Nurse Led Mobility/Exercise Program

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Background and Significance
• Acute hospitalizations are a major contributor to functional decline and disability in the elderly population (1,2).
• Functional decline occurs at a rapid pace leading to adverse outcomes; increased length of stay (LOS), decreases in mobility and ADLs, that lead to institutionalization and transfer to skilled nursing facilities (SNF) (1,2,4).
• Decreased cognition, increased risk of falls, fractures, morbidity/death

Current Practice
• One mobility champion for 3 or 4 inpatient medical surgical units to ambulate or mobilize patients in a 262/300 bed hospital (NWH/CSH).
• No formalized exercise program unless there is PT involvement; order required

Population of Interest
Hospitized geriatric patients age 75 or older that have the cognitive capacity to participate in an individualized exercise & mobility program.

PICO(T) Question
Can an individualized nurse led exercise/mobility program in hospitalized elderly, age 75 and older prevent functional decline, decrease LOS and prevent institutionalization to SNF?

Literature Search
• CINAHL, PubMed, CINAHL, JBI, Cochrane databases (5 years)
• Search Terms: “elderly, geriatric, aged, hospitalized, inpatients, exercise, exercise therapy, mobility, rehabilitation, skilled nursing facilities, discharge, length of stay, fall prevention, deterioration, wasting and frailty”

Hypothesis
A nurse-driven mobility program in the patients care plan for mobile, non-mobile and bed bound patients can help maintain the patients pre admission level of function and decrease the incidence of functional decline that leads to increased LOS and/or discharge to SNF

Literature Review
• Hospitalized elderly that do not receive regular exercise or mobility are at risk for functional and cognitive decline leading to increased LOS, institutionalization and discharge to SNF (1,3,4,5).
• Functional decline can affect quality of life post hospital discharge. (1,2,4)
• Muscle atrophy and physical deconditioning play a role in the ability to return to pre-hospital activities (2,4,5).
• Interdisciplinary care models and protocols that include individualized exercise programs can decrease physical deconditioning and functional decline (1,2,3,4).
• Organized mobility programs will aid in maintaining quality of life, functional independence, decrease the incidence of adverse events and decrease morbidity and mortality in the hospitalized elderly (1,2,3).

Proposed Intervention
• An individualized exercise/mobility program twice a day that includes, ambulation with/without assistive devices and PCT or Nurse assist for all ambulatory patients; a series of planned exercises using mechanical aids for non ambulatory patients; limb exercises for bed bound patients
• The plan of care will include interventions for all meal and toileting needs geared toward increasing trunk and limb strength
• Comparison: One to three months for intervention group as compared with the pre hospital activities (2,4,5).

Methods
• Patients age 75 or older included in the intervention group would receive mobility/exercises according to their level of function during hospitalization
• The results/outcomes: Retrospective review of charts that include patients age 75 or older who would have been able to participate in the intervention
• Comparison data: LOS, transfer to SNF, falls, and level of function on discharge as compared with level of function on admission utilizing the 6 click mobility score

Conclusion
• Identified opportunities to expand the role and use of mobility champions
• Decreased the incidence of physical deconditioning and cognitive decline using individualized exercise programs in the patients treatment plan tailored to their needs
• Structured exercise or mobility programs implemented soon after admission that are included in a patients plan of care can help maintain quality of life and functional independence
• Decreased incidence of adverse events during acute hospitalizations including morbidity and mortality
• Maintaining preadmission level of function can decrease LOS, institutionalization, and transfer to SNF
• Utilization of the 6 click mobility score can aid in monitoring functional decline

References (QR code)