

A Novel Early Mobility Bundle Improves Length of Stay and Rates of Readmission Among Hospitalized General Medicine Patients

(EBP Poster, Spring 2023)

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Introduction -

- A. A decline in functional status has been attributed to
 - Poor pain management
 - Improper nutrition
 - Sleep disturbances
 - Prolonged immobilization
- B. Early mobilization has been demonstrated to be an effective therapeutic intervention for improving outcomes.
- C. Significant improvements in both physical and neurocognitive outcomes among ICU survivors
 - With early mobility
 - With rehabilitation
- D. Mobility programs reduce the incidence of hospital acquired pneumonia
- E. Mobility bundle involving
 - Patient length of stay
 - 30-day readmissions
 - Discharge destination
 - JH-HLM score improvement
- F. Immobilization hospitalized-related complications may occur
 - Thromboembolism
 - Muscle weakness
 - Joint contractures
 - Urinary incontinence
 - Skin breakdown
- G. Project setting was a 26-bed general medicine unit

Purpose -

“The purpose of this study was not only to improve patient outcomes and reduce hospital resources, but also evaluate the feasibility of implementing a unit wide mobility protocol as well as its effects on the ease of workflow among various groups of unit practitioners”

Method -

- A. Patient mobility milestones were scaled on the John Hopkins Highest Level Mobility Scale (JH-HLM)
- B. JH-HLM documentation was required and admission and discharge of each patient
- C. Reclining chairs were required to be set up in each patient’s room daily
- D. All patients out of bed by 1400
- E. Planning phase
 - Deemed to meet the requirements of a QI research project
 - Re-delegated task of chair set up to the CNA’s assigned to night shift (at least 80% of chairs set up for patient use by 7AM shift) because nurses were not able to accomplish this until late afternoon due to the volume of tasks.

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- Early winter of 2019

- F. Pre-mobility bundle implementation phase
 - Assess the unit's baseline
 - January 2020

- G. Education phase
 - Involved nurses, nursing assistants, physical therapist, administrators, physicians
 - Streamline implementation of the mobility bundle and identify barriers to improvement
 - Educated staff regarding early mobility and the JH-HLM scale
 - 1 February 2020 to 25 March 2020

- H. Information from the patient's charts included
 - Demographics
 - Documented JH-HLM scores
 - Hospital length of stay
 - Occurrence of readmission within 30 days of discharge
 - Falls
 - Inpatient physical therapy

- I. Primary outcome
 - Occurrence of the mobility bundle as an intervention

- J. Secondary Outcomes
 - JH-HLM score improvement
 - Hospital LOS

Results-

A: During the project period a total of 340 patients were admitted and included in the analysis.

B: Overall the mean daily percentage of patients out of bed increased from 64.9% to 78.6%

C: the mobility bundle decreased the risk of hospital readmission within 30 days of discharge, dropping from 22% to 10.4%

D: The average length of hospital stays for the patients decreased from an average of 5.8 days to 4.8 days

Conclusion-

A: Early mobilization through a standardized protocol, significantly impacts patient outcomes, especially length of stay, individual patient mobility and 30-day readmissions.

B: Include nurses, CNAs, physicians and physical therapists to assist with getting patients out of bed by 2PM each day to lessen the burden of additional workload on nurses.

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C: creating mobility protocol jointly driven by nursing, physical therapy and physician's eased workflow among the staff, making the implementation of the protocol feasible.

References -

Bergbower, E. A., Herbst, C., Cheng, N., Aversano, A., Pasqualini, K., Hartline, C., Hamby-Finkelstein, D., Brewer, C., Benko, S., & Fuscaldo, J. (2020). A novel early mobility bundle improves length of stay and rates of readmission among hospitalized general medicine patients. *Journal of Community Hospital Internal Medicine Perspectives*, 10(5), 419–425. <https://doi.org/10.1080/20009666.2020.1801373>