Mobility Matters! Addressing the Triple Threat Impacting Nursing Quality
Washington Hospital Center

Program/Project Description.
Our hospital fall rate, hospital acquired pressure ulcers, and length of stay were above benchmark. Data analysis indicated a need to improve the engagement of nursing associates incorporating the evaluation and identification of risk factors and developing an appropriate plan of care. The goal of this program was to create a safe healing environment for patients at Washington Hospital Center where clinical associates are competent at preventing patient falls, pressure ulcers, and the effects of physical deconditioning.

Process.
Mobility Matters, a 4 hour interactive learning experience was created in 5 steps. 1. Goal identification 2. Course Design to include registration, prepwork, and objectives. 3. Content of the Sessions 4. Bedside Competency Validation 5. Ongoing Monitoring and Evaluation of the Program.

Solution.
A bundled skills acquisition program provided RN's with knowledge to assess for patient fall risk, implement an out of bed mobility assessment algorithm, assess skin integrity and preventative interventions, use of hospital equipment to address these challenges, and develop an individualized plan of care. Bedside competency validation to evaluate verification of acquired skills facilitated peer-to-peer accountability through unit based champion's assessment of competency to keep patients safe and improve outcomes. A process for on-going monitoring addressed sustainability of the program.

Measurable Outcomes.
Measures of Effectiveness are median inpatient fall rate at 2 per 1000 patient days or better and Nursing unit speciality cohort fall rate at better than the National Database of Nursing Quality Indicators (NDNQI). Hospital acquired pressure ulcer rate is targeted at 0%. This is also based on the NDNQI benchmark.

The Mobility Matters! Program success was measured by pretest knowledge evaluation, bedside competency assessment, appropriate implementation of pressure ulcer prevention and treatment protocol, appropriate implementation of out of bed protocol, and program evaluations.

Sustainability.
The hospital continues to have two active PI teams for falls and pressure ulcers. These committees meet to identify, track and address fall and pressure ulcer occurrences. We have implemented a post fall huddle of all fall occurrences to assist in trending and identifying commonalities. The Pressure Ulcer team has developed a nurse driven evidence based protocol for prevention of hospital acquired pressure ulcers and an intensive review of the care provided when a reportable hospital acquired pressure ulcer occurs.
In addition to these PI committees, a Mobility Matters! Discussion Group meets to discuss and implement best practices. One example of best practice was the implementation of a End of Shift Checklist that assures all quality measures are being tracked and the individualized patient's plan of care reflects these.

Role of Collaboration and Leadership.
The program content was developed by experts in the clinical areas. Sessions were offered in phases which allowed for program improvement to include education targeted at specialty areas. Implementation of the program has been with a train-the-trainer approach utilizing nursing education, nursing management, clinical care facilitators, and staff nurses to assist with teaching the content. Strengthening Nursing Practice, Accountabilities, Responsibilities, and Rounding for Outcomes was developed and implemented to support this initiative. This quality and patient safety tool outlines each role (staff nurse, validators, Nursing Directors, Senior Directors, and the Assistant Vice President/CNO), their accountabilities, their responsibilities, and what the focus needs to be of each individual/group. The program has been celebrated in internal publications.
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