

EARLY MOBILITY & COVID-19

SAVING LIVES & REDUCING HOSPITAL COSTS

Since the rise of COVID-19, hospitals have been placed under enormous strain, trying to balance patient care with staff safety and best-practice protocols with financial survival. Now that COVID-19 is part of the new “normal,” and quarantine facilities and wards have been established on an ongoing basis, it is time to reassess the long-term health of the hospitals themselves, particularly in terms of financial sustainability.

Early mobilization requires a modest initial investment in staff time and resources that results in well-documented, clinically significant medical and financial benefits within weeks of implementation. ICU and hospital-wide early mobility protocols have proven to shorten patient length of stay, reduce patient time on ventilation, minimize high-risk secondary complications, improve patient independence, and minimize risky staff-patient interactions. The net result is millions of dollars in annual cost savings for the hospital as a whole.

KEY FACTS:

- The benefits of early mobilization protocols for respiratory illness are already well-known. For patients with community-acquired pneumonia, early mobilization (at least 20 minutes out of bed within 24 hours) can **significantly reduce hospitalization time by an average of 1.5 days without increasing the risk of re-hospitalization**. (Melgaard 2018, Pasikanti 2012)
- Several comprehensive reviews of best-practice treatment show that patient mobilization initiated shortly after the start of mechanical ventilation **reduces both the total duration of mechanical ventilation and patient length of stay in ICUs**. (Lai 2017, Hashem 2016, Schmidt 2016, Hruska 2016, Cameron 2015)
- Early mobilization improves patient independence, which reduces the number of patient requests for assistance and **decreases staff workload**. (Hoyer 2015, Krupp 2019)
- When nurses and rehabilitation therapists were able to increase mobility by approximately 1 hour per ICU patient (for patients on ventilators and patients who were not), the average ICU length of stay decreased by almost 20%, floor bed average length of stay lowered by almost 40%, and twice as many patients were discharged without home services. **Average cost per day in the ICU and floor bed decreased, resulting in an annualized net cost savings of \$1.5 million**. (Corcoran 2017) Although hospitals may incur an initial resource expenditure when implementing early mobilization protocols, over time early mobilization has been consistently proven to reduce overall hospital costs. (Schmidt 2016, Letzkus 2013)

- Patients who have access to an ambulation platform have improved mobility outcomes and improved length of stay with fewer nurses and other staff required to implement ambulation. **Nurses report that ambulation with an apparatus is easier for both staff and patients.** (Henecke 2015, Nesbit 2012)
- **The use of an ambulation platform improves the number of ambulation attempts, distance of ambulation, and willingness of patients to attempt ambulation (assisted and unassisted), without increased risk of falls.** (Henecke 2015)

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