Daily patient ambulation decreases length of stay

Yale NewHaven Health Bridgeport Hospital

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Objectives:

To decrease length of stay, readmission rate, SNF utilization and QVI by early and daily mobilization of patients.

Background:

There is a strong evidence that mobilization impacts length of stay, falls and QVI. We identified that mobilization of patients was a low priority by nursing and rehabilitation staff, and we designed a multidisciplinary clinical redesign project, Optimal Utilization of therapy, OUT, to improve patient mobilization. The overarching goal of OUT project was to create a culture of mobilization where unless contraindicated, all patients are mobilized each day. Main outcomes tracked were reduction in LOS, 7, 30 and 90 day readmission rate, SNF utilization.

Action:

We designed a multidisciplinary Clinical Redesign Project to promote patient mobilization in Hospital. The interventions were at numerous levels including Nursing, Rehabilitation team, Providers and Care Coordinator. They were asked to reinforce mobilization of patients and incorporate mobilization report into daily transitional care rounds.

Providers were encouraged to set expectations of patient that mobilization is a priority.

The **PT/OT team** had responsibility to train nursing and PCT's on mobilization and safe transfer techniques. They were expected to respond to evaluation orders within first day and participate in daily rounds.

The nursing intervention included participation in mobilization training, discuss mobilization plan for each patient daily with PCT, ascertain individualized mobilization plan is met and charted for each patient , endorse all patients' mobilization status/outcomes during handoffs and rounds and report patients mobility status daily in transitional care rounds.

The care coordinators enforced that mobilization is reported in transitional care rounds daily and assisted in identifying patients who are independent/dependent

Optimal Utilization of Therapy:

Outcome measure	Baseline (10-1-2016 to 9-30-2017)	Current data (3-1-2018 to 10-1-2018)
LOS Average%	6.9	5.7
7 day readmission%	6.1%	2.3%
30 day readmission%	18.1%	3%
QVI %	1.8%	1.6%
% Discharged to SNF	33%	28.3%
QVI Falls%	0.1%	0%
QVI Pressure ulcers%	0.1%	0%
	0.5%	0.7%
QVI Delirium%	1.3%	0.9%

Summary:

Our study is still in progress but even at this early stage we are able to see a significant decrease in LOS, readmission rate, fall, SNF utilization rate. Since Nursing team is reporting patient's mobility daily in transition care rounds and rehabilitation team is now integral part of transitional care rounds, there is a slow but exciting culture change to mobilize patients daily.

To provide best patient care, to decrease LOS, decrease SNF utilization and decrease readmission rate; patients have to be mobilized earlier and often in their hospital stay. If we have involvement from all key participants in patient care namely Nursing, PCT, PT, OT, Providers, Care coordinator; we can change the culture to mobilize patient daily and make a positive difference in above outcomes.

Our **OUT (Optimal Utilization of Therapy**) clinical redesign project showed that above goals can be achieved