



Reducing Rehospitalizations Through Early Mobility

The dangers of patient immobility are becoming clearer and clearer.

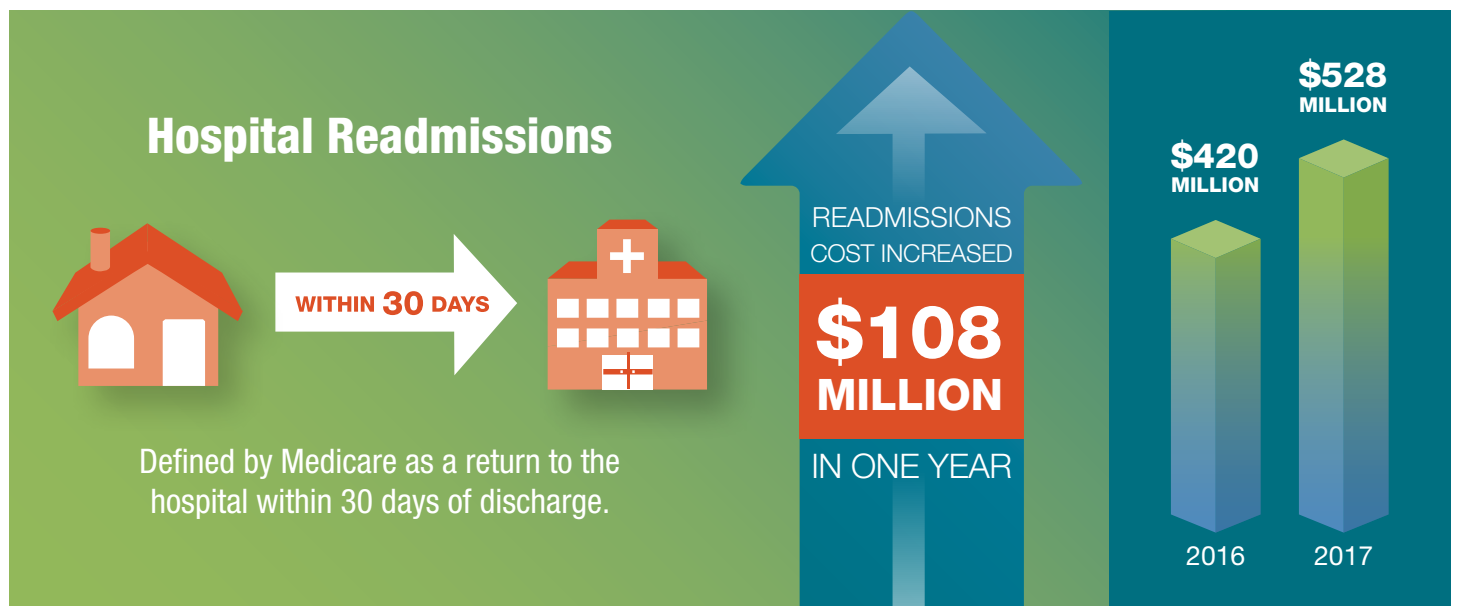
Studies show that keeping hospital patients in bed or in a chair can increase the likelihood of muscle atrophy, blood clots and bed sores. For some patients, immobilization – even for a few days – can lead to a permanent functional decline.

One study, published in the *Journal of the American Geriatrics Society* in 2009, found that older patients (the mean age of study participants was 74) on average spend 95% of their hospital stays in bed or sitting in a chair.

“Right now we have an epidemic of immobility,” study co-author Cynthia J. Brown told *The Wall Street Journal*. And for these patients, hospital readmissions are more likely to occur.¹

The cost of hospital readmissions – defined by Medicare as a return to the hospital within 30 days of discharge – increased to \$528 million in 2017, \$108 million more than in 2016.²

The federal government has also taken strides to decrease readmissions through Medicare’s Hospital Readmissions Reduction Program. For the 2018 fiscal year, 2,573 hospitals faced reduced reimbursement due to higher-than-expected readmission rates.³



The Important Role of Rehabilitation

Rehabilitation is an important thread that weaves throughout the patient care continuum and, as several studies show, the sooner it begins, the better – especially for elderly patients. Because physical, occupational and other kinds of therapies can be present throughout the recovery process, inserting rehabilitation practices early and often in a patient’s journey can be used to combat immobility at various stages and care settings, including Transitional Care Hospitals, rehabilitation hospitals and units as well as in the home.

Rehabilitation therapy has been shown to help with early identification of issues that could potentially lead to a hospital readmission. It also helps improve function, patient satisfaction and quality of care.

One important site of care that demonstrates the significance of rehabilitation in the healing process is the inpatient rehabilitation facility (IRF). IRFs are designed to provide rapid recovery and improved function for patients who can tolerate at least three hours of rehabilitative care a day. Treatment delivery and intensity of service is determined as part of an individualized plan of care, customized based on the individual’s existing abilities, tolerance for therapy and desired outcomes.

A 2014 study showed that treatment in an IRF “improves quality of life for the patient, defined as living longer, reducing the use of facility-based care including hospitals and ER visits, and remaining in their homes with outpatient services.”⁴

New CMS Initiatives and Pilot Programs Encourage Mobility

Many hospitals and health systems have launched pilot programs that encourage patients to get out of bed.

The Center for Medicare and Medicaid Innovation, which is part of CMS, is supporting these efforts through its Mobility Action Group, which aims to identify and share how hospitals can best promote mobility while reducing falls. These ideas could be utilized in your practice or facility.

- At Johns Hopkins, a 2008 review of 24 studies dealing with ICU patients found that early rehabilitation can lead to shorter time on a ventilator and shorter time in the ICU.⁵
- One program at the University of Pittsburgh Medical Center Shadyside utilizes mobility aides, staff members specially trained in keeping patients moving. The aides have become so popular that patients ask for them by name.⁶
- At the University of Alabama Birmingham Hospital, seminars were held to teach nurses safe mobility techniques to reduce discomfort about getting high-fall risk patients out of bed.⁷
- A pilot project at Inova Fairfax Hospital in Falls Church, Virginia trains nurses to identify when a patient is ready for more physical activity rather than turning the assessment over to physical therapists, which can lead to delays.⁸

A 2014 study showed that **treatment in an IRF:**

Improves quality of life for the patient

- ▶ Patient lives longer.
- ▶ Patient has a reduction in hospital and ER visits.
- ▶ Patient remains in the comfort of home with outpatient services.





How Kindred Implements Early Mobility

Throughout all of our sites of service, we employ highly skilled therapists to provide rehabilitative care and support no matter the setting. Our rehabilitation experts have developed a suite of clinical programs with the goal of reducing rehospitalizations so that our patients can maximize their independence.

The Move Early Program is one of the clinical programs aimed to get patients moving as early in their recovery as possible to combat the many potential, and detrimental, side effects of



Move Early
Early Progressive Mobility Program

immobility in the healing process.

Our Transitional Care Hospitals have further specialized the Move Early Program for mechanically ventilated patients – a very challenging patient population to keep mobile.

“Studies have shown that early mobilization and coordination of care for the critically ill patient on mechanical ventilation can increase functional outcomes and decrease hospital length of stays,” said Mary Van de Kemp, Senior Vice President of Quality and Clinical Operations for Kindred Rehabilitation Services.

We work to incorporate movement into the patient’s routine as early as possible to optimize cardiopulmonary and neuromuscular recovery. We believe early progressive mobility is essential to restoring function, minimizing loss of functional abilities, maximizing independence and facilitating ventilator weaning.

We are recognized as a national leader in ventilator weaning, with three decades of experience helping our patients avoid going back to a traditional hospital. Because of our tenured expertise and the recent mobility research, we understand the importance of providing specialized rehabilitation programs aimed at reducing the risk of rehospitalization through early and progressive therapies.

Our weaning care plans are carried out by an interdisciplinary team including pulmonologists, nurses, respiratory therapists and rehabilitation therapists.

The clinical benefits of the program include:

- Improved functional outcomes
- Decreased lengths of stay
- Enhanced cardiovascular function
- Increased functional mobility and strength
- Preservation of musculoskeletal and neuromuscular integrity
- Improved cognition
- Enhanced endothelial function
- Normalized blood sugar levels

To learn more about the importance of mobility in a patient’s recovery or how Kindred is implementing new programs aimed to reduce the risk of rehospitalization, please reach out to your Kindred representative or visit us online at www.kindred.com.

References:

1, 4, 6, 7, 8: *Hospitals Increasingly Tell Patients to Get Up and Move*

2: *Aiming for Fewer Hospital U-Turns: The Medicare Hospital Readmission Reduction Program*

3: *2,573 Hospitals Will Face Readmission Penalties This Year. Is Yours One of Them? (2)*

5: *Get Moving: Johns Hopkins Research Shows Early Mobility Better Than Bed Rest for ICU Patients*