Mobility Matters!

Addressing the Triple Threat Impacting Nursing Quality by Ensuring Competent Quality Care

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Purpose

To create a safe healing environment for patients where clinical associates are competent at preventing patient falls, pressure ulcers (PU), and physical deconditioning.

Background/Significance

- Rates of hospital acquired pressure ulcer rates and falls above identified benchmark
- Need to improve patient mobility identified
- Minimal impact on outcomes with traditional education
- Increased length of stay from fall injuries, pressure ulcers, and physical deconditioning

Methods/Implementation

- Identified educational framework
- Content expert program design
  - Hendrich Scale and Prevention of Falls
  - Braden Score & Pressure Ulcer Prevention
  - OOB Mobility Protocol
  - Handoff/Plan of Care
  - Use of Supportive Equipment
- Standardized bedside competencies
- Train the trainer for instructors & competency validators
- On-going monitoring and evaluation
- Education roll out in phases: Phase I and II complete; Final Phase III by March 2011

WHC STAFF NURSE END OF SHIFT CHECKLIST (Every Patient, Every Shift)

NURSE: _____ **SHIFT:** _____

UNIT: _____

INSTRUCTIONS: Complete each box with a ***Yes, No or a score for Fall Risk & Braden***. If it is a unit specific indicator (those highlighted in gray) you may put N/A for Not Applicable for the 2 indicators that were not selected by your unit. Once you complete this form, turn it into your Nursing Director or designee.

END OF SHIFT CHECKLIST	RM# Pt. ID	RM# Pt. ID	RM# Pt. ID	RM# Pt. ID	RM# Pt. ID	RM# Pt. ID
Fall risk assessment completed during my shift and documented. ***LIST ACTUAL FALL RISK NUMBER***						
Fall interventions appropriate to each patient are implemented and documented						
Skin assessment (Braden Scale) completed during my shift and documented. ***LIST ACTUAL BRADEN SCORE***						
Skin care protocol appropriate for Braden Scale is implemented and documented						
Vaccination screening tool completed, vaccine administered as appropriate and documented in MedConnect						
Plan of care on admission is appropriate, POC is reviewed daily and updated with a change in patient condition						
PGIE note for all active problems is written every shift						
Foley catheter is removed post-operatively according to order set **Anticoagulant patient education** is conducted & documented **Patient's pain was assessed** at the beginning of the shift, reassessed 1 hour after intervention and documented						
White Board is updated with current patient information/desires						
Service excellence rounds completed by the RN or PCT every hour (using the 4 P question format) and documented on Rounding Sheet						

Completed by: _____ Date/Time: _____

Received by: _____ Date/Time: _____

End-of-Shift Validation Checklist

Evaluation

- 522 Attendees (to date)
- Nursing knowledge outcomes
  - Pretest average 77%
  - Posttest average 93%
  - OOB Mobility Protocol
- Percentage of competency validation completed 91%

Conclusions/Implications for Nursing Practice

- Bundling interrelated topics connects the adverse effects of immobility and development of PU and falls.
- Value of bedside validation
  - Ensures a standardized approach for accurate assessment, appropriate implementation of interventions, plan of care, and handoff for patients at risk for falls, pressure ulcers, and effects of immobility.
  - Enhances identification and reinforcement of clinical skills
- On-going monitoring: self assessment and periodic revalidation

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