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## Nurse Led Mobility/Exercise Program

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# 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 <sup>(1,2)</sup>
- 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) <sup>(1,2,4)</sup>
  - 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

Hospitalized 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 <sup>(1,3,4,5)</sup>
- Functional decline can affect quality of life post hospital discharge. <sup>(1,2,4)</sup>
- Muscle atrophy and physical deconditioning play a role in the ability to return to pre-hospital activities <sup>(2,4,)</sup>
- Interdisciplinary care models and protocols that include individualized exercise programs can decrease physical deconditioning and functional decline <sup>(1,2,4)</sup>
- 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 <sup>(1,2,3)</sup>

## 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 prior one to three months for the control group

Ambulatory	Non Ambulatory/Unstable Patient	Bed Bound/Unstable Patient
<ul style="list-style-type: none"><li>Ambulation with/without assistive devices, with or without PCT or Nurse assist to occur twice a day. Increase distance as the patient tolerates.</li><li>Sitting up in a chair or at the bedside unassisted for all meals (propping with pillows in a chair is allowed)</li><li>Use of a bedside commode or bathroom for all bowel and bladder output (no bed pans).</li></ul>	<ul style="list-style-type: none"><li>Use of the Stand Aid to do a series exercises with increasing repetitions and time as the patient tolerates.</li><li>Standing in place</li><li>Sit to stands</li><li>Marching in place</li><li>Sitting in a chair at the side of the bed if no contraindications for all meals (propping is allowed if necessary)</li><li>Assisted transfers to a bedside commode for all bowel and bladder output if not contraindicated (Use of stand aid or mechanical transfer aids allowed)</li></ul>	<ul style="list-style-type: none"><li>Knee bends</li><li>Leg lifts</li><li>Heel slides</li><li>Assisted sitting at the side of the bed or in a chair if no contraindication to increase trunk strength (propping is allowed if necessary)</li></ul>

## 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)

