



# Getting Them Moving: Multimodal Education for Implementation of a Nurse – Driven Early Mobility Protocol

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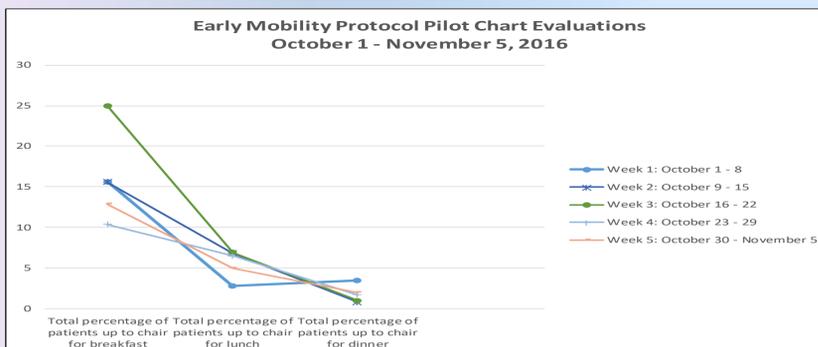


## PURPOSE/BACKGROUND

The purpose was to determine if the use of multimodal education interventions were successful in increasing documentation of having patients on an acute care medical-surgical unit up to the chair for a minimum of three times per day for meals in order to promote early mobility while maintaining and/or improving patients' current level of function. Functional decline of patients' baseline mobility level occurs rapidly during hospitalization. Implementing the nurse-driven early mobility protocol promotes functional maintenance and improvement for patients while empowering nurses at the bedside.

## PICO QUESTION

Does implementing multimodal education interventions result in an increase of patients up to the chair for meals compared with a single education intervention on an acute care medical-surgical unit?



## METHODS

- ❖ Based on the Model of Practical Skill Performance.
- ❖ A literature review was performed using CINAHL, Ovid, and PubMed to obtain current best evidence related to the utilization of multimodal education techniques and the implementation of early mobility protocols.
- ❖ Audit tool was created and approved by the NICHE early mobility team prior to use.
- ❖ Retrospective chart reviews were completed over a 5 week period on an acute care medical-surgical unit to evaluate outcomes and determine when further intervention was required.
- ❖ Initial education was provided to bedside nurses through the use of printed education related to the protocol, personal communication from the clinical nurse specialist graduate student regarding expectations of the staff, and support from the unit manager and unit clinical nurse specialist. Verbal reminders about the protocol were shared during daily safety rounds by both the unit manager and clinical nurse specialist. Reminder cards to document when patients were up to the chair for meals were placed on each portable work station.

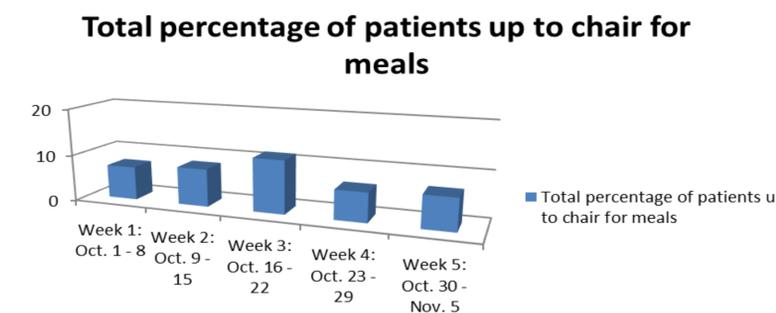
	Total percentage of patients up to chair for breakfast	Total percentage of patients up to chair for lunch	Total percentage of patients up to chair for dinner
Week 1: October 1 – 8	15.6%	2.8%	3.5%
Week 2: October 9 – 15	15.6%	6.8%	0.8%
Week 3: October 16 – 22	25.0%	6.9%	1.0%
Week 4: October 23 – October 29	10.4%	6.5%	1.7%
Week 5: October 30 – November 5	12.9%	5.0%	2.0%

## Acknowledgments

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## FINDINGS/RESULTS

Documentation of having patients up to the chair for meals increased from weeks 1 – 3. After a decline in week 4 was identified, further intervention in the form of reminder cards was implemented and reinforcement of the protocol through verbal communication occurred by the clinical nurse specialist graduate student. This resulted in an increased documentation rate for week 5.



## PRACTICE RECOMMENDATIONS

The use of multimodal education interventions was found to be effective in increasing the documentation among bedside nurses in regards to the early mobility protocol. Chart reviews should continue by the unit management to determine if the results are sustainable or further intervention is required.

## REFERENCES – Available upon request