Abstract

**Background:** Mobilization plays an important role in the outcomes of postoperative patients. On the acute trauma care unit at a large medical center in Spokane, Washington, patients’ length of stay is longer due to delay in pre-discharge required activity level. Oversight of a provider’s activity order by nursing staff and/or physical therapy staff is the main reason for pre-discharge activity requirements not being met by the discharge date. The proposed project aims to test the impact of the culture of mobility toolkit on caregiver perceptions of mobility barriers and to evaluate the implementation of the toolkit to improve patient outcomes.

**Methods:** The University of California San Francisco Symptom Management Theory, along with the Plan, Do, Study, Act (PDSA) framework, enabled the Mobility Team to engage and process changes. A survey was sent twice to caregivers, assessing barriers to mobility. An educational poster focused on the use of Johns Hopkins Culture of Mobility toolkit. Caregivers completed a mobility flowsheet per patient for six weeks.

**Results:** The pre-survey suggested that staff felt patient mobilization efforts were time-intensive and posed an injury risk for caregivers. After the education was provided, 65% of caregivers reported the patients’ mobility goals were met. Barriers to achieving patient mobility goals included inadequate symptom management, reduced patient-specific motivation to move, and short staffing. The post-project mobility survey revealed a significant decrease in overall perceived mobility barriers from pre-intervention levels.

**Conclusion:** Multi-disciplinary staff can adopt evidence-based practice tools to promote mobility which may facilitate increased patient mobilization activities.