Abstract

Background and Purpose: Hospitalized general medicine patients are known to spend a majority of their time in bed, causing them to be discharged below their functional baseline. This is concerning, as low levels of physical activity among hospitalized older adults can result in loss of muscle, increased fall risk, decline in functional autonomy, pneumonia, pressure sores, increased length of stay, venous thromboembolism, delirium, and or increased need for a facility at time of discharge. The purpose of this quality improvement project was to implement a 6-point mobility bundle to improve the percentage of days hospitalized general medicine patients meet (or exceed) their assigned mobility goal at the target institution.

Methods: This project utilized a pre- post design comparing the percentage of patient days hospitalized general medicine adult patients met their assigned mobility goal at baseline (February 2021) to the months during implementation (September, October, November, and December 2021). The intervention was a 6-point mobility bundle that was previously implemented at a sister institution.

Results: A total of 8,134 patient days that met inclusion criteria were provided as de-identified monthly aggregate data over the 12 weeks of this quality improvement project. Pre- intervention (identified as the month of February) data was provided for each mobility goal category. There was significant improvement in the percentage of patient days each mobility goal category was met, as compared to the month of February, except for Johns Hopkins Highest Level of Mobility goal 3-5 in December.

Conclusion: Findings suggest that a standardized mobility protocol to improve the percentage of patient days each mobility goal category was met may have a clinically significant impact on hospitalized general medicine adult patients and should be further utilized.

Implications: This project can help supplement and standardized current mobility practices at the institution, to further increase the percentage of days patients meet their mobility goal.

Keywords: mobility, mobility bundle, mobility goal, JH-HLM, quality improvement