INTRODUCTION

The risk of physical decline is a known complication of hospitalization and is responsible for extended hospital stays, disposition to post-acute care facilities instead of returning home, and for having a negative impact on patients’ quality of life and their health outcomes1-3.

Contributing Factors:

- Patient: age, multiple chronic disease, poor baseline fitness
- Intrinsic: bed rest orders maintained beyond need, no progressive movement or ambulation intervention, poor nutritional status, focus on immediate problem without attention to underlying risk for functional decline2,5.

PURPOSE

The purpose of this knowledge translation project was to facilitate evidenced-based change process behaviors that would lead to an increase in the application of progressive mobility practices by clinicians with in-patients. The goal was to increase attention to preventing physical decline by intervening with progressive movement and ambulation.

Outcomes:

Increase in physical activity level: bed rest, out of bed to chair, out of bed to bathroom, walk in room, walk in hall
Post – acute disposition: home, rehab, sub-acute, nursing home

METHODS

- **Point One:** Using process identified below chart review we described the sample of patients, mostly geriatric complex care patients from one hospitalist group service, to identify patient demographic factors.
- **Point Two:** Using communication tools such as rapid rounds and bed side reporting, team members discussed patient activity goals; secured appropriate order, facilitated activity orders through the use of a trained research assistant, and documented patient progress.
- **Physical Activity Intervention:** Standard ROM, OOB, progressive ambulation activities
- **Point Three:** We used a knowledge translation model4 on one acute care unit. This model is particularly sensitive to context, a factor we believe is vital to the analysis of the issue and its resolution. The process included problem identification, context analysis, plan development, implementation, and on-going evaluation with adjustments to facilitate and guide the process toward the desired outcomes.
- **Knowledge Translation:** The Promoting Action in Research Implementation in Health Services (PARIHS®) model1.

RESULTS

We analyzed both the process of knowledge translation and patient outcomes over the year long project. n = 171.

Point Number One: Demographics

Point Number Two: Implementation of a mobility intervention resulted in:

1) Increased provider awareness of the need for patients to be mobilized,
2) Increases in patient mobility on average during the hospital stay, and
3) Decrease in patient length of stay from 6.28 to 5.65 during the 3 month intervention period. Almost half of the patients were discharged to rehab, sub-acute and nursing home facilities instead of back home.

Point Number Three: Analysis of the knowledge translation process revealed:

1) Stakeholder engagement showed both positive and negative impact of the change process
2) Ambiguity of Role definition of care providers negatively impacts patient mobility
3) Task oriented nursing with varying attention to coordination of care leads to a decrease in addressing basic patient mobility needs.
4) Success happens with persistence, vigilance and ownership of the team

DISCUSSION

Deconditioning and functional decline during the hospital stay is a common occurrence5, especially in the elderly, who made up 63% of patients admitted to the pilot unit during the 3 month project time period. Evidence-based measures such as promoting ambulation in patients that have no activity restriction, and providing progressive mobilization in patients that are debilitated have been shown to combat this decline3,6,7. We were able to demonstrate significant improvements in patient’s activity level, as well as a shorter length of stay, in those patients that participated in this project, when compared to the average length of stay on the unit. During the assessment phase of this knowledge translation project we identified stake holders including physicians, physical therapists, nurses and nursing assistants as necessary team members. Engaging all stakeholders in the process proved to be challenging and in order to encourage staff understanding we implemented the physical activity intervention using additional staff. The knowledge translation process was successful in providing a structure that assisted us in gaining insight into the contextual factors influencing this aspect of patient care, to rapidly redesigning our approach, to modeling behavior, and to demonstrating positive outcomes, thus, over time, improving the focus on mobility by the unit staff. These steps are a beginning point for development of a more comprehensive mobility program that will include functional performance measures and additional outcomes such as costs/savings and follow-up with patients post discharge.

In summary, this knowledge translation project, focused on preventing physical decline, was associated with improved patient activity levels, decreased length of stay, identification of contextual factors that facilitate or are barriers to improving our capacity to prevent physical decline in our patients and consistency of success.

REFERENCES


Disclosure

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