Interdisciplinary Mobility Project on an In-Patient Medicine Unit
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Purpose

To decrease the negative effects of bed rest and improve patient outcomes through implementing a mobility program on a medical in-patient unit.

Implementation Strategies

A interdisciplinary team consisting of nursing staff, nurse aides, unit physical and occupational therapists, leadership, and a school of nursing representative, gathered to develop the mobility guidelines and interventions for the mobility program. The unit manager assigned 2 nurse aides to function as mobility aides. Under the direction of the therapists and the unit therapists, the mobility aides responsibilities were to:

- Ambulate identified patients 3 times a day (tier 2)
- Perform active/passive ROM 3 times a day on non-ambulatory patients (tier 1)
- Give patients and their family preprinted information describing the program

Evaluation

There has been positive responses from both the patients and staff. Patients take initiative and request assistance with mobility from other staff members when the mobility aides are not working.

During the 3 month period, data was collected on patients admitted to the unit (n=543). Patients may have participated more than once, declined to participate, or may have been excluded due to medical condition during their hospital stay.

- Participated in Program During Hospitalization: 56% (n=551)
- Patients Identified at Risk for Falls during Hospitalization: 69% (n=373)

Tier Levels:
- 80% Ambulated independently or with assistance (tier 2)
- 11% received ROM (tier 1)
- 5% varied between the tiers (e.g. participated in Tier 1 and 2).

Daily Mobility/Activity Compliance: 38% participated 3 times each day and 88% participated 2 times each day.

Patient Outcomes: In comparing patient outcome data 3 months prior to implementation to 3months post-implementation, there has been a decrease in readmission rates and falls. Pressure ulcer incidence and LOS have relatively remained relatively consistent.

Significance

The mobility program with the use of mobility aides has shown positive outcomes in decreasing unplanned readmissions, decreasing falls, and increasing patients activity for patients on 5B. This program can be replicated on other medicine units. One of the limitations of this project was the inability to schedule a mobility aide every day of the week.

References

- Markey D.& Brown R. (2002), An Interdisciplinary Approach to Addressing Patient Activity and Mobility in the Medical-Surgical Patient. Journal Nursing Care Quality 16(4) 1-12

Synthesis

Research has shown that immobility has negative effects on patients, including muscle weakness, atrophy, pneumonias, constipation, and pressure ulcer formation (Brown et. al. 2006). Cardiorespiratory and muscular decline has been found in patients with short-term hospitalizations who presented with mild disease severity (Brown et. al. 2006). Despite evidence on the importance of mobility, patients still spend a large amount of their hospital stay in the bed or chair. Majority of the research regarding hospitalized patients and mobility has been conducted in ICUs.

Change

To decrease the adverse effects of immobility in the hospital, a standardized mobility program for patients on 5B was implemented. Some of the patients admitted to 5B from CCMU and SICU had already been involved in an early mobility program; continuation of a multidisciplinary mobility program on 5B will improve care continuity.