



Mobility is Medicine: A Novel Approach to Increasing Patient Activity During Hospitalization

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Background

Patient activity and mobilization is a critical component of healing and recovery for hospitalized patients.² After identifying resource limitations that impacted daily activity opportunities in a large university hospital, a team of entry-level patient care support personnel was created to facilitate increased patient mobilization on selected target units and physician service lines.¹ The development and implementation of the Rehab Mobility Team (RMT) at UNC Hospitals serves as a prime example of an innovative improvement effort. Using a new approach to solve an age-old problem, this novel pilot program united the multidisciplinary team around a central goal of improving throughput by increasing patient activity during hospitalization. This is a demonstration of adaptation in a complex hospital environment where a breakthrough was achieved by redesigning the way our team collectively cares for our patients. We believe others face similar challenges and sharing this experience may provide valuable insight to potential solutions.

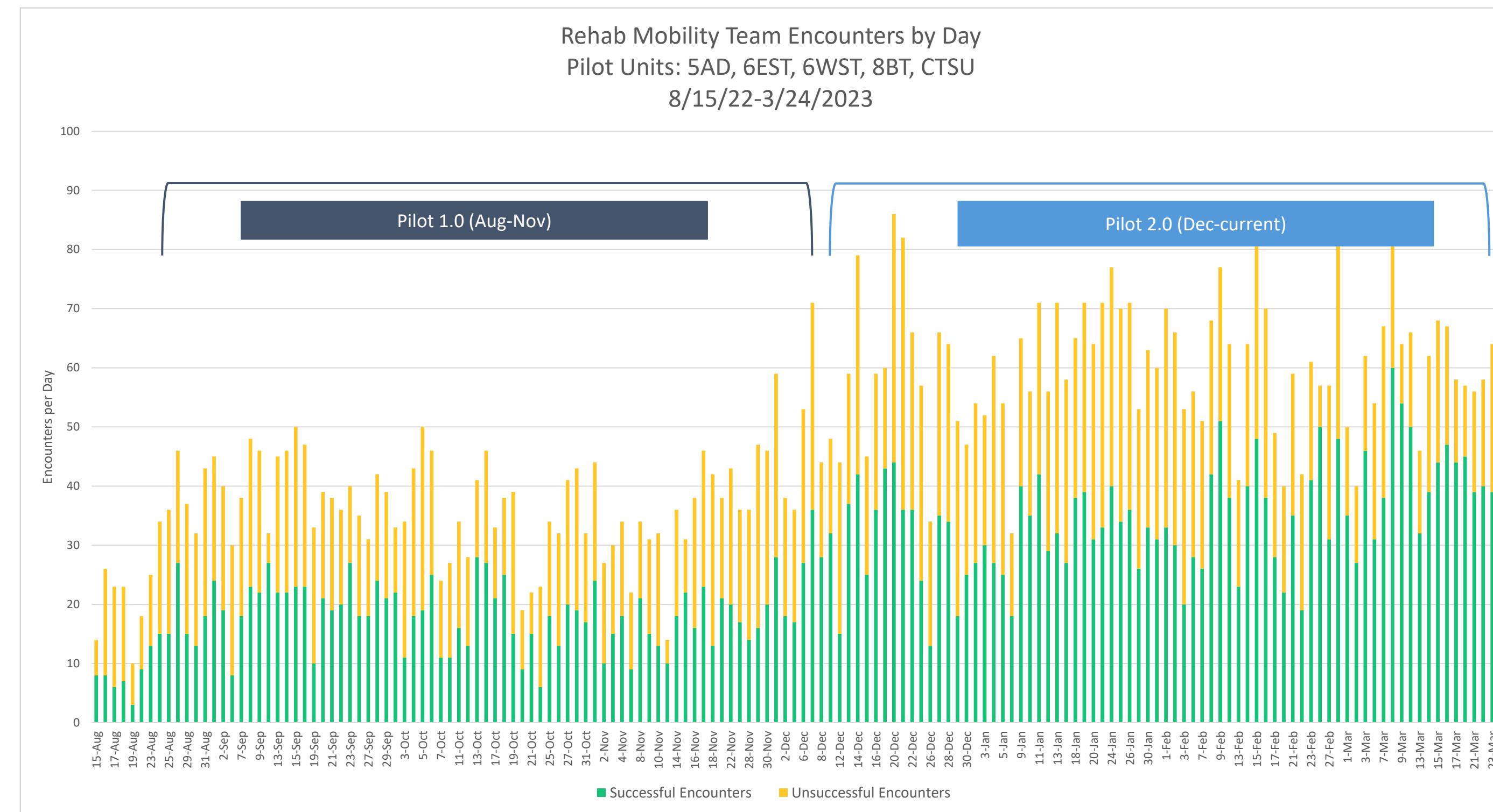
Objective

The primary objective was to observe a reduction in length of stay (LOS) by increasing the frequency of mobility opportunities and successful encounters for hospitalized patients.

Methods

The RMT received specific training on patient mobilization by licensed physical and occupational therapists. These individuals were deployed to target nursing units and physician service lines to focus on tasks related to activity and mobilization. Using a Plan Do Study Act (PDSA) approach, workflows were revised to maximize opportunities for patient encounters and individual coaching was conducted to improve the rate of successful encounters. Process measures included: number of attempted encounters, number of successful encounters, staff satisfaction, and patient satisfaction.

RESULTS



Patient Encounter Data by Month

	Pilot 1.0				Pilot 2.0				Percent Change
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Successful Encounters per Day	12.1	20.5	17.0	16.8	29.5	32.0	34.6	41.8	+100%
Total Attempts per Day	28.2	39.7	34.7	35.4	56.7	61.7	60.45	60.2	+69%

Free Response Themes from Staff/Patient Survey



Representative Comments:

From Patients:

"Being able to walk, but have someone walk with me. We have formed a personal bond... I don't feel like just a number."

"There is not enough nursing staff to do walking, so if I did not have them I wouldn't be able to get up and walk like I want to."

From Nurses:

"It allows our post-op patients to ambulate more frequently and on a more routine basis."

"... There are several days where we are so busy it's hard to get patients up but thanks to the mobility program that has been less of an issue."

Rehab Mobility Program Units vs. Non-Rehab Mobility Program Units*

	Units Without Rehab Aides (n=280)	Units With Rehab Aides (n=600)	Change
Avg. Observed LOS	9.18	7.96	1.22 ↓
Avg. Observed/Expected LOS	1.34	1.15	0.19 ↓
Average CMI*	2.18	2.31	0.13 ↑

Case Mix Index (CMI) is correlated to the level of complexity and resources needed for a caseload.⁴ Higher CMI's equate to more complex, resource intensive caseloads.⁴

CONCLUSIONS

The primary objective to reduce patient length of stay was met during this pilot. The PDSA method allowed for improvements in both number of potential mobility events and successful mobility events. Embedding support staff with specific mobility training reduces barriers to activity and mobilization, including task prioritization and efficiency. The RMT is most efficient on units with lower acuity where skilled mobilization is needed with less frequency (such as Occupational or Physical Therapy). Creating this role has also provided a critical access point for individuals interested in pursuing healthcare careers to gain experience and exposure to the hospital setting.

CLINICAL IMPLICATIONS

The deployment of the RMT improved day-to-day consistency of patient mobilization, independent to the staffing challenges of nursing. This allowed patients to meet Enhanced Recovery After Surgery (ERAS) milestones at a greater frequency, improved early identification of skilled physical or occupational therapy needs, and improved perception of patient safety via the accompaniment of a trained staff member. Subjective reports from patients demonstrate increased satisfaction during their admission, citing a benefit from regular contact with a staff member outside of medical interventions.

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