Nurse-led Intervention to Maintain Mobility in the Hospital

Barb King, PhD, APRN-BC, Assistant Professor, School of Nursing, UW-Madison

Linsey Steege, PhD, Assistant Professor, School of Nursing, UW-Madison

Shelly VanDenBergh, MS, RN, CMSRN, GCNS-BC, Geriatric Clinical Nurse Specialist, UW Health University Hospital
Falls in Hospitals

• Falls are multifactorial and common in hospitals
• Unable to translate research from community to hospital setting
• No evidence based practice recommendations for reducing or preventing falls in hospital settings
Impact of CMS Policy

- Falls as a *Never Event*
- Impact of Never Event on Falls
- Unintended consequence of Never Events on Nursing Practice
Mobility in Hospitals

- Up to 65% of hospitalized older adults (≥65 years) will lose functional independence by discharge. Identified as a Hospital-associated Disability (HAD)

- 96% of time patients are not engaged in any ambulation

- 83% of time patient spend lying in bed

- Limited ambulation and extensive bed rest are the most preventable and predictable causes of hospital-associated disability for older adults.
Effects of Bed Rest and Low Mobility

• Loss of muscle mass from legs
• Fainting
• Confusion
• Pneumonia
Barriers to Ambulation of Older Adults

• System barriers that prevent nurses from ambulating patients
• System barriers that limit patient engagement in initiating ambulation
• Personal barriers that prevent nurses from initiating patient ambulation
Human Factors and Systems Engineering Approach: SEIPS Model of Work System and Patient Safety

Mobilizing Older adults Via a Nurse-driven intervention (MOVIN)

- Psychomotor Training Program
- Ambulation Pathways
- Organizational Culture & Incentives
- Resources
- Communication Mechanisms

Patient Ambulation

- Improved Health → Decreased hospital-associated disability
- Decreased Costs → Decreased LOS & risk of readmission
- Enhanced Patient Experience → Increased functionality & independence
MOVIN Components

My Activity Plan

Patient's Walking Goal

Plan for Day

Plan for Stay

BATHROOM
TRANSFERS
SITTING IN CHAIR
WALKING DEVICE
WALKING

TODAY'S DATE

Plan for Day

Plan for Stay
Results - Ambulation

Significant improvements sustained over a 13 week post-intervention period:

Measures of ambulation activity

# of ambulation occurrences and Distances ambulated
Results – Patient Feedback

- **Patient 1**: “That board (My Activity Board) lets me see whether or not I have walked. I think it is important”
- **Patient 2**: “It’s easy to vegetate in this place so anything you can do to get people moving is important”
- **Patient 3**: “I could only walk 50 feet when I got here. Now I can walk 200 feet. That’s amazing”
- **Patient 4**: “I wouldn’t walk if nurses didn’t get me up. That would be bad for me”
- **Patient 5**: “The pictures are beautiful. I go for walks just to look at them”
Results – Sustainable Impact

Miles Ambulated

Intervention

# of Ambulation Occurrences

Miles Ambulated

# of Ambulation Occurrences
Summary

• Unintended consequences of policy driving practice
• Expand quality indicators to include falls and functional performance
• Importance of system models to improve care delivery