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A publication by the Sizewise Clinical Support Team

## Patient Mobility: An Unexpected Challenge

By Karen Egli RN, BA, CWCN

Moving patients in care settings can often be an emotionally and physically daunting task for staff. Keeping patients mobile decreases incidence of blood clots and pneumonia, and also improves gastrointestinal motility, respiratory effort, autonomy, and overall sense of wellbeing. In addition to nursing staff, both physical therapy and occupational therapy—and to some extent, respiratory therapy—play an important role in assisting patients with mobility.

While healthcare technology continues to steadily evolve, our attitudes and implementation of safe patient mobility standards do not. The issues and challenges surrounding patient mobility are many, and caregivers must consistently examine current strategies and perceptions within community, acute care, and homecare settings and identify strategies in need of change.

### More Sedentary Than Ever

As a population, we are becoming more sedentary and integration of activity and exercise into our daily routines seems to take a conscious effort. Sedentary jobs have increased 83 percent since 1950; physically active jobs now make up only 25 percent of our workforce.<sup>1</sup>

Physical inactivity and obesity are major contributors to disease worldwide.<sup>3</sup> Exercise combats the negative



### A Less Mobile Culture

- According to the 2012 Annual Report of America's Health Rankings, 40% of the US population is physically inactive.
- After 1 week of bed rest, muscle strength may decrease as much as 20%.
- Of Medicare enrollees aged 65 years or older, 23% of women and 14% of men are unable to walk 2 to 3 blocks.<sup>13</sup>
- Most people outlive their ability to drive by 6-10 years. With up to a decade to live after turning in their keys, people need other options for getting around their communities.<sup>14</sup>

## Strategies to Maintain Mobility

- 1. Maintain the Individual's daily routine.** Help to maintain physical, cognitive, and function through physical activity and socialization. Encourage walking and visiting with family, friends, pets, and reading.<sup>15</sup>
- 2. Encourage activity,** including routine exercise, range of motion, and ambulation to maintain activity, flexibility, and function.<sup>15</sup>
- 3. Assess and treat for pain.** Persistent pain or its inadequate treatment can lead to decreased mobility and function, falls, depression, social isolation, poor sleep, and weight loss.<sup>16</sup>
- 4. For judicial use of medications,** collaboration among all care providers is essential.
- 5. Design a functional, safe environment.** Incorporate handrails, wide doorways, raised toilet and shower seats, enhanced lighting, low beds and chairs of various heights.<sup>15</sup>
- 6. Educate patient and caregivers** on the value of independent functioning and the consequences of functional decline.<sup>15</sup>
- 7. Assess and reassess as health and physical condition change.** Adapt the plan of care to the individual to keep it challenging yet therapeutic.

outcomes of sedentary lifestyles by improving overall health. Those who strive to maintain an active lifestyle sometimes feel like a hamster on a wheel, trying to get the recommended amount of exercise per week.

The number of sedentary people—those who do not exercise—is growing. They will drive for several minutes looking for the closest parking spot rather than park further away and walk. The effect of this inactive lifestyle has become a burden to our healthcare community.

In 2006, the California Center for Public Health Advocacy (CCPHA) estimated healthcare costs of physical inactivity, obesity, and overweight at their state level. This study is summarized in Table 1, showing the direct costs of healthcare services and indirect costs of lost productivity.

The total annual estimated cost to California for the bariatric population was **\$41.2 billion** in 2005. Care facilities find themselves faced with the struggle of maintaining quality patient outcomes while balancing costs.

### Acute Care Settings

Innovative technology in acute care settings has the ability to extend the survival of critically ill patients. This has increased healthcare costs across the board.

Unfortunately, many facilities respond to this by decreasing their staff-to-patient ratio. Caregivers are then asked to do more with less help. This contributes to increasing staff injuries, absenteeism, overtime, and employee retention issues. According to the 2012 Bureau of Labor Statistics, musculoskeletal disorders (MSDs) or “ergonomic injuries” account for 34 percent of all workplace injuries.<sup>4</sup>

In 2001, the Department of Veterans Affairs VISN 8, the *Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement*, dealt with the issues surrounding patient and staff safety by implementing a nine-month multifaceted Safe Patient Handling (SPH) program. Their goal was to reduce the number of work-related injuries to their nurses and nursing assistants. The program included a no-lift policy in all of their high-risk units, as well as an ergonomic assessment protocol, clinical

Table 1. Lost productivity direct and indirect costs.

| Overweight and Obese Patients | Cost (\$)    | Inactive Patients | Cost (\$)    |
|-------------------------------|--------------|-------------------|--------------|
| Healthcare Costs              | 12.8 billion | Healthcare Costs  | 7.9 billion  |
| Lost Productivity             | 8.2 billion  | Lost Productivity | 12.3 billion |
| Total                         | 21 billion   | Total             | 20.2 billion |

algorithms, and the purchase of SPH equipment. The direct and indirect costs were calculated, and the estimated direct benefit of implementing the program was a cost savings of \$155,719. The payback time it took for the project to break even was 4.3 years.<sup>5</sup> Additionally, facilities benefited from decreased injury rates to staff and decreased workman's compensation costs.

**"Those who strive to maintain an active lifestyle sometimes feel like a hamster on a wheel..."**

### Intensive Care Unit (ICU) Mobility

In all areas of care, the emphasis for patients is focused on early mobility. Intensive care units (ICUs) especially face extreme challenges when it comes to this. The patient's fragile state and numerous other barriers to mobility, such as tubes, catheters, monitoring, and life support equipment, can make the challenge of mobilizing ICU patients an arduous task.<sup>6</sup> Promoting upright positioning and at times mobilizing ventilated patients can shorten a patient's length of stay.<sup>7,8</sup>

After one week of bed rest, muscle strength may decrease as much as 20 percent, with a continued decrease each subsequent week. Weakened muscles in turn increase oxygen demand.<sup>9</sup> Successful ICU mobilization programs require a collaborative team effort between physicians, physical therapists,

respiratory therapists, and nursing staff.

### Long-Term Care and Homecare

Maintaining and increasing mobility after a hospital stay can also be problematic. A patient may have the correct assistive/adaptive equipment while in a facility, but upon discharge to home or a long-term care facility, there may be a lapse. Potential issues could be with insurance, equipment, or medication, and a break in communication can often be the catalyst for a patient's re-admittance to the hospital.

Homecare programs play an integral role in patient follow-up and in early intervention should a patient's status change. Homecare programs such as A Program of All-inclusive Care for the Elderly (PACE) can be extremely beneficial by providing comprehensive medical and social services to the Medicare and Medicaid population (see *Resource Programs* for a list of more programs).

### Mobilize Into Action

The task of maintaining patient mobility requires a collaborative effort on the part of caregivers in both the inpatient and the outpatient setting. Healthcare facilities must recognize the effect that a supportive infrastructure has in maintaining a safe, productive, and cost-effective environment to patients and employees. On an individual level, our culture can benefit from an increase in activity, modeled by our healthcare community. ◀

## Resource Programs

**National PACE Association:** [npaonline.org](http://npaonline.org)

**Inclusive Childcare:** [inclusivechildcare.org](http://inclusivechildcare.org)

**Family Caregiver Alliance:** [caregiver.org](http://caregiver.org)

**Your Aging Resource Center:**

[youragingresourcecenter.org](http://youragingresourcecenter.org)

**Access to Respite Care and Help:** [archrespice.org](http://archrespice.org)

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## About the Author

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