Patients on the Move

Lisa A. Baumhover MS, GCNS-BC, Cheryl Lillegraven MSN, ACNS-BC, Sarah Pandullo MSN, CCNS-BC

Iowa Health Des Moines, Des Moines, IA

**Purpose/Objectives:** The purpose of this project was to help patients hospitalized at Iowa Health - Des Moines maintain strength and ability to function while in the hospital.

**Significance:** Patients hospitalized in an acute care setting are often times immobilized; increasing the patient's risk for experiencing iatrogenic complications. Three Clinical Nurse Specialists at Iowa Health - Des Moines have developed a nurse driven mobility protocol with a goal to decrease deconditioning, which can lead to falls and hospital acquired pressure ulcers.

**Background/Rationale:** Three units at Iowa Health - Des Moines will implement a nurse driven mobility protocol. These include a general medical unit, a neurology/neurosurgery unit and a critical care unit. Each unit will form an interdisciplinary team to develop, implement and evaluate an evidence based protocol.

**Description:** Triggers will be development for patient enrollment into the mobility protocol and the actual nursing protocol will be developed and piloted on the three units. This will essentially be an independent nursing function.

**Outcome:** The primary goals of the nurse driven mobility protocol at Iowa Health - Des Moines are to maintain the patient's functional status, decrease length of stay, and decrease iatrogenic complications as measure by HAPU rates, VAP rates, CAUTIs and injurious falls. Secondary goals include decreased fall rates, decreased sitter rates and decreased restraint rates. Tertiary goals include improvement in pain management, improved nurse to nurse hand offs and improved nursing documentation.

**Interpretation/Conclusion:** It is anticipated that the three units implementing the mobility protocol at Iowa Health - Des Moines will achieve the mentioned goals to improve patient outcomes.

**Implications for Practice:** Hospitalized patients can experience functional decline in a matter of days. This occurs most rapidly in the geriatric patient. Something as simple as establishing a mobility protocol can prevent this decline, which can lead to poor patient outcomes and increased costs on the system.