Title: “Let’s Get Moving!!”

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Purpose and Rationale: De-conditioning in the elderly patient can occur after only two days of bed rest (Hirsch et al., 1990) including loss of bone and muscle mass, decreased reaction time and decreased speed of movement. De-conditioning puts elderly patients at risk for falls and increasing length of hospital stay (Capezuti et al., 2008). One of Middlesex Hospital’s fall prevention strategies is early mobilization of patients. Because not all patients warrant a physical therapy consult, often the RN is responsible for assessing the patient’s level of mobility. There is no performance test of physical mobility available to the Middlesex Hospital RNs who care for inpatients, which attributes to their hesitancy in getting patients out of bed and ambulating.

Research Question: What is the most appropriate functional mobility tool to use on hospitalized older adult patients who do not warrant a physical therapy consult to improve staff confidence in assessing a patient’s gait and balance?

Synthesis of Review of Literature: There is currently not a simple and practical functional mobility assessment tool proven to be both valid and reliable for older adults in the acute care setting.

Methods and Procedures: The evidence based practice team first identified the problem and formulated a PICO question. Five separate literature searches were then performed, each using different key words utilizing both CINAHL and Medline databases. The evidence was leveled and each study’s strengths and weaknesses were identified, including their constraints and limitations. The EBP team then narrowed down the functional mobility tools to four. Each was evaluated for ease and length of time of administration, appropriateness across the continuum of care and practicality in the Middlesex Hospital setting.

Results: The Timed Get Up and Go Test best met the needs of the Middlesex Hospital nursing staff.

Discussion and Application to Practice: The results of the EBP project will be presented to various committees at Middlesex Hospital including the Professional Practice Council and the Fall Committee. A short term interdisciplinary team will be established to review the findings and determine how the Timed Get Up and Go functional mobility screening assessment can best be implemented at Middlesex. After review and education is completed, the TUG will be added to the nursing care plan on mobility. With this new assessment tool in place, MHS nurses’ confidence in assessing older adult patients’ level of mobility should improve, thus increasing early mobilization of our older adult patients.