

Humpty Dumpty's Dilemma : Rethinking Mobility and Compliance

A nurse-led initiative to improve patient mobilization documentation and compliance in acute care.



Authors

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Background

Mobility Compliance Documentation Matters

- At WVH, RNs must properly assess patient mobility by assigning a score with a qualifying activity and complete documentation within 60 minutes of the activity.
- Assessing and documenting mobility ensures regulatory compliance and confirms patients are moving.
- Increased mobility improves patient outcomes³, safety², and satisfaction¹, while decreasing falls.

Pre-Intervention Compliance:

- July–Dec 2024: **39.5%** documentation compliance
- Highlights need for improved adherence to mobilization protocols

Adult Mobility Protocol					DATE: _____
Mobility Level	1 BED	2 Lift	3 Transfer	4 Ambulate	Ind
Current Level of Ability	Bedbound	Pt able to maintain sitting eob without help	Pt able to stand at eob, and shift weight in standing at eob	Pt able to march in place, take a step forward and back with each foot with supervision	Pt able to walk independently
Activity Indicated at this Level	ROM, turn q2 hours, sitting position in bed as able, especially for meals	Mechanical lift to chair. Schedule around meal time if possible	Oob with staff assist, 4x/day for meals and BSC for toileting	Supervised walking 4x/day in hallway, to BR. Use baseline device as needed	Walks at least 4x/day to BR and in hallway. Document once per shift
Out of Bed # of Staff	• Gait Belt • Walker • Cane • Mechanical Lift	• Brace • Prosthesis	• Bathroom • BSC	• Up to Chair	• Walk in Hall • Distance _____ • Precautions _____

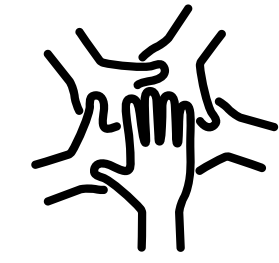
Objective

This project aimed to increase documentation compliance of patient mobility scores and activity within 60 minutes of their assessment. A targeted goal of 75% compliance was set.



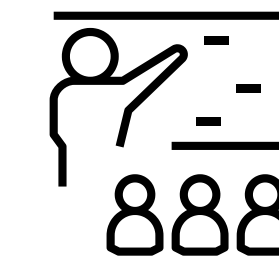
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Methodology



Team and Planning

- Led by a mobility project team:
 - Two Medical–Surgical RNs
 - Inpatient Therapy Supervisor
- Developed and presented project goals at staff meetings
- Designed a visual mobility andon to improve documentation
- Distributed sample compliance reports to support transparency



Staff Engagement & Education

- MS–RN conducted 1:1 educational meetings with all RNs and CNAs on the Med–Surg floor
- Reviewed mobility expectations with all staff to clarify standards and encourage improvement



Monitoring & Reinforcement

- MS–RN conducted weekly compliance audits
- Sent individualized follow–up emails to staff as reminders
- Created a "tips and tricks" documentation guide in response to staff feedback for clarity

Results

- Post–intervention data included **15,171** documented mobility opportunities through January 2026.
- Compliance increased to **68.3%**
- Intervention resulted in a **73.5%** relative improvement from the baseline of 39.5%
- Findings indicate a substantial positive impact on documentation compliance

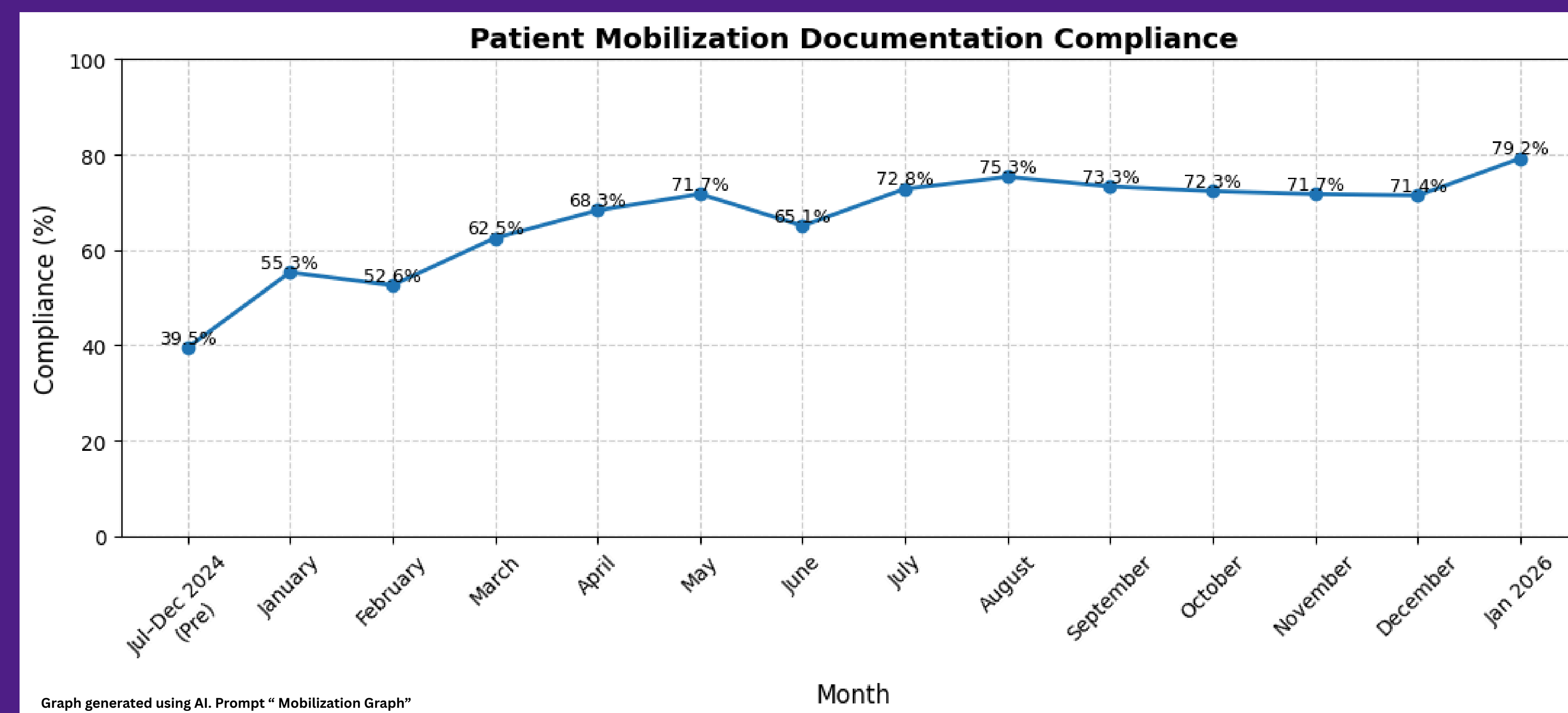
Total Opportunities	Correct Activity	<= 60 Min to Activity	Total Passing	% Passing
15,171	10,971	13,880	10,359	68.3%

Conclusion

- Implementing a structured, nurse–led mobility initiative in a critical access hospital improved documentation compliance by over 73%
- Demonstrated effectiveness of targeted education, visual tools, and staff engagement
- While the 75% goal was not met, the intervention fostered a stronger culture of mobility
- Laid the groundwork for sustained improvement in patient care practices

Clinical Implications

- Structured, nurse–led mobility interventions—supported by visual tools, education, and audit–feedback—can significantly improve documentation compliance
- Findings highlight potential to:
 - Enhance patient safety
 - Reduce complications
 - Promote a culture of mobility in acute care settings



Graph generated using AI Prompt "Mobilization Graph"

Key Evidence & Acknowledgements

[1] Klein, L. M., Young, D., Feng, D., Lavezza, A., Hiser, S., Daley, K. N., & Hoyer, E. H. (2020). Increasing patient mobility through an individualized goal-centered hospital mobility program: A quasi-experimental quality improvement project. *Nursing outlook*, 66(3), 254–262. <https://doi.org/10.1016/j.outlook.2018.02.006>

[2] Wells, C. L., Resnick, B., McPherson, R., & Frampton, K. (2024). Implementation of the UMove Mobility Program to Promote Safe Patient Mobility and Reduce Falls in the Hospital Setting. *Research in Gerontological Nursing*, 17(1), 19–29. <https://doi.org/10.3928/19404921-20231013-01> (Original work published January 1, 2024)

[3] Xu, J., Wang, S., Zhang, Q., Yao, Y., & Yu, J. (2025). Effectiveness of Nurse-Led Early Mobility Protocols on the Outcomes of Critical Care Patients: A Systematic Review and Meta-Analysis. *Nursing open*, 12(5), e70206. <https://doi.org/10.1002/nop.2.70206>

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