Allied Health Future Directions

Moving Forward: Barriers and enablers to mobility in a sub-acute setting

McRae P[1], Mudge A[1,2], Bew P[3], Ylarde J[3]

[1] Royal Brisbane and Women's Hospital, [2]QUT, [3]Brighton Health Campus

BACKGROUND

Studies measuring mobility levels of older patients in sub-acute settings have described low levels of mobility outside of scheduled therapy time[1,2] but few have explored the barriers and enablers to mobility in this setting. Increasing mobility levels has the potential to reduce rehabilitation length of stay.

AIMS

1. Measure mobility levels in patients aged 65 and older in two sub-acute wards of a purpose built-rehabilitation facility
2. Identify barriers and enablers to mobilisation from staff and patient perspectives.

METHOD

This prospective observational study was conducted at Brighton Health Campus, Brisbane, between February-November 2016. It used mixed methods to identify current inpatient mobility levels and staff and patient perceptions of barriers and enablers to mobility. Daytime mobility levels (8am-4 pm) were measured on a week-day and Sunday using activity mapping across two wards (a rehabilitation and transition care ward). Barriers and enablers were identified using a validated staff survey[3] (n=84; 52 nursing, 29 allied health, 3 other) and semi-structured interviews of patients aged 65 and older (n=24).

REFERENCES
1. Smith P, Galea M, Woodward M, Said C, Dorevitch M. Physical activity by elderly patients undergoing inpatient rehabilitation is low: an observational study. Aust J Physiother. 2008;54:209-13.

RESULTS

Activity mapping

Activity mapping identified that patients spent on average 8% of their time upright (standing, walking or wheeling), 55% sitting in a chair and 37% in bed. It also identified they spent 66-78 % of their time in their room. Mobility levels did not vary according to the day of the week (Tuesday versus Sunday).
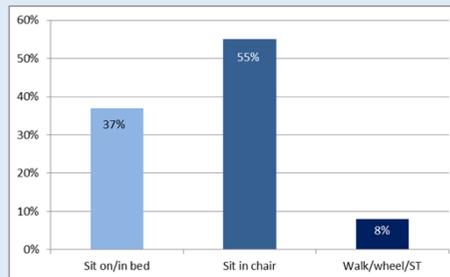

Figure 1
The figure reports average activity levels across all inpatients on 2 wards summarised into average proportion of all daytime spent lying, sitting and upright.

2. Cheung VHY, Salih SA, Crouch A, Karunanithi MK, Gray L. Monitoring ambulation of patients in geriatric rehabilitation wards: the accuracy of clinicians' prediction of patients' walking time. Int J Rehabil Res. 2012;35:375-7

Barriers and enablers

Barriers and enablers have been grouped under common themes. Table 1 describes the key staff-reported and patient –reported barriers and enablers.

Table 1

Staff Barriers	Patient Barriers
Unclear responsibility for mobilising	Emotional state (self-motivation, feeling overwhelmed)
Unclear patient and staff expectations	Symptoms, especially pain
Workload concerns	Lack of assistance, waiting for nursing staff
Fear of personal injury	Fear of falling
Poor patient engagement	Inflexible routines and practices
Poor family engagement	Lack of activities /walking destinations
	Environment and equipment constraints

Staff Enablers	Patient Enablers
Regular team communication	Emotional state (retaining sense of personhood)
Strong belief in benefits of mobilising	Permission from staff
Supportive leadership	Family support
Confidence in knowledge and skills	Goal setting
Sufficient patient time for mobilising	Availability of assistance and equipment
	Beautiful environment

SIGNIFICANCE

We found that mobility levels of older patients were low in this rehabilitation facility, consistent with previously reported studies. The reasons for this appear to be complex. Understanding the barriers and enablers to mobility will inform strategies to enhance mobility levels in this vulnerable patient group.

3. Hoyer E, Brotman D, Chan K, Needham D. Barriers to early mobility of hospitalized general medicine patients. Survey development and validation. Am J Phys Med Rehabil. 2015;94:304-12.