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Q1: Staff person submitting this nomination.

Name:	Kelley Boothby/Eileen Pelletier
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Q2: Name of Volunteer Program.

Mobility Volunteers

Q3: Program Category: Select one of the four program categories.

In-Service Hospital Volunteer - programs that designed and implemented innovative services to address needs or challenges within the health care organization.

Q4: Provide the date the program was implemented.

05/01/2011

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Q5: Provide a brief description of the program, including its goals and outcomes. (600 words max)

Lack of mobilization of patients, especially older adults, is a nationwide trend and has been an on-going concern at Hartford Hospital. Research shows that hospitalized older adults do not remain in motion:

- Functional decline is a major complication of hospitalization with 35-50% of hospitalized older adults experiencing functional decline between admission and discharge (Inouye et al, 2000).
- Older adults spend 83% of their time in bed during hospitalization and lose function as early as the day after admission (Brown et al, 2009).
- Immobility increases risk of pressure sores, falls, pneumonia, orthostatic hypotension and constipation (Covinsky et al, 2003; Gillis & McDonald, 2005).

Experience at Hartford Hospital showed decreased mobilization of patients on nursing units and increased physician referrals to Physical Therapy for some patients, not because they required skilled intervention, but because no one was getting them up to walk.

Perceived barriers to mobilization included: lack of time, lack of equipment, lack of staff to assist, lack of patient motivation, risk of fall, presence of medical apparatus, symptoms of illness (weakness; pain; fatigue).

To address the mobility issue, a team comprised of staff from volunteer services, geriatric medicine, nursing education and physical therapy collaborated to develop the Mobility Volunteer Program, aimed at partnering trained volunteers with nursing staff for the purpose of safely mobilizing select patients on acute care nursing units.

Goals of the "Mobility is Medicine" program:

- Increase mobilization of patients to prevent deconditioning, loss of function and complications associated with bed rest.
- Create a culture change, embedding the importance of early and frequent mobilization as a priority for nursing staff intervention and care planning.
- Train Volunteers who will act as change agents for the nursing staff by demonstrating the value of patient mobilization.
- Provide a valuable patient interactive role for Volunteers interested in the health care field.

Mobility volunteers arrive on the identified medical/surgical units and are trained to connect with the bedside nurses to assist with appropriate patient selection. The volunteers touch base with the assigned nurses by calling their individual phones and notifying the nurse that they are on the unit and available. The volunteer collects names and important clinical information from the nurses and nursing assistant about each patient (use a device, need for oxygen to walk, distance usually tolerated). The unlicensed staff under the direction of the supervising registered nurse also has had an important role in this process and many of them serve as teachers of important safety information. It is common for volunteers and nursing staff to work together to mobilize patients requiring assistance from multiple individuals at once. The nursing staff and volunteers work together as a team to plan and implement safe mobility opportunities for patients.

Intermittent communication between the program coordinator and the volunteers is important. It not only makes the volunteers feel supported but acts as a means to solicit feedback from the volunteers that may serve to improve the program's quality or safety or the volunteer/staff/patient satisfaction.

Over a 2 year period, 97 volunteers have devoted approximately 3000 hours to this program, participating in 3150 mobility episodes on 6 units. Responses to this program have been overwhelmingly positive. The patients have expressed confidence in each volunteer's ability to assist them with safe mobilization and often request the volunteer by name to "take them for a walk". The nursing staff has been appreciative of the volunteer's assistance in meeting the mobilization needs of the patients. The majority of the nursing staff reported that this program led to prioritization of planning, carrying out, discussing and documenting patient mobilization. The volunteers feel comfortable in their role and valued by both patients and staff.

Q6: Describe the role of volunteers in planning, developing, implementing and maintaining the program. (400 words max)

The Volunteer Auxiliary funded the purchase of walkers and gait belts to be used by Mobility Volunteers. Two pilot units were initially chosen. Volunteers were solicited by the Volunteer Services Department and interviewed for appropriateness by the physical therapist that was responsible for the initial volunteer training. The majority of volunteers have been college students enrolled in a health-related program or interested applying to one. Volunteers must possess excellent interpersonal skills in order to be able to make patients feel comfortable and gain their confidence.

Volunteer training consists of one large group orientation session and, most commonly, two 3-hour individual training sessions on the units practicing the role with a trainer. During orientation the program's philosophy, patient rights, infection control, safety and fall prevention, communication strategies, and role responsibilities are discussed. Volunteers also get hands-on practice with guarding techniques and the management of hospital equipment (IV poles, urinary catheter bags, oxygen tanks, hospital beds, bed and chair alarms, gait equipment). The physical therapist performed all training during the pilot process.

Based on the success of the pilot, expansion of the Mobility Volunteer Program was requested. Due to staff obligations and productivity expectations, the only way this beneficial program could expand was with the help of more volunteers. Fortunately, experienced mobility volunteers from the pilot stepped up to assist with the training of new volunteers. They have become an integral part of the entire program. The physical therapy program at Springfield College in Massachusetts implemented a semester requirement for students to serve as Mobility Volunteers at Hartford Hospital, giving them first hand experience in a healthcare setting. This accounts for 30 to 40 students being trained to serve and learn each semester. The volunteers have made it possible for the program to be expanded to six acute care nursing units.

Some volunteers have been hired by the Hospital as Patient Care Assistants, while attending nursing school and continuing to serve as Mobility Volunteers. Another volunteer has asked and will be doing an independent study involving the Mobility Volunteer Program for her undergraduate work. Part of the project will involve assistance with the updating and rewriting of training materials for the Mobility Volunteer Program.

Q7: Describe how this program is unique and/or innovative.(400 words max)

Take notice

When nurses initiated interventions to provide mobilization upon admission, older adults were 3 times less likely to decline in functional status (Doherty-King, 2006)

Nursing care which encourages patients to engage in activity during hospitalization can prevent deconditioning and disability (Boltz et al, 2008)

The importance of mobilizing patients to help minimize the complications associated with bed rest has historically been a part of basic nursing education. In spite of this, over the past few years there has been a decline in nurse-initiated mobility, particularly on medical units. Physical therapists in many parts of the country have reported increased referrals for physical therapy for patients that were not in need of skilled therapy services but were referred because no one was mobilizing them. Of concern are complications that may result in increased cost to hospitals due to uncompensated care (pressure ulcers, pneumonia, injury from falls) or decline in patient health or function that results in decreased quality of life and/or need for nursing home care.

Utilizing volunteers to mobilize patients is a cost effective way to address the national trend of perceived barriers to mobilization, which are lack of time, lack of equipment, lack of staff to assist, lack of patient motivation, presence of medical apparatus, symptoms of illness (weakness; pain; fatigue), and risk of fall.

In addition to increasing mobilization opportunities for patients, this project was designed to create a paradigm shift, making mobilization a priority. The mobility volunteers have acted as change agents for the nursing staff by demonstrating the value of patient mobilization. The mobility volunteer program has provided an opportunity for physical therapy, nursing and volunteers to create a partnership that has focused on a shared desire to improve patient outcomes.

Q8: Describe how the program benefits the service recipients, the health care organization and/or the community. (400 words max)

This program has been a change agent and stimulant to making mobilization of patients a priority at Hartford Hospital. Several mobilization initiatives have sprung from this program, including a Mobilize to Maximum Potential order upon admission and unit based scheduled walking times. Early and regular mobilization can improve patient outcomes. Replication of this volunteer program is cost neutral while bringing great gains to patient care.

The Volunteer Mobility program helps patients maintain functional levels associated with a good quality of life. It contributes to more patients returning to their homes from the Hospital, rather than going to a rehabilitation facility. Patients and staff are appreciating that there is no medicine more beneficial to treating muscle weakness, loss of power, low endurance and fatigue than getting up and moving.

The Nursing Report:

Nurses mentioned patient mobility status more often in shift report following the pilot program (pre= 66%; post +100%)

Patient Care Assistants mentioned mobility status more often in shift report following the pilot program (pre=60%; post 100%)

Nursing staff's reported perception of the Value of the Mobility Program

- Increased staff's time to do other activities (100%)
- Provoked staff to think about the patient's mobility needs (82%)
- Increased staff's reporting of mobility status during report (88%)
- Increased staffs documentation of mobility status (82%)

Patient Survey Responses:

- I felt comfortable/safe having the Mobility Volunteer help me mobilize. 80% Agreed
- I enjoyed walking with the Mobility Volunteer. 100% Agreed
- I feel as though I have had enough opportunity to walk during this hospitalization to preserve or regain my strength and balance. 100% Agreed
- I feel the Mobility Volunteers interact with me in a professional and caring manner. 100% Agreed
- The Mobility Volunteers I have interacted with are friendly and caring. 100% Agreed
- If the Mobility Volunteer had not come to my room I probably would not have gotten up to walk on my own. 100% Agreed

The program has served to expose different types of students to nursing staff personnel. Unexpected interactions with these volunteers have led to rich discussions about patients, clinical situations and their personal career goals. These volunteers quickly became part of the group and a tremendous addition to the nursing units they provide service to. Observations have shown that patients enjoy the added benefits of socialization and personal attention from the mobility volunteer. Overall, it has been a win-win-win situation for patient, nursing staff and volunteer.

PAGE 5: Contacts

Q9: Chief Executive Officer of the nominated hospital/system.

Name	Jeffrey Flaks
Title	President and CEO
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Q10: CEO Support. Checked box confirms that your CEO supports the submission of the nominated program.

Q11: Administrative Assistant to the CEO.

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Q12: Name of the volunteer or auxilian who will be representing the program at the AHA Annual Meeting, May 5, 2014.

Name	Alexandra Shaw
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Q13: Volunteer Service Professional/Manager.

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