Early and Progressive Mobilization Protocol for Adult Medical-Surgical Patients

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**Problem:** Mobilization expectations and accountability were not clearly delineated. Role confusion between nurses and physical therapists led to delays in mobilization that significantly impacted discharge readiness. An evidence-based, standardized approach to initiate early, progressive patient mobilization was needed to improve care coordination, patient outcomes, and length of stay.

**Evidence:** Strongest evidence supporting early, progressive mobilization is a systematic review of randomized controlled trials that included 5777 patients and several other RCT; evidence included support for a protocol-driven approach to coordinate mobilization management.

**Strategy:** The ACE Star Model provided the framework for a patient mobilization improvement process (Academic Center for Evidence-Based Practice (ACE), March 5, 2012, retrieved from http://www.acestar.uthscsa.edu.). To assure success key stakeholders were engaged, including physical therapists, physicians, nursing staff, case managers and post acute rehabilitation experts. Councils and committees were used to drive improvement.

**Practice Change:** Initiated a standardized, evidence-based, progressive mobilization protocol. Infrastructure to support change included simplification of activity orders to “bedrest” or “activity protocol,” protocol inclusion in documentation processes and on whiteboards, installation of distance markers in units, and incorporation into care transition communications, including shift and transfer reports.

**Evaluation:** Unit councils monitor documentation, identify practice concerns, and communicate improvement opportunities. Outcome measures include independent, supervised and assisted ambulation times. Chart audits assess for mobilization progression, distance, tolerance, and use of established nomenclature in documentation.

**Results:** Patients are mobilized quicker. Simplification of activity orders saves physician and nurse time. Nurses progress activity per patient assessment and protocol. Daily mobilization reports prioritize physical therapy consults, directing services to identified high risk patients.

**Recommendations:** Protocol is applicable to all care settings. Standardizing nomenclature improves communication among caregivers. Driving change through council/committee structures assures successful implementation.

**Lessons Learned:** Engage all stakeholders, including direct care staff, early in change process. Consider needs of diverse care areas. Communicate value of changes and staff’s ability to improve outcomes. Ongoing auditing and feedback motivate staff for quality improvement.

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Bibliography:
Lippincott Nursing Procedures. Retrieved September, 2009, from Lippincott, Williams & Wilkins, http://www.lippincottprocedures@readinghospital.org