The Problem

Early ambulation in hospitalized patients is a key intervention in the mitigation of hospital associated complications, including venous thromboembolism and related events, pressure ulcers, respiratory infection and gastric motility issues.

Evidence supports early ambulation, as it leads to a decreased length of stay in older adults hospitalized for acute illnesses (Fisher, et. al).

In December 2014, the average inpatient daily census at Beth Israel Deaconess Hospital-Milton increased by > 11% following the closure of Steward Quincy Medical Center. Although the hospital increased nursing staffing levels on inpatient floors, the ability to ensure early ambulation of patients remained a challenge.

Aim/Goal

Develop a new model of care incorporating ambulation aides to ensure patients consistently had access to early and safe ambulation. As a result of this practice change, the hospital’s goal was to increase the percent of patient’s discharged to home after total joint surgery to 77%.

The Team

- James Lawson, Director, Rehabilitation and Occupational Health Services
- Dawn Zaccaria, Director, Nursing Operations
- Dr. Michael Berry, Chief, Orthopedics
- Dr. Carmel Kelly, Family Medicine
- Lindsey Ralston, Clinical Nurse Coordinator, 2 North
- Inpatient medical/surgical nursing staff
- Inpatient Physical/Occupational therapy staff
- Tom Mailloux/Jessica Crowley, IT System Analysts II
- Deb Adducci, Inpatient Rehab Supervisor, BIDMC
- William O’Brien, Executive Director, Community Physician Associates
- Lynn Cronin, Vice President of Nursing/Chief Nursing Officer
- Rebecca Blair, Vice President of Experience & Organizational Development
- Cindy Page, Vice President of Clinical and Support Services

The Interventions

- Gained strong support throughout Hospital to improve patient experience and satisfaction and to decrease length of stay and incidence of post-operative complications.
- Position Changes: Converted two nursing assistant positions to Mobility Aides.
  - Focus – Walking and assisting patients out of bed.
- Interdisciplinary team, including rehabilitation, nursing, IT and medical staff met to determine plan for position. Input from BIDMC Nursing and Rehab Services.
- Introduced Johns Hopkins Highest Level Mobility Scale (HLM).
- Created HLM Assessment – linked to EMR.
- Report created for use by Mobility Aides listing patients by HLM scores.

Progress to Date

Lessons Learned

- Performance vulnerable to staffing changes.
- Performance relative to length of stay was influenced by multiple variables, including acuity, psychosocial factors and staffing.
- Patient and staff feedback is favorable.

Next Steps

- Develop a patient handout so they can track their daily walking with some basics on the benefits of walking.
- Develop an educational document patients can take home with them that will enable them to continue with the walking program following discharge.