REDUCING PATIENT LENGTH OF STAY ON A MEDICAL UNIT THROUGH EARLY AMBULATION
-Poster Presentation-
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Background:
Professional nurses are accountable for favorable patient outcomes and wise stewardship of organizational monies, in addition to being sensitive to their patients’ financial status. Early mobilization correlates to positive patient outcomes by decreasing the risk of venous thromboembolism, pulmonary embolism, pressure ulcers, and pneumonia while enhancing a patient’s well-being and satisfaction with care delivery. Furthermore, studies demonstrate a link between implementation of early mobilization programs and a decrease in intensive care and inpatient unit length of stay translating to cost benefits for the organization (Drolet et al., 2013). Patients who increase their walking by 600 steps between their first and second day of hospitalization shorten their stay by approximately two days (Fisher et al., 2010).

Purpose: Demonstrate early ambulation results in a decreased patient length of stay.

Sample: All inpatients admitted to an inpatient, adult, medical unit, between the ages of 18 to 108 years old during the month of September 2013

Setting: A 24 bed general medical unit located in a large, quaternary care, urban, Midwestern, not-for-profit, hospital.

Method: Multiple strategies were used to engage and enhance staff support of early ambulation. The goal was patient ambulation four times per day. Staff support included creating task lists in the electronic health record, highlighting the importance of patient ambulation to the aides during shift change report, huddle messages, and endorsement by the unit shared governance council. The intervention began in September of 2013 and continued for the entire month.

Results: The average length of stay in September 2012 was 5.20 days. The average length of stay for September 2013 was 3.63 days. The overall length of stay on the unit has decreased by 0.94 days. The average cost for one day on the unit is $2500. The unit had 169 admissions in September, 2013 which translates to a September savings estimated to be $397,150.

Conclusions: With increased early ambulation, the average length of stay decreased and demonstrable cost savings were recognized. Data is not available at this time related to increases in patient satisfaction. The unit is currently exploring the next steps which are, to continue the current process, or bring in an interdisciplinary perspective with the inclusion of physical and occupational therapies.