE	Ailea	Ashley m	19	6	yes	AMP-19 HLM-6. Goal met(Ash and Ailea)	1
604A	BV010	31	HIGH	Kait	Kay	19	6	yes	Amp-20 HLM-7. goal of 6 overachieved. Excellent	1
608B	BV026	59	HIGH	Nicole	Ben	11	4	yes	AMP-11 HLM-3. Goal-4. Pt ordered BR(excellent Ben/Nico	1
618A	BV016	44	MODERATE	SHONDRE	AMAND	14	4	YES	ACHIEVED 6- BY SHONDRELL AND NICOLE	1
606B	BV020	81	HIGH	KATIE/ALL	NEIL/ LIZ	14	4	NO	ACHIEVED 2; NO BARRIERS NOTED	0
606A	BV026	66	HIGH	ALLISON	LIZ	7	2	YES	ACHIEVED 2- LIZ AND ALLISON	1
612B	BV011	67	MODERATE	CHIKA	XO	16	5	NO	ACHIEVED 2; NO BARRIERS NOTED	0
633B	BV026	76	HIGH	CINDY	BRITTNE	19	6	YES	ACHIEVED 6 BY BRITTNEY G	1
616A	BV025	65	HIGH	Faye	Sally			no	Incomplete	0
628	BV015	55	MODERATE	Savannah	Sally	18	7	yes	AMP-18 HLM-7 Goal met	1
612B	BV021	69	MODERATE	Cindy	Britt P	13	4	yes	AMP-13 HLM-6 Goal of 4 overachieved (Cindy) pt nausea	1
								70%	Total Goal Compliance	14

Barriers by Category	Total # of Barriers
Patient ordered Bed REST	2
Patient OFF the unit for shift(procedure/surgery)	
PATIENT REFUSED(pain, other)	
Physiological barrier: e.g.ortho static when move	1
AMP/HLM done but no comment for not meeting goal	6
RN Amp score documented incorrectly/incomplete	1
RN/PCT unclear of AMP/HLM goal	
RN/PCT did not update HLM on Flowsheet	
RN/PCT Traveler	
Day Shift	4
Night Shift	2
RN/PCT a FLOAT	
Total	16



FALL DATA	Total # of Barriers
HIGH	12
MODERATE	7
LOW	1

