

Move For Health: Walk This Way

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Introduction

Lahey Hospital & Medical Center:

- ❖ Acute care teaching hospital – Not-for-profit
- ❖ Located in Burlington, MA - 15 miles from Boston
- ❖ Inpatients >65 years old = 56.6%
- ❖ Designated as NICHE site since 2010

Background

Problem and Evidence:

- ❖ The incidence of functional decline in the elderly during hospitalization from admission until discharge ranges from 34-50% (Zisberg et al., 2011).
- ❖ Functional decline is associated with increased length of stay, resource consumption, cost, long term care placement, need for post discharge rehabilitation and readmissions, and even mortality (Boltz, Capezuti, Shabbat & Hall, 2010).
- ❖ Patients with low mobility during hospitalization experienced an 86% decline in activities of daily living at discharge (Zisberg et al., 2011).
- ❖ Research has found that previously ambulatory patients spend 83% of their day in bed with only 3%, or 43 minutes, of the day is spent standing or walking (Brown, Redden, Flood & Allman (2009).

Approach to Address Delirium

Strategy:

- ❖ Nurse-led multidisciplinary project on two MedicalSurgical pilot units
- ❖ Multidisciplinary team includes representation from Nursing Leadership, Physical Therapy (PT), and Nursing

Goal:

- ❖ To increase knowledge about the importance of preventing functional decline
- ❖ To increase hallway ambulation, thereby decreasing functional decline

Multifaceted Interdisciplinary Project Components

Nursing Education:

- ❖ In-service mobility and functional decline education for all Registered Nurses (RNs) and Nursing Assistants (NAs)
- ❖ Identification of RN and NA Mobility Champions to serve as leaders, educators, and mentors for unit staff
- ❖ Completion of *Move For Health* E-learning education for all RNs and NAs including:
 - ❖ Information about the importance of preventing functional decline
 - ❖ Training video demonstrating proper mobility techniques
- ❖ Posting of ambulation education on staff information boards

Nursing Leadership:

- ❖ Inclusion of patient ambulation status during Nursing Leadership patient rounds
- ❖ Integration of the patient's ambulation status in the Charge Nurse-to-Charge Nurse shift report
- ❖ Incorporation of ambulation status into RN/NA/Charge Nurse shift report
- ❖ Communication about the ambulation status of all patients between the night charge nurse and nursing assistants

Environment:

- ❖ Utilization of the *MOVE FOR HEALTH* sign in the patient room to promote activity communication amongst all staff and the patient
- ❖ Inclusion of patient ambulation status during all handoffs
- ❖ Discussion of ambulation status during RN and NA initial shift plan review
- ❖ Involvement of the Unit Based Council by including the Move For Health project as an agenda item in all council meetings
- ❖ Engagement of Nursing Students and their faculty with clinical rotations on the units about their role in improving ambulation
- ❖ Placement of feet marker signs hung at 10-foot intervals along unit hallways served to both motivate ambulating patients, and assist nurses with accurate measurement
- ❖ Establishment of ambulation as an expected practice routine on pilot units

Physical Therapy:

- ❖ Placement of the list of patients receiving PT services at charge nurse desk
- ❖ Assistance with development of education and provision of hands-on proper mobility techniques for all ambulation champions

Provider:

- ❖ Modification of provider ordersets to minimize bedrest, and include more prescriptive ambulation orders, such as *Ambulate TID*

Patient/Family:

- ❖ Development and placement of patient education emphasizing the benefits of ambulation
- ❖ Inclusion of family, if available, and if appropriate, to encourage and assist with ambulation

Outcomes and Future Plans

Outcomes:

- ❖ Revision of ambulation orders to a more prescriptive, less restrictive approach in the building of the Electronic Health Record
- ❖ Addition of mobility education and techniques for NAs in new hire orientation

Future Plans:

- ❖ Completion of post program audits with comparison to pre-audit data to evaluate:
 - ❖ Number of episodes of ambulation for each patient
 - ❖ Feet ambulated for each patient

MOVE FOR HEALTH Patient Room Sign

MOVE FOR HEALTH

Prior Level of Ambulation: ☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair ☐ Liko Lift ☐ Assist of 1 Person ☐ 2 People

Current Level of Function: ☐ Bed Mobility ☐ Min ☐ Mod ☐ Max ☐ (or rolling, sitting on side of bed) ☐ Transfer ☐ Min ☐ Mod ☐ Max ☐ Walking ☐ Min ☐ Mod ☐ Max

Assistive Device: ☐ No device ☐ Cane ☐ Walker ☐ Wheelchair ☐ Liko Lift

DATE: _____

Distance	Morning	Afternoon	Evening
Bed --> Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-50 feet (In Room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50-100 feet (Hallway)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>100 Feet (Loop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level of Assist
Minimal Assist (Min): Patient does ≥75% of task. Staff provides ≤25% assistance
Moderate Assist (Mod): Patient does 50% of task. Staff provides 50% assistance
Maximal Assist (Max): Patient does 25% of task. Staff provides ≥75% assistance

References and Contact

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Brown, C. J., Redden, D. T., Flood, K. L. & Allman, R. M. (2009). The underrecognized epidemic of low mobility during hospitalization of older adults. *Journal of the American Geriatrics Society*, 57, 1660-1665. doi:10.1111/j.1532-5415.2009.02393.x

Zisberg, A., Shadmi, E., Sinoff, G., Gur-Yaish, N., Srulovici, E. & Admi, H. (2011). Low mobility during hospitalization and functional decline in older adults. *Journal of the American Geriatrics Society*, 59, 266-273. doi:10.1111/j.1532-5415.2010.03276.x

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