

# Utilization of Mobility Aides for Early Mobilization of Hospitalized Elderly

Rita Dyer, RN, MSN, APN-C  
Overlook Medical Center  
Summit, NJ

Michele Elkins, MD  
Geriatrician  
Overlook Medical Center  
Summit, NJ

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## PURPOSE

The purpose of this program is to identify elderly patients in the hospital age 70 or over who have been ambulatory prior to admission in order to continue or return them to that functional status early in the admission. This would result in more patients returning home instead of transitioning to sub-acute rehab and serve to engage them in meaningful socialization and activity decreasing the likelihood of hospital acquired delirium

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## BACKGROUND

Studies\* suggest that 60% of older adults suffer from functional decline related to hospitalization, resulting in increased dependency, decreased quality of life and autonomy, prolonged length of stay, risk of nursing home admission and hospital readmission and increased need for professional healthcare at home. Aging is associated with physical effects, such as decline in muscle strength, aerobic capacity and reduced pulmonary ventilation. Mobility is a key factor in promoting independence of the older adult. Low levels of mobility especially when the patient is confined in bed can lead to poor patient outcomes that may include urinary retention, incontinence, infection, constipation, and acute changes in mental status, DVT's, and pressure ulcers.

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## PRACTICE CHANGE

A nurse-driven early ambulation program was implemented on a 47-bed cardiac inpatient unit at Overlook Medical Center. The hiring of 2 mobility aides initially through grant funding provided the opportunity to encourage patients to ambulate within 24 hours of admission while incorporating socialization as an added benefit. Change in nursing practice included having the nurse assigned to the patient determine the patient's pre-hospitalization mobility as part of the admission assessment through the patient and family report and the current status of mobility. This assessment was then formalized in to a mobility list prepared each morning for the aides. The use of interdisciplinary rounds assisted with communication with case managers, social workers, and physical therapists. The program helped to create reevaluation of the communication effectiveness between staff, shift nurses, and other disciplines. Staff became more knowledgeable about their role in promoting functional stability and more instrumental in promoting safe discharges. Staff developed a plan to use white boards in patient rooms for informing the patient and family about mobility devices used to walk as well. In addition the mobility aides also assisted at mealtimes with feeding and socialization.

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## OUTCOMES

Initially, the program started on one hospital unit, but currently encompasses eight units. A third mobility aid has been hired in order to increase utilization of the program and remain consistent with program goals. Preliminary findings on the cardiac floor demonstrated a decline in sub-acute rehab discharges (36% at baseline to 7%). Hospital administration is currently reviewing the program, considering its sustainability once the grant funding ends.

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## CONCLUSIONS

This program is in the process of re-evaluating maximization of mobility aides and multi-disciplinary effectiveness in continually decreasing both sub-acute rehab discharges and hospital readmissions. There were positive responses by both patients and families relating to decreased fears in going home and more confidence in the patient's ability to ambulate.

\*Pashikanti, Lavanya, and Diane Von Ah. "Impact of Early Mobilization Protocol on the Medical-Surgical Inpatient Population." *Clinical Nurse Specialist*, 2012.