

# Early Mobility, Fall Rates, and Lengths of Stay in Hospitalized Geriatric Patients

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## Background

- Literature shows roughly 83% of hospitalized older adults, most of their time was spent in bed and 3% ambulating (Mooser et al., 2023).
- Staff-facilitated general mobility interventions can help prevent adverse outcomes and improve functional status in hospitalized older adults (Johnson et al., 2023).
- More than one million hospitalized falls are reported yearly in the US, making falls a costly common reported adverse event (Capo-Lugo et al., 2022).

## Purpose

Research shows that the geriatric population has highest risk for falls during hospitalized inpatient stays. Increased risk for this population are related to functional decline and age-related changes.

In hospitalized geriatric patients, what is the impact of daily mobility compared to no mobility/late mobility on falls rates and length of stay?



References

## Outcomes/Results

- Post-project implementation data for length of stay demonstrated no differences for either Unit 21 or 51.
- Data post implementation for three months does show an impact on falls for two out of the three months on both units 21 and 51.
- On Unit 51, patients were ambulated a total of 142 times and up to the chair a total of 115 times. For unit 21, patients were ambulated a total of 208 times and up to the chair a total of 125 times.

## Methods

- Education on BMAT was provided to all staff of Unit 21 & 51 before project implementation.
- Staff from 21 & 51 including RN's, PCT's and PT participated in the project and encouraged mobility in patients as much as possible.
- After morning huddle, RN placed "running man" sign on door. Patient mobility data sheet was documented by RN or Charge RN.
- Project data were analyzed and compared to reports from 3 months pre-implementation for project evaluation. Data collected included: ambulation frequency and type in a 12-hr shift.

## Conclusions

- Overall, the pilot to increase ambulation in older adults went well.
- Barriers to implementation and documentation of increased ambulation included low staff motivation and / or float staff who weren't familiar with the project.
- More time and data needs to be collected to see if there is a true impact on length of stay.
- Data shows this EBP can have a positive impact on reducing fall rates.

## Next Steps/Future Research

Future recommendations included targeting float staff that float regularly to the unit, on the education and implementation of the project.

Evaluate data after more time to see if impact is clear on length of stay.

Encourage monthly incentive for staff motivation

Create staff survey to see staff recommendations on improvements to this project

Expand project to other units besides Med- Surg units.