Promoting early mobilization of the elderly in the acute care setting to improve discharge outcomes

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Learning Objectives

- Understand the correlation between immobility and functional decline of the geriatric patient
- Advocate a culture promoting the advantages of early ambulation through interdisciplinary collaboration
- Introduce the interventions and tools needed to create comparable programs within other facilities

Introduction

- Value based care initiatives looked to improve the rate of discharge dispositions home for hospitalized elderly patients
- Sought to improve quality of care while decreasing costs
- Recognized the need for proactive approach for ambulation during hospitalization

Complications Identified

- Admitted patients placed on bedrest for unknown reasons with poor ownership on upgrading patient activity orders
- Patients complacent with staying in bed
- Ambulating patients was not prioritized
- Noted longer Length of Stay with increase probability of adverse events
- Reason for discharge to Skilled Nursing Facilities frequently documented as "deconditioning"
Solution
- Develop and implement an in house mobility program utilizing transformational leadership and nursing autonomy

Goal
- To achieve and maintain the highest attainable level of health for those entrusted to our care by engaging patients and staff in an ambulation program stressing the importance of mobility for the prevention of functional decline

First Steps
- Understanding the correlation between deconditioning and immobility
Question

What percentage of a hospital stay does an older adult spend lying in bed?

- A - 10-26%
- B - 35-41%
- C - 52-66%
- D - 73-83%

Answer

D

Research indicates that between 73% and 83% of the measured hospital stay of an older adult is spent lying in bed (Zisberg, Shadmi, Sinoff, Yash, Srolovici & Admi, 2011, p. 271)

Question

What is the percentage of muscle mass that can be lost daily with immobility?

- A - 2%
- B - 5%
- C - 10%
- D - 12%
Answer

B

"Without adequate mobilization an individual can lose up to 5% of muscle mass daily" (Pashikanti & Von Ah, 2012, p. 87)

Question

How many days does it take for functional decline and deconditioning to occur in the immobile hospitalized patient?

- A - 2 days
- B - 5 days
- C - 7 days
- D - 10 days

Answer

A

Functional decline and deconditioning from a patient’s baseline mobility status can occur as early as day two of hospitalization (Pashikanti & Von Ah, 2012, p. 87)
Evidence Based Research

- 65% of patients experience a decline during their hospitalization (Brown, Friedkin, & Inouye, 2004)
- Those functional decline may account for up to 15% of readmissions (Hastings, Sloane, Money, Pavon, Hoenig, 2014)
- Prolonged periods of immobility can result in severe deconditioning and long lasting functional deficits (Fisher, Goodwin, Protas, Kuo, Graham, Ottenbacher, & Oster, 2011, p.91)

Evidence Based Research

- Early mobilization is the most effective nursing intervention to prevent complications of immobility (Franklin & Von Ar, 2013, p.48)

What do we do...

- Develop a process
- Create a sustainable solution
Cultivate a Process
- Establish an Interdisciplinary Team
- Develop a new Patient Activity Policy
- Create a simple weighted evaluation tool to identify at risk patients
- Explore validated assessment tools
- Establish interventions

Continue...
- Educate staff
- Illicit Patient Engagement
- Pilot on unit with high geriatric population
- Adapt changes as need
- Reinforce program and goals
- Translate knowledge into practice

Workflow
Create a Mobility Flow Analysis Map
Process: Step One

- All observation and inpatients must have a Mobility Assessment on admission

Mobility Assessment

Mobility Assessment Score

- Total Score of 10-16 on Mobility Assessment launches Elderly Mobility Scale
Elderly Mobility Scale

Intervention Sequence

- Elderly Mobility Scale launched as a nursing task
- Score determines level of patient need
  - <9
  - >15

Elderly Mobility Scale Score

- Score of 9-14 on Elderly Mobility Scale launches Mobility Program
Intervention Sequence
- Nurse initiates and follows through with Inpatient Progressive Mobility Program
- Educates patients and family members
- Communicates mobility needs with Patient Care Technician and directs proper ambulation
- Patients ambulated a minimum of twice daily on day and evening shifts

Intervention and Sequence
- Identifies patients on Mobility Program during team huddles
- Monitors progress with HNMC developed tracking tool

Ambulation Tracking Tool
Intervention and Sequence

- Monitor progress and or decline
  - EMS repeated every Wednesday, at discharge or anytime at nurses discretion
  - Intervene as needed

Data

- EMS Score Improvement
- Increase discharges to home
- Decrease LOS
- Increase in ambulation steps

Holy Name Medical Center Mobility Program

Average Length of Stay and Discharges to Home

Pre Intervention: 4/2017 - 6/2017

<table>
<thead>
<tr>
<th>Average Length of Stay (Days)</th>
<th>Discharges to Home</th>
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<tbody>
<tr>
<td>Pre Intervention: 4/2017 - 6/2017</td>
<td>Intervention: 5/2017 - 7/2017</td>
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干预组的平均住院天数与预干预组相比减少了3.2天。干预组的平均住院天数与预干预组相比增加了30%。
Moving It Forward

- Evidence based practice drives change
  - Professional Practice Council
  - Unit Based Councils
  - Spoken to for Magnet re-designation
References


References
