In the last newsletter, we reintroduced Safe Patient Handling and Mobility (SPHM) to you. This newsletter is going to focus on the MOBILITY part of SPHM. So get ready to get your patients up and walking! Muscle weakness and loss, delirium, pressure sores, blood clots, depression—need we say more? The negative effects of excessive bedrest and low mobility are many. In this edition of the newsletter, we’ll review some recent articles on the importance of mobility, share some tools used to help mobilize patients, and share some information on how our geriatric scholar program is helping the mobility initiative. We’ll even share some information on a new wheelchair you may see around the hospital. Key point of this newsletter: Immobility is bad! Mobility is good!! Use safe patient handling when helping your patients bath, get out of bed, and transfer from a chair or toilet. Eating properly and maintaining normal functional activities like dressing help patients to stay functionally active and mobile. Let’s create a culture of mobility at UAB.

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Special points of interest:

- Evidence Based Practice is a key component of nursing practice.
- Nursing Sensitive Indicators are owned by Nursing Service.
- Using the best Evidence and Quality Practices improves Patient Outcomes.

Mobility Facts and Research in Older Adults

People continue to live longer and the U.S. population is increasingly older. The leading edge of the Baby Boom turned 65 in 2011, part of a rapid growth in population aging in the United States – and worldwide. 39 million people in the United States are age 65 or older, and life expectancy at birth has reached 78.3 years. Most notable is the growth in the population of individuals age 85 and older who are at highest risk for disease and disability. Interventions are being developed to prevent disability in older people. For example, the ongoing Lifestyle Interventions and Independence for Elders (LIFE) Study (https://www.thelifestudy.org/public/index.cfm) will assess the effect of an exercise intervention to prevent mobility disability in older adults. The National Institute of Aging also funds a randomized trial of a social engagement intervention, the Experience Corps (http://www.experiencecorps.org/index.cfm), which places older volunteers, mostly inner-city residents, in elementary schools in cognitively demanding and socially productive roles. Preliminary data have shown improvements in both mental and physical health for seniors, as well as benefits for the schools.
Using Transitional Care in Progressive Mobility


This article describes how one facility used a transitional care model in older adults to promote progressive mobility. Transitional care is defined as a set of actions designed to ensure coordination and continuity of care of patients across healthcare settings and home. Progressive mobility is defined as the highest functional ability that can be obtained during the hospitalization. Early mobility is key to a successful plan of care towards discharging the patient with the best physical function. The detrimental effects of immobility are numerous and include circulatory and respiratory system compromise, impaired integumentary system leading to pressure ulcers and/or infection, decreased muscle mass, and metabolic instability. Prolonged immobility can lead to delirium and altered sleep.

Key points of this article:
Early mobility in the ICU accelerates the return of premorbid functional status, reduces the length of mechanical ventilation, decreases physical weakness associated with bedrest, and lessens the neuromuscular effects of illness.

We need to create a “Culture of Mobility.” Mobility is an expectation in the plan of care for our patients. From leadership to point of care, nurses and the multidisciplinary team must be committed to promoting the functional ability of our patients.

Tools for Mobility

There are numerous tools for nurses to use to help patients ambulate. A gait belt is a device used to transfer people from one position to another, from one thing to another or while ambulating people that have problems with balance. A mobility poster placed in the patient’s room may assist patients and families to become engaged in their care. Skid free socks and devices such as canes or walkers are also great tools to improve mobility.
Early Mobilization in the ICU


This article discusses how a group of SICU nurses who had concerns about mobilizing patients with mechanical ventilation implemented a quality improvement project to change the mindset of nurses regarding mobility in critically ill patients. Using the PDCA model, the SICU nurses changed the thoughts regarding moving patients on ventilators. The PLAN identified an opportunity for improvement, gathered literature supporting early mobility, and assessed the staff. Interventions included adopting criteria for early mobilization, adopting a progressive early mobility protocol by Morris which includes 4 levels of activity. Multimodal education, interdisciplinary collaboration, and operational changes were also included in the intervention. Then, in the DO stage interventions were tested. The results of the interventions were completed in the STUDY phase. Lastly, in the ACT phase, the interventions were implemented.

Read this article for some great ideas to start an early mobilization program in your unit!

Geriatric Scholars working on Mobility by Emily Simmons

Get Them Moving Early: Mobility Saves Lives

As the laundry list of patient care tasks increase, those of us in nursing have resorted to trying to figure out what are the priority tasks that must be completed within our 12 hour shift. One of the tasks that often falls to the bottom of the list is getting a patient out of bed because we felt like it wasn’t as important as the other “to dos” on our list. However, there is a lot of evidence in the literature that states that mobilizing patients is very important not only on short-term outcomes like pneumonia prevention but on long-term outcomes and even increased mortality rates.

Mobilization and development of functional decline are closely linked. Zisburg et al (2011) found that patients that spent a majority of their time in the bed during hospitalization had an 86% decline in their ability to perform basic activities of daily living (ADL).

The major risk factors for developing functional decline are older age and low mobility during hospitalization. So, what’s the big deal? Patients that experience functional decline during hospitalization have an increased risk of nursing home placement, longer hospital stays, and even death.

Patients that experience a total dependence in their ability to perform ADLs have a 68% 1-year mortality risk which is greater than patients with CHF and renal failure (Walter, 2001).

Promoting safe mobility in your patients is an easy solution to prevent functional decline and negative outcomes during hospitalization.

There have been several Geriatric Scholar Projects as well as the Virtual ACE initiative that have implemented Safe Mobility projects which have increased the frequency that patients were out of the chair while maintaining or even decreasing unit fall rates.

As you care for your patients today, think about strategies that you can implement to increase your patients mobility because mobility saves lives.


Have you seen Movi?  by Cheri Plasters

The Movi is UAB’s newest wheelchair and has a Powered Assist Lift (PAL) that helps patients stand from the chair. It is currently being used by UAB Guest Services.

SICU is using Movi chair to promote progressive mobility in critical care. The chair has been used to transfer patients from the dangle position to standing, and to pivot and sit. The chair has also been used as a platform for the patient to walk behind and if needed to sit and rest during ambulation. The chair has a storage area that holds belongings and a place for monitors, IV pumps and other medical devices like an oxygen tank.

The Movi chair is designed to provide innovative solutions for patient transport and seating.

It is great to be given the opportunity to evaluate the use of the Movi chair in SICU at UAB Hospital. Nurses and the teams contribute to the recommendations for the evolution of the Movi for critical care patients and all.

Front line nurses have great ideas on what is needed to promote recovery using progressive mobility. Watch for the Movi chair being used in other units at UAB.

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<th>Coming in 2016</th>
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<tbody>
<tr>
<td>Monthly Grand Rounds: Jan 14, 11:00 to 12:00 WPCC E</td>
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<tr>
<td>Quality and Safety Grand Rounds: Jan 20, 11:00 to 12:00 WPCC E</td>
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<td>Highlands Education Day: Jan 18, 8:00 am to 4:00 pm, Highlands Media Room</td>
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