Leveraging Leadership Strategies and Unit Outcomes by Decreasing Hospital Acquired Conditions with an Innovative Role Mobility Associate

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Background/Significance

- Due to an increase of one medical-surgical unit’s hospital-acquired conditions (DVTs, falls with injury, and hospital-acquired pressure injuries [HAPIs]), physicians, rehab and nursing collaborated to implement the Bedside Mobility Assessment Tool (BMAT) evidence-based practice initiative.
- Leadership and rehab ensured education and rollout was successful. However, the unit lacked resources to bring BMAT to life.

Methods

- Prior to MA starting, unit experienced one DVT, four falls with injury, and one HAPI.
- Post start of MA, unit experienced zero DVTs (100% ↓), zero falls with injury (100% ↓), and zero HAPIs (100% ↓).
- Unit staff also provided positive feedback after MA role implemented.

Discussion/Conclusion

- The innovative integration of a MA into the nursing team, successfully embraced by the interdisciplinary team, resulted in a significant improvement in patient outcomes.
- Creative leadership strategies to think outside the box in creating a budget-neutral, innovative solution, improved patient outcomes, and staff satisfaction.

Outcomes

- The Mobility Associate was created to tackle the challenges of patient immobility related to staffing constraints.
- This role was added to Clinical Partners competency to be replicated in other med-surg units and improve their outcomes.

References