ADDRESSING BARRIERS TO ENHANCE MOBILIZATION FREQUENCY OF PATIENTS ON THE CARDIO-MEDICINE UNIT

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DESCRIPTION

Early mobilization improves the functional and cognitive status of older patients and promotes positive system level outcomes. At Humber River Health, nurses on the acute cardio-medicine unit discussed barriers to improve early and frequent mobilization of patients. Barriers identified include:

- Equipment availability and maintenance
- Understanding the role of the Physiotherapist
- Knowledge in identifying a patient's level of mobility
- Communicating a patient's level of mobility with the interprofessional team and to patient/families.

OBJECTIVE

Identify and implement local strategies to reduce mobilization barriers, strengthen nursing knowledge, and improve team collaboration.

ACTIONS TAKEN

1. Key stakeholders included physiotherapists, a cardiac nurse clinician, nurses, unit leadership team and the Reinventing Patient Care Council which included a patient representative.

2. Preliminary discussion on barriers to mobilize patients identified during Safety Huddles.

3. Developed and analyzed a pre-implementation questionnaire for nurses, focusing on perception of roles, knowledge of mobility assessments, and individual's nursing practice.

4. Identified opportunities such as information gaps, role clarity and expectations.

5. As a result, collaborated with physiotherapists to provide education sessions to help:
   - Identify patients' mobility level
   - Clarify the physiotherapist's role
   - Reinforce role expectations related to patient mobility
   - Emphasize the benefits of frequent mobilization
   - Communicate mobility level information to patients/families and team members on patient whiteboards.

LESSONS LEARNED

By identifying and removing barriers through unit-led strategies, nurses were able to communicate patient mobility levels, leading to more frequent mobilization and positive health outcomes.

Patient's Mobility Level Documented on Whiteboard

% of Mobility Levels Documented on Whiteboard

- Audit 4: 93%
- Audit 3: 93%
- Audit 2: 91%
- Audit 1: 90%
- Pre-Implementation: 53%

Nurse's Ability to Identify Patient's Mobility Levels
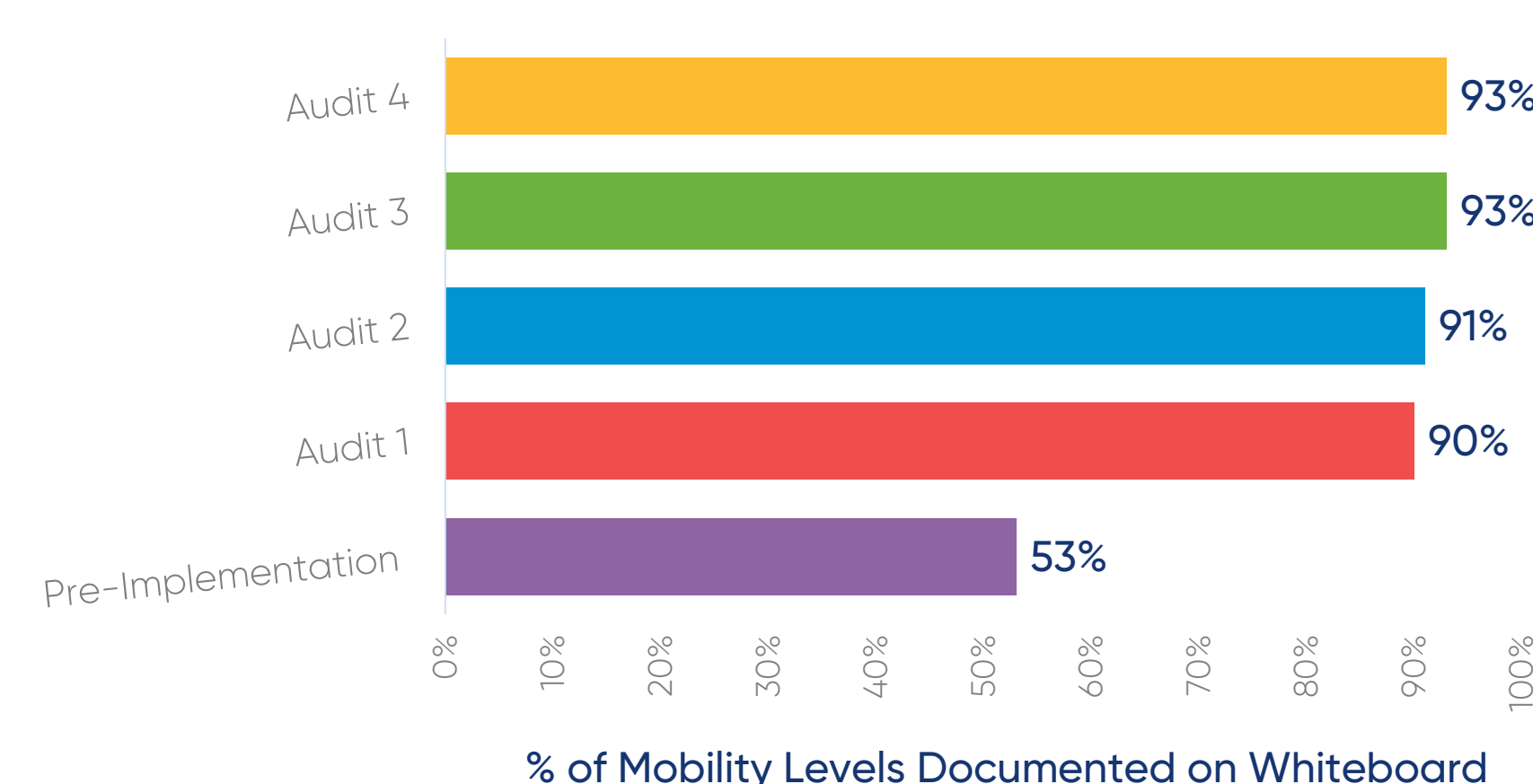

- Before: 83%
- After: 100%

Figure 1. Prior to providing education on frequent mobilization for patients, 50% of patient whiteboards were updated with the patients' mobility status. Spot audits conducted after providing education resulted in improved consistency of whiteboard utilization for communicating patient mobility level. After each audit, follow-up education provided to reinforce the change in practice.

Figure 2. By regularly updating patient whiteboards with the patient's mobility level, 100% of nurses reported being able to identify their patients' mobility level, demonstrating an increase in knowledge of mobility levels.

Number of Times Nurses Reported Mobilizing Patients Within a 12-Hour Shift

- 1 to 3 times — Before: 67%, After: 46%
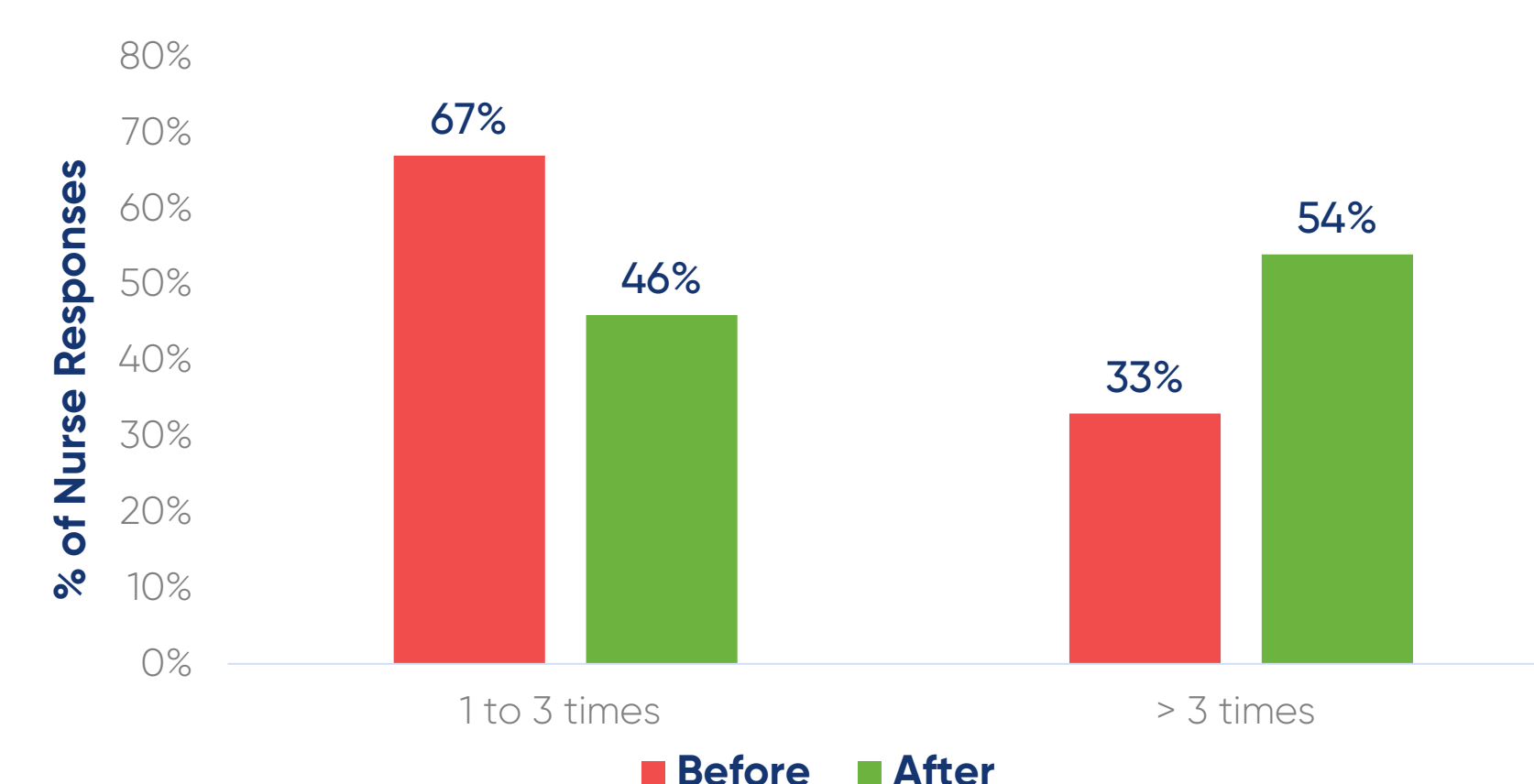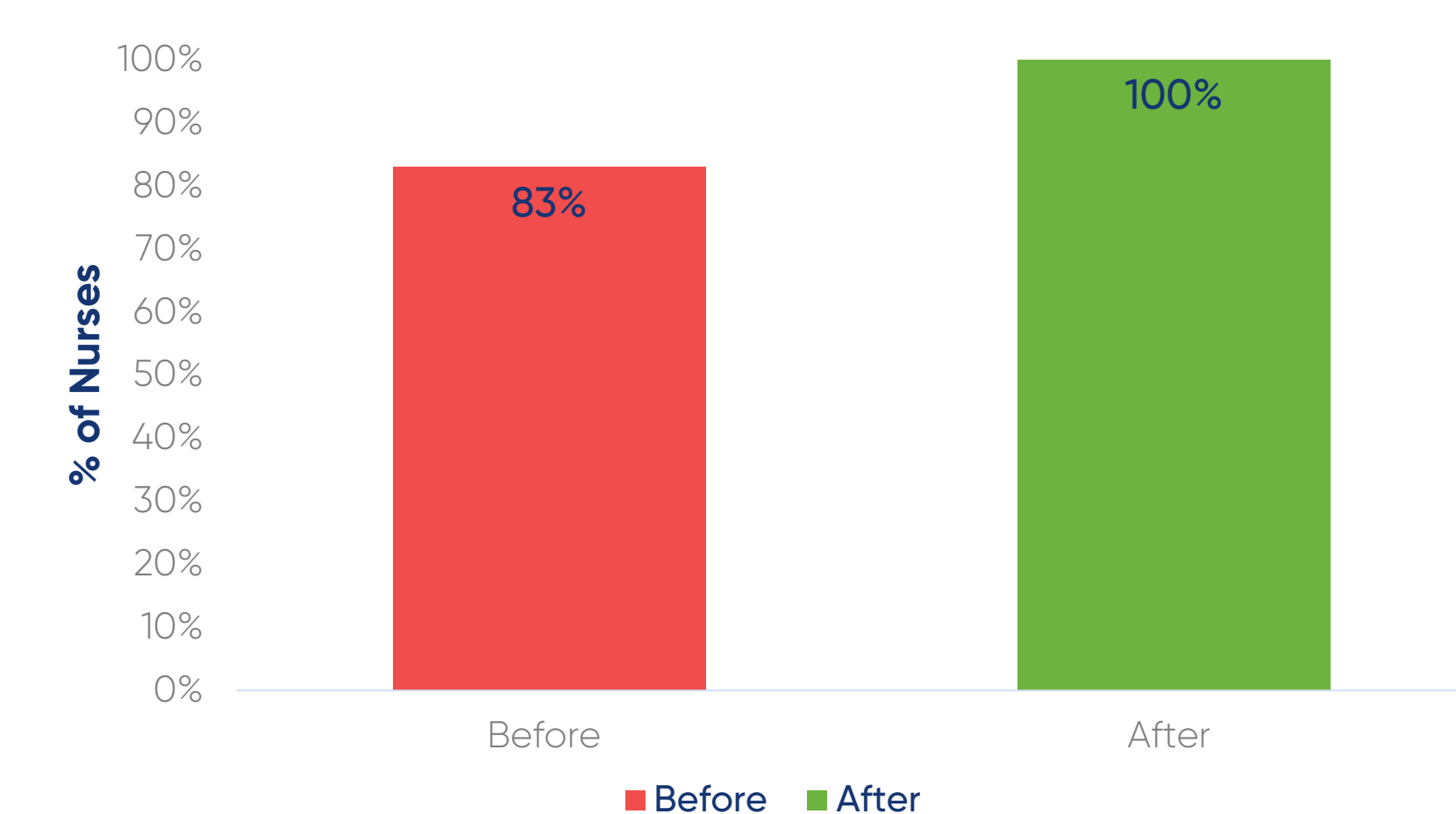- > 3 times — Before: 33%, After: 54%

Figure 3. Prior to addressing mobilization barriers, 67% of nurses typically mobilized their patients up to three times per shift. After providing education to emphasize the benefits of frequent mobilization for patients, 54% of nurses mobilized their patients more than three times per shift, resulting in a 21% improvement in practice.
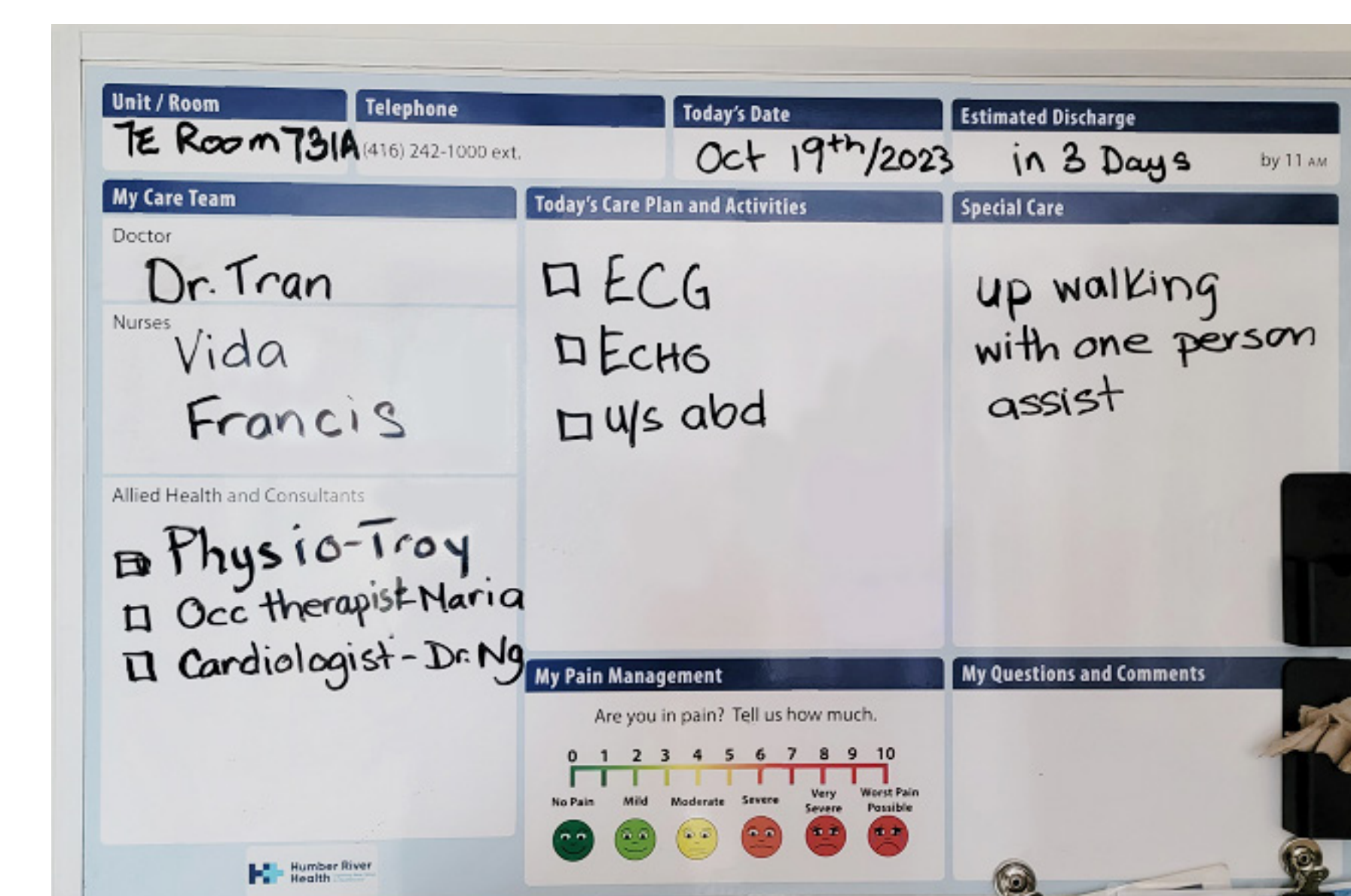
Figure 4. Image of sample patient whiteboard, which is utilized to communicate level of mobility between the interprofessional team, patients, and families.

SUMMARY OF RESULTS

After providing education and addressing barriers to improve mobilization frequency:

- 14 new walkers were purchased and existing mobility aids were repaired
- Physiotherapists and nurses collaborated to indicate patients' mobility status on a patient whiteboard to improve team and family communication (Figure 1)
- Nurses were better able to identify a patients' mobility level by 17% (Figure 2)
- Nurses mobilized patients more frequently, with 54% mobilizing their patients more than 3 times per shift (Figure 3).