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Patient Care Services / Nursing

Volunteers Improving Mobility and Ambulation

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Volunteer Walkers



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A PASSION FOR BETTER MEDICINE."



Background/Significance

- Immobility has been found to have detrimental effects upon a patients physical and mental well being.
- Early and frequent ambulation has been found to decrease the length of a patients' hospital stay, they have experienced fewer complications, they were able to maintain their functional independence and experienced a more rapid recovery.

PICO QUESTION

- P: Hospitalized independent ambulatory medicalsurgical patients.
- I: Model for independent ambulation supported by volunteers
- C: Current practice, without an existing model for volunteer supported ambulation
- O: Increased ambulation as evidenced by number of patients and frequency of daily ambulation for those patients.

Iowa Model Trigger

Problem

- Identification of Clinical Problem
- Patients are not being ambulated due to sedative drugs, physical restraints, medications that cause acute confusional states and lack of time/staff members. This immobility has been shown to cause a 5% decrease in strength per day for these inactive patients.

EVIDENCE

- Search engines:
 - CINAHL
 - DynaMed
- Key words:
 - Ambulation
 - Mobility



EVIDENCE

• During an average hospital stay, a patient will spend 73%-83% of their time lying in bed.

 This inactivity has been found to cause a 5% loss of strength per day.

(Drolet, DeJuilio, Harkless, Henricks, Kamin, Leddy, Lloyd, Waters, 2013)

 Between 34-50% of elderly patients in a medical surgical setting lost function during their hospitalization for reasons unrelated to the primary diagnosis due to effects of bed rest, indwelling catheters, use of sedating drugs, physical restraints and medications that can lead to acute confusional states.

(Inouye, Acampora, Miller, Fulmer, Hurst & Cooney, 1993)

EVIDENCE

- Frequent and early ambulation has been proven to:
 - Increase level of consciousness (LOC)
 - Increase functional independence
 - Improve respiratory function
 - Improved cardiovascular fitness
 - Improve overall psychological well-being.
 - Decrease length of stay (LOS)
 - Increase amount of patients being discharged home instead of skilled nursing facility or rehab.

(Fleck, Bustamante-Ara, Ortiz, Vidan, Lucia & Serra-Rexach, 2012)

Current Practice at LVHN

- Prior to our EBP work, no program was in existence that allowed volunteers to ambulate hospitalized patients
- Responsibility of registered nurses and technical partners to see that their patients were ambulating

IMPLEMENTATION

Implement "Volunteer Walkers" on pilot units within LVHN after examining evidence of the benefits of patient ambulation

Create training program for volunteers with support from PT/OT

Create criteria with which to assess eligible patients

Practice Change

- Development of volunteer walking program at LVHN has been implemented this spring
- Orient and train volunteers
- Newly available resource to ensure patient ambulation increases

RESULTS

- Volunteer Walkers is now an official LVHN program that is growing
- With the assistance of these volunteers, eligible patients are being ambulated

Implications for LVHN

- Increase in number of patients ambulated
 & number of times patients ambulate
- Potential: Decreased LOS, leading to a host of benefits for the network
 - Potential for decreased cost
 - Potential increase in patient outcomes

Strategic Dissemination of Results

PLAN for DISSEMINATION

- Education to nurses, physical therapists, patients, volunteers, etc.
- Share the importance of ambulation with medical staff.
- Share importance of decreasing amount of sedative drugs and medications that lead to acute confusional stages.
- Share criteria for patient/volunteer ambulation.

Lessons Learned

- Educate volunteers, nurses and patients about the benefits of early ambulation.
- Ambulate patients early in their hospital stay to prevent against deterioration.
- Decrease the amount of sedating drugs and medications that can cause acute confusional states.

References

- Brown, C. J., Friedkin, R. J., & Inouye, S.K. (2004). Prevalence and outcomes of low mobility in hospitalized older patients.
- Journal of the American Geriatric Society,
- **52**, 1263-1270.

52, 1203-121

- Brown, C. J., Redden. D. T., Flood. K.L., Allman. R.M. (2009) The under-recognized epidemic of low mobility during hospitalization of older adults. *Journal of the American Geriatric Society*, 57, 1660-1665.
- DeMorton, N. A., Keating, J., Jeffs, K. (2007). The effect of exercise on outcome of older acute medical patients compared with controls or alternative treatment. Clinical Rehabilitation, 21, 3-16.
- Drolet, A., DeJuilio, P., Harkless, S., Henricks, S., Karmin E., Leddy, E., Lloyd, J., Waters, C. (2013) Move to improve: the feasibility of using an early mobility protocol to increase ambulation in the intensive and intermediate care settings. 93, 197-207.
- Fahlman, M., Morgan. A., McNevin., N., Topp. R., & Boardly. D. (2007). Combination raining and resistance training as effective interventions to improve functioning in elders. *Journal of the Aging and Physical Activity*, 15, 195-205.
- Fisher, S. R., Kuo, Y., Graham, J. E., Ottenbacher, K.J., Ostir, G. V. (2010). Early ambulation and length of stay in older adults hospitalized for acute illness. *Archives of Internal Medicine*, 170, 1942-1943.
- Fleck, S., Bustamante-Ara, N., Ortiz, J., Vidan, M., Lucia, A., & Serra-Rexach, J. (2012) Activity in geriatric acute care (AGECAR): rationale, design & methods.
- Inouye, S., Acampora, D., Miller, R., Fulmer, T., Hurst, L., & Cooney, L. (1993). The yale geriatric care program: A model of care to prevent functional decline in hospitalized elderly patients.
- Tucker, D., Molsberger, S. C., & Clark, A. (2004). Walking for wellness: Collaboration program to maintain mobility in hospitalized
- older adults. Geriatric Nursing, 25, 242-245.

Make It Happen

• Questions/Comments?

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