



# Nurse-led Intervention to Maintain Mobility in the Hospital

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# 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

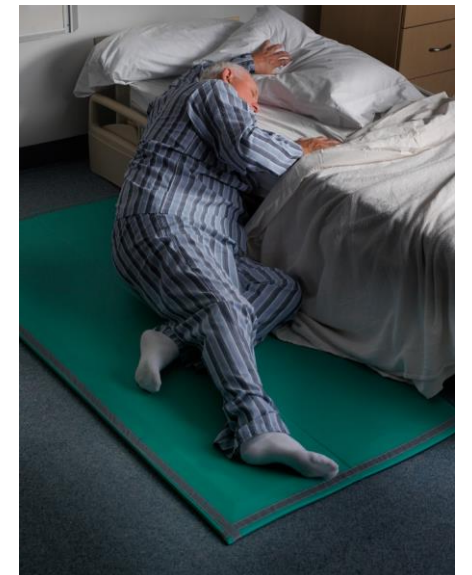
- Up to 65% of hospitalized older adults ( $\geq 65$  years) will lose functional independence by discharge. Identified as a Hospital-associated Disability (HAD)
- 96% of time patients are not engaged in any ambulation
- 83% of time patient spend lying in bed
- Limited ambulation and extensive bed rest 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



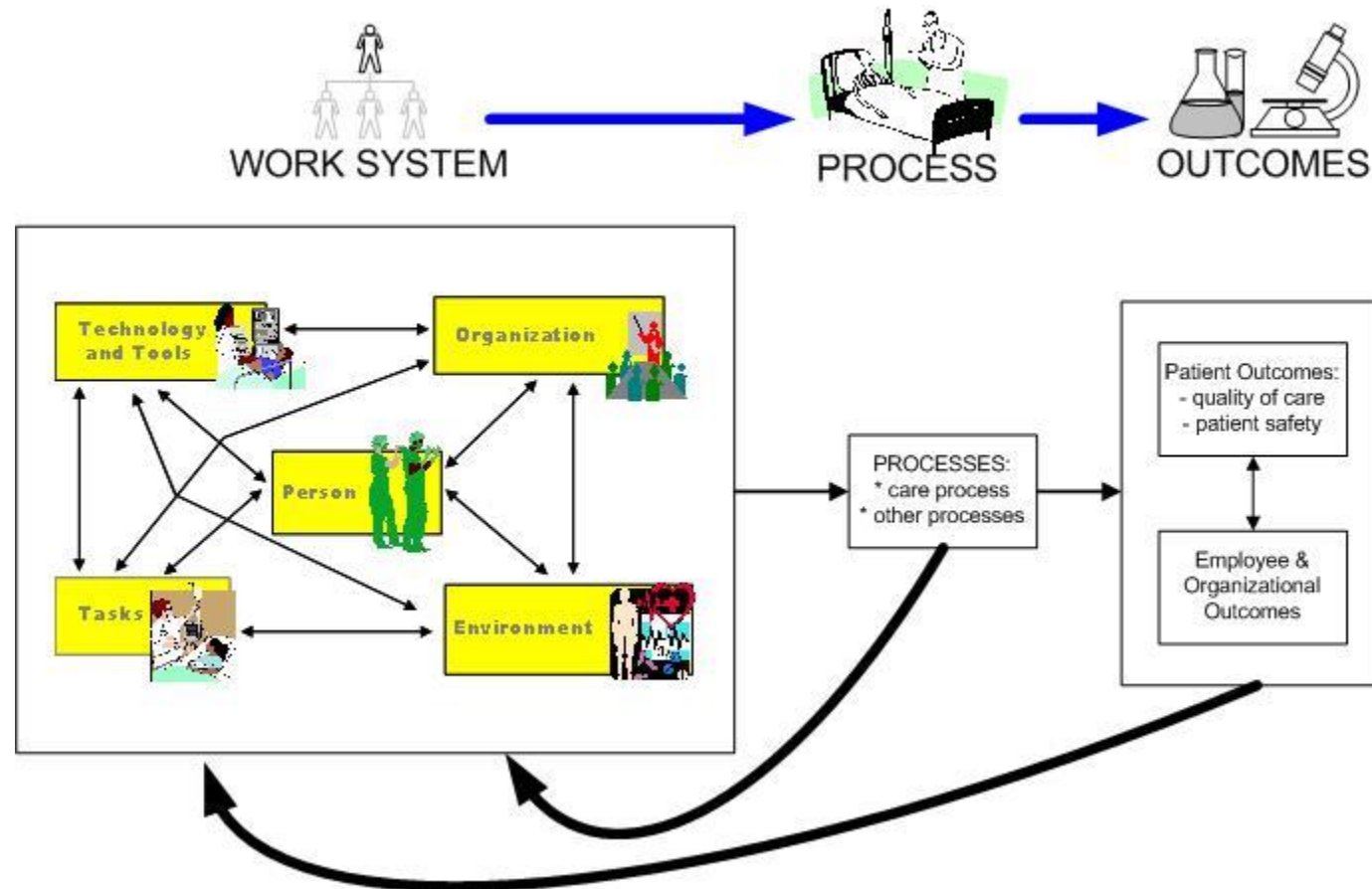
**FALLS**



# 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

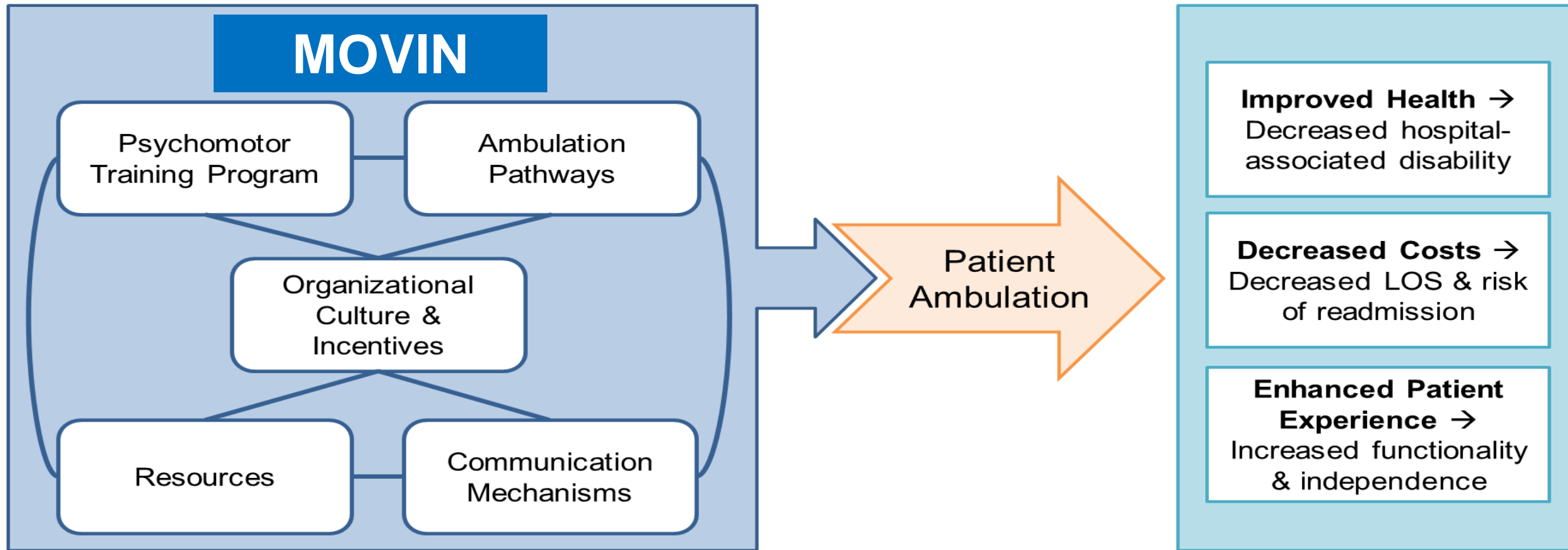
# Human Factors and Systems Engineering Approach: SEIPS Model of Work System and Patient Safety



Carayon, P., Hundt, A.S., Karsh, B.-T., Gurses, A.P., Alvarado, C.J., Smith, M. and Brennan, P.F. "Work System Design for Patient Safety: The SEIPS Model" *Quality & Safety in Health Care*, 2006, 15 (suppl. 1): i50-i58.



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





# MOVIN Components



**UW Health** **My Activity Plan**

BATHROOM	TRANSFERS	SITTING IN CHAIR	WALKING DEVICE	WALKING	TODAY'S DATE
Applies to all stages of the patient plan Device Needed: Please circle one	Person Needed: 1 2 3 4 Device Needed: Please circle one	Sit up in chair at least 2 times a day with period to breathe as needed		Person Needed: 1 2 3 4 Feet of distance walked for each attempt	<b>Patient's Walking Goal</b>
 COMMODORE   TOILET   INDEPENDENT	 CANE   WALKER   BATH SEAT   POWER SEAT   SIT TO STAND   BATH STOOL   CRANK LIFT INDEPENDENT	 MORNINGS _____:00 AFTERNOON _____:00 EVENING _____:00 INDEPENDENT	 CANE   WALKER   BATH SEAT   WHEELCHAIR FOLLOW INDEPENDENT	 Walk Around Wisconsin INDEPENDENT	_____ _____ <b>Plan for Day</b> _____ _____ <b>Plan for Stay</b>

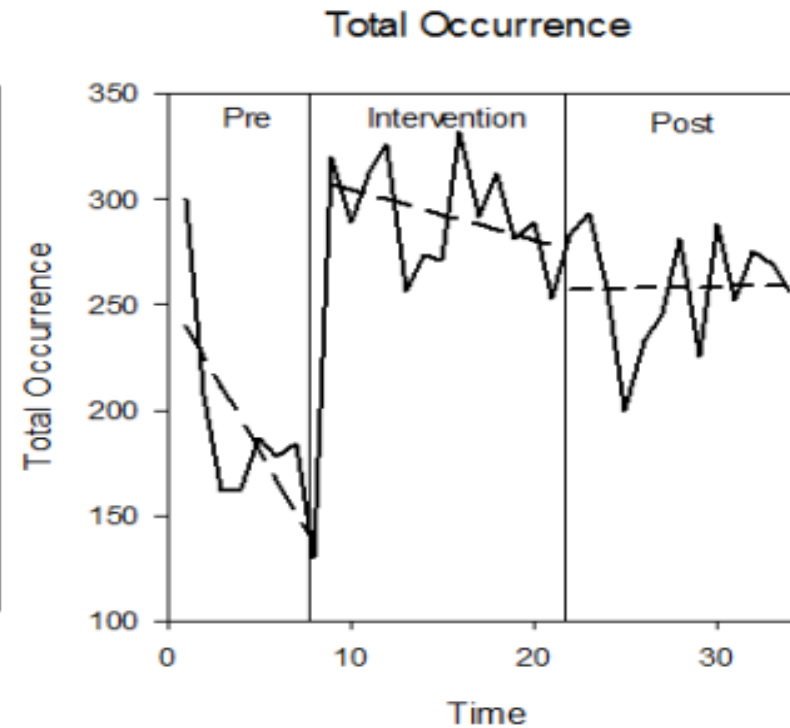
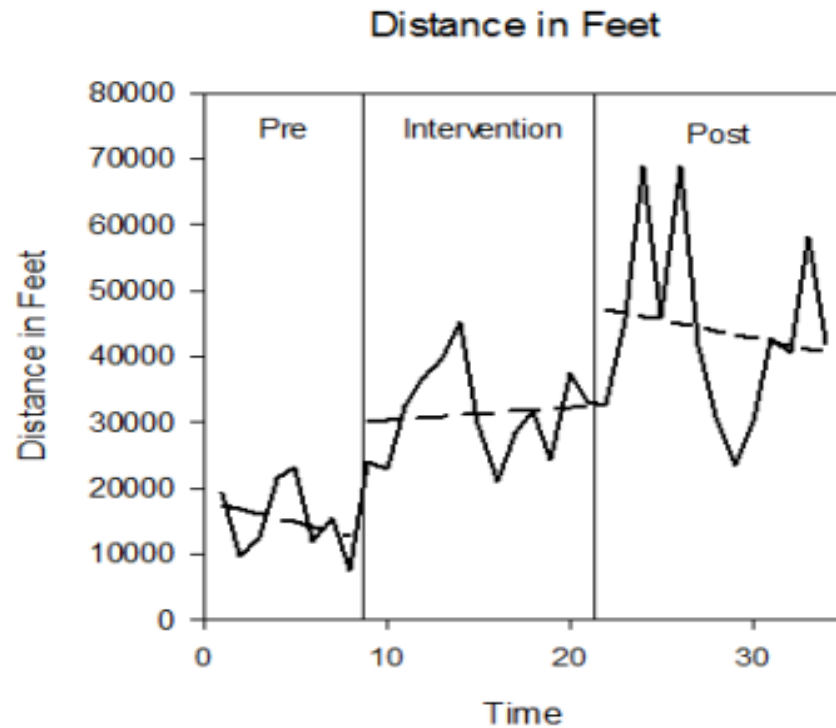


# Results - Ambulation

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

Measures of ambulation activity

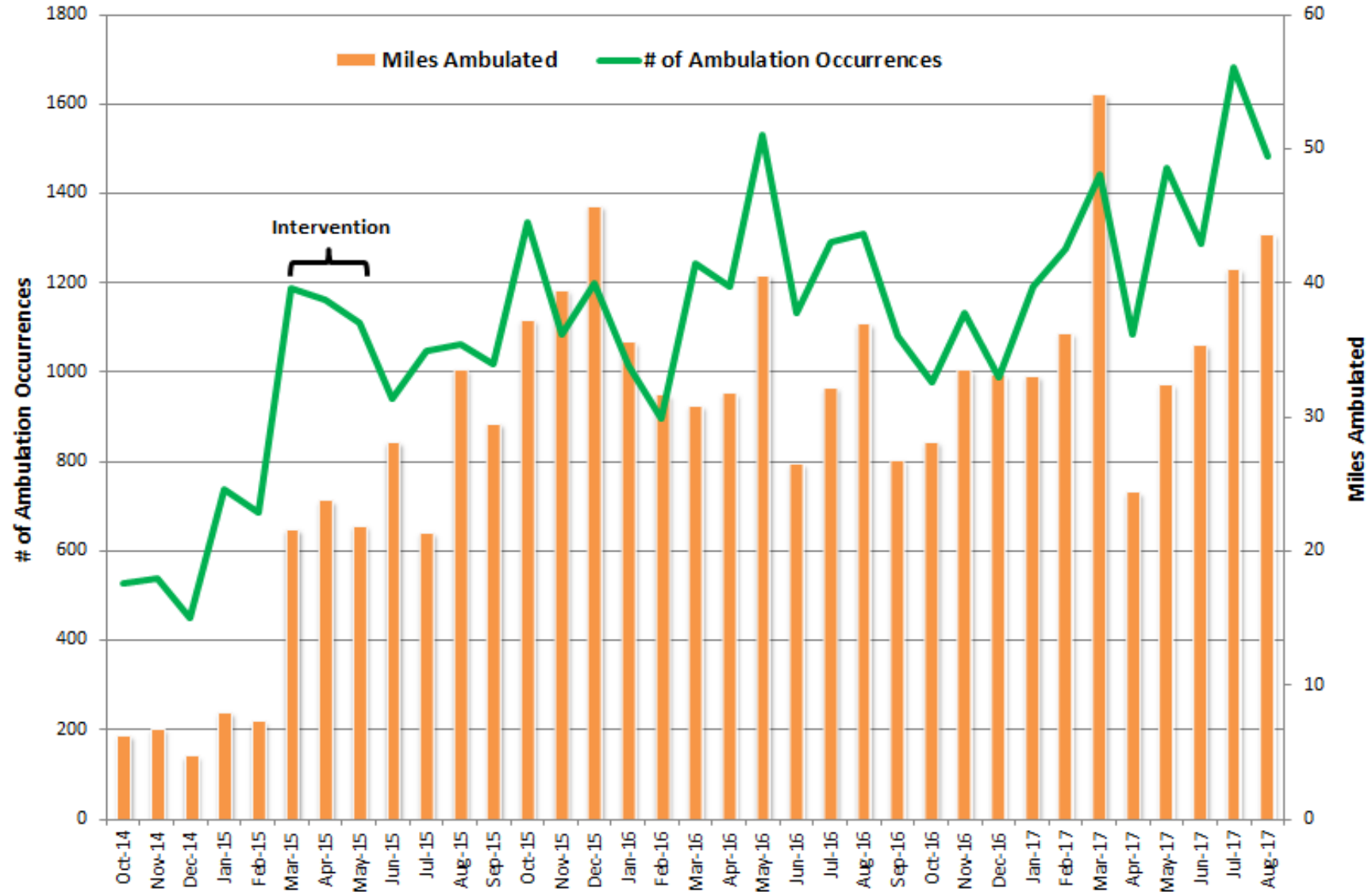
# of ambulation occurrences and Distances ambulated



# 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



# Summary

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