

Impacts of a Rehab Aide Mobility Program on Employee/Patient Satisfaction and Hospital Patient LOS

Presented by:

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And a special thank you to our UNC Hospital partners Emily Hoke MHA, PTA, IASSC-CBB and Jeremy Barner PT, DPT

Purpose

- US Healthcare expenditure grows each year
 - \$4.1 trillion in 2020¹
 - \$1.2 trillion of that in hospital expenditure¹
- LOS contributes to overall expenditure
 - \$11,700 on average per stay (4.6 days)²
- Observed LOS/ Expected LOS ratio should be close to 1:1
 - Longer LOS associated with poor care, adverse events, nurse shortages, burnout, and low physical activity^{3,4,5,6}
- Short LOS = Patient satisfaction⁷ & positive financial impacts^{8,9}

Rehab Mobility Program

- New program implemented in a large teaching hospital
- Targets units where observed/ expected LOS ratio is large
- Rehab Aides deliver the service
 - Report to the rehab department and collaborate with nursing on the units
- Up to 3 mobility sessions per day (ambulation, other non-skilled activity)
- An effort to:
 - Improve patient satisfaction with LOS
 - Reduce overall observed/ expected LOS ratio closer to 1:1

Methods and Subjects

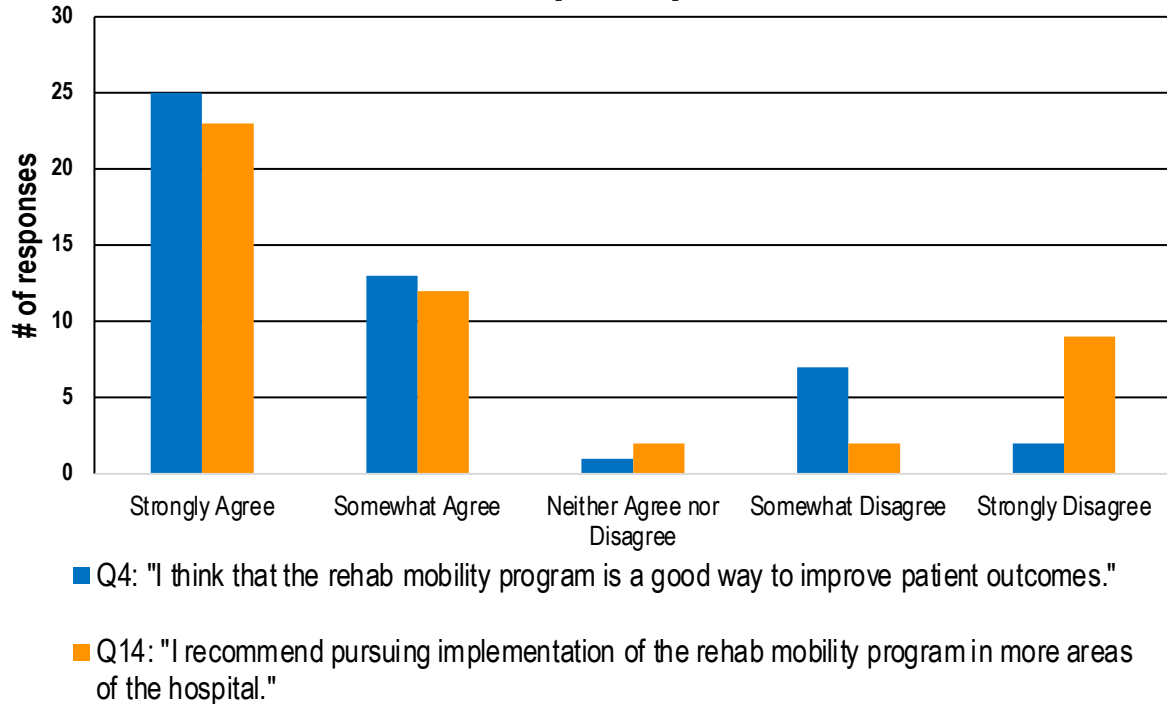
- Target Sample:
 - On-unit individuals involved with the program
 - Nursing
 - Patients/ Caregivers
 - Rehab Aides
 - PT's and OT's
- Setting:
 - Upper and Lower GI Units
 - Cardiothoracic Step Down Unit
 - General Surgery
- Statistical Techniques:
 - Collected and synthesized by authors
 - Qualtrics Survey Software
 - Microsoft Excel
- Key Interventions Assessed:
 - Activity facilitated by Rehab Aides
 - Non-skilled ambulation
 - Physical Activity

Methods

- Procedures
 - Surveys created through Qualtrics
 - Distributed via emails, posted QR codes and short links
 - In person interviews conducted for patients
- Inclusion/ Exclusion Criteria
 - Inclusion Criteria
 - Participated in at least 2 visits from rehab mobility aides
 - Actively participating in the rehab mobility program
 - English speaking
 - 18 years of age or older
 - Exclusion Criteria
 - Non-English speaking subjects
 - Subjects who have worked less than 2 times with rehab aides
 - Those not selected to participate in the rehab mobility program
 - >18 years of age
 - Subjects with documentation of altered mental status

Rehab Staff Perceptions

PT/ OT perceptions

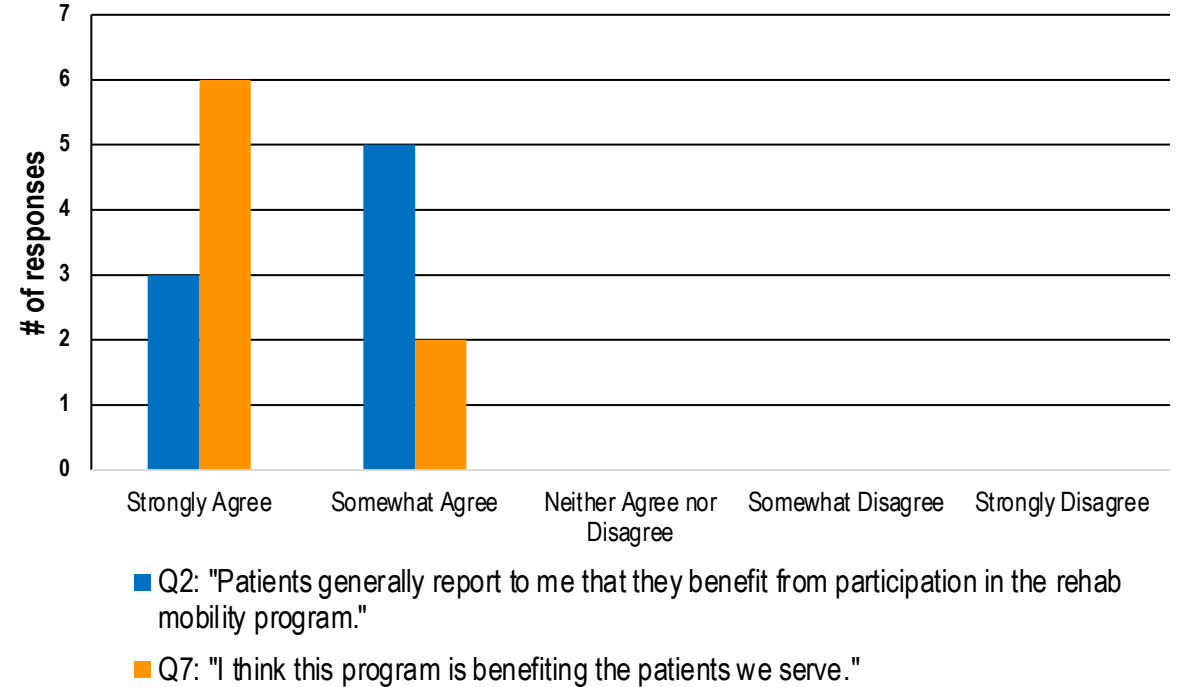


From PT/ OT's:

"Only allowing rehab aides to work alongside licensed physical therapists and not independently."

"A better screening process for identifying patients that are appropriate for the rehab mobility program."

Rehab Aide perceptions



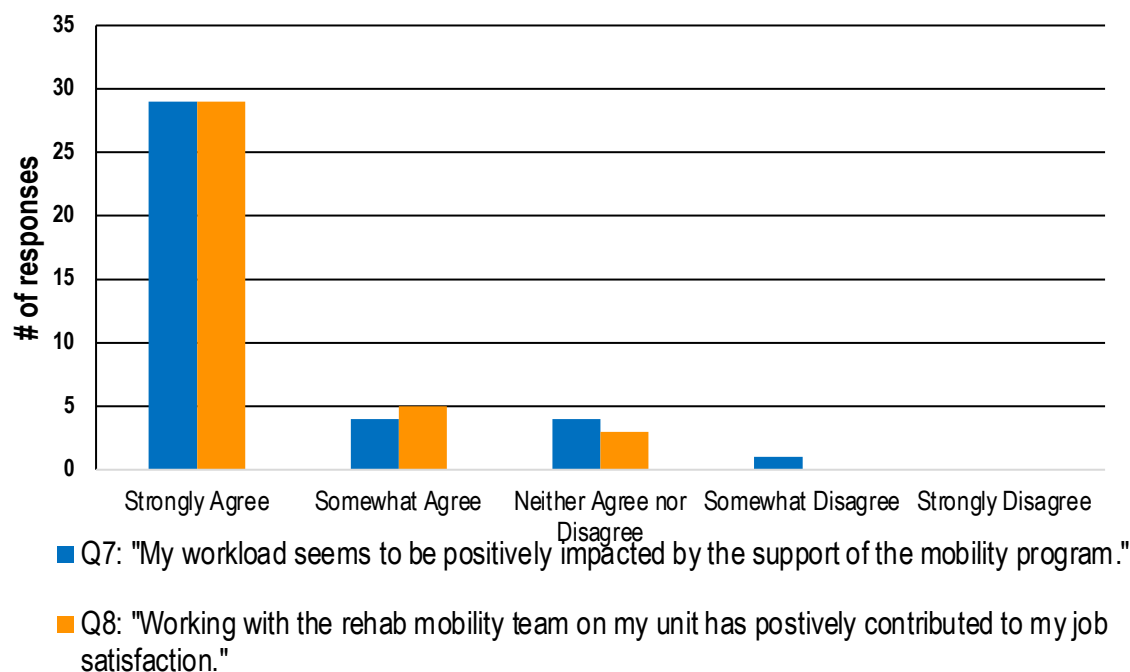
From Rehab Aides:

"Seeing the progress of patients progress throughout their time in the hospital."

"The opportunity to get patient care interaction and build rapport with patients."

Nursing/ Patient Perceptions

Nursing unit staff perceptions

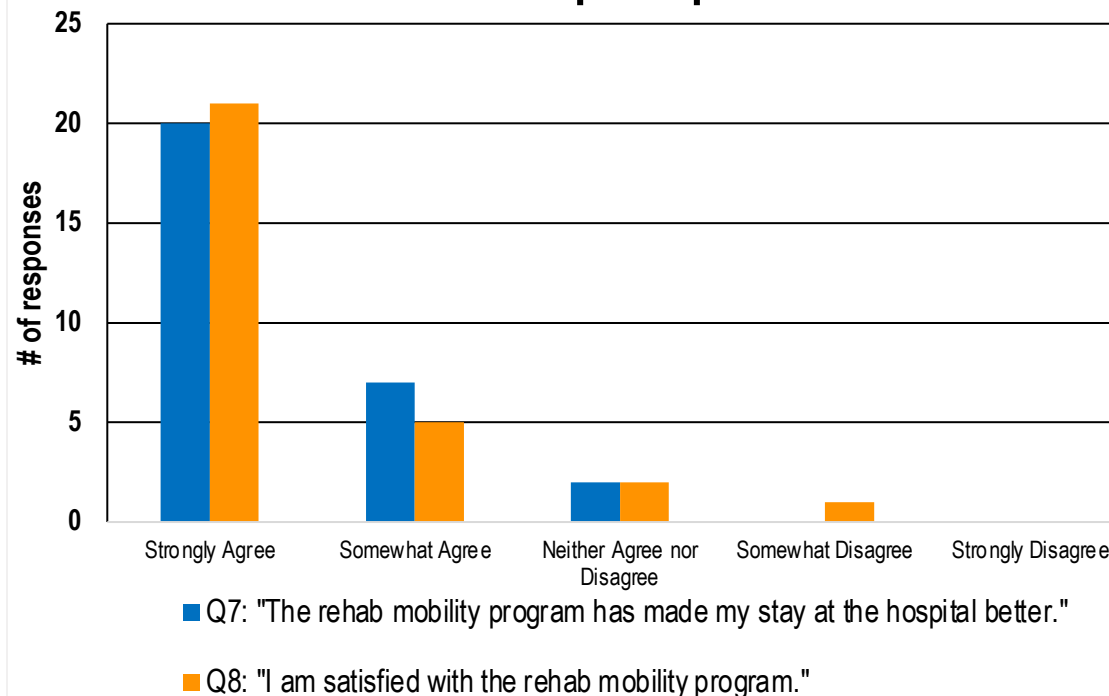


From Nurses:

"It allows our post-op patients to ambulate more frequently and on a more routine basis."

"... There are several days where we are so busy it's hard to get patients up but thanks to the mobility program that has been less of an issue."

Patients perceptions

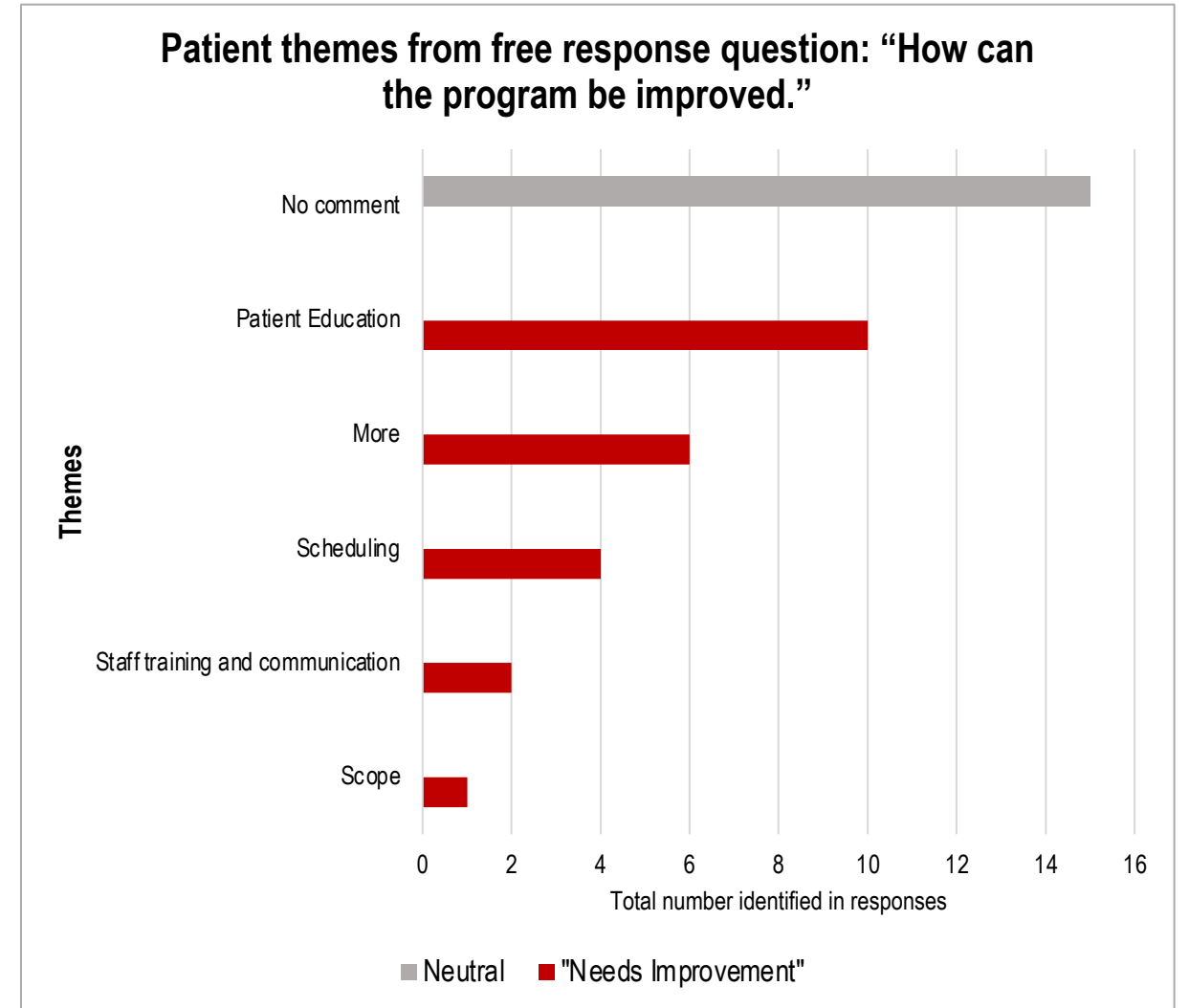
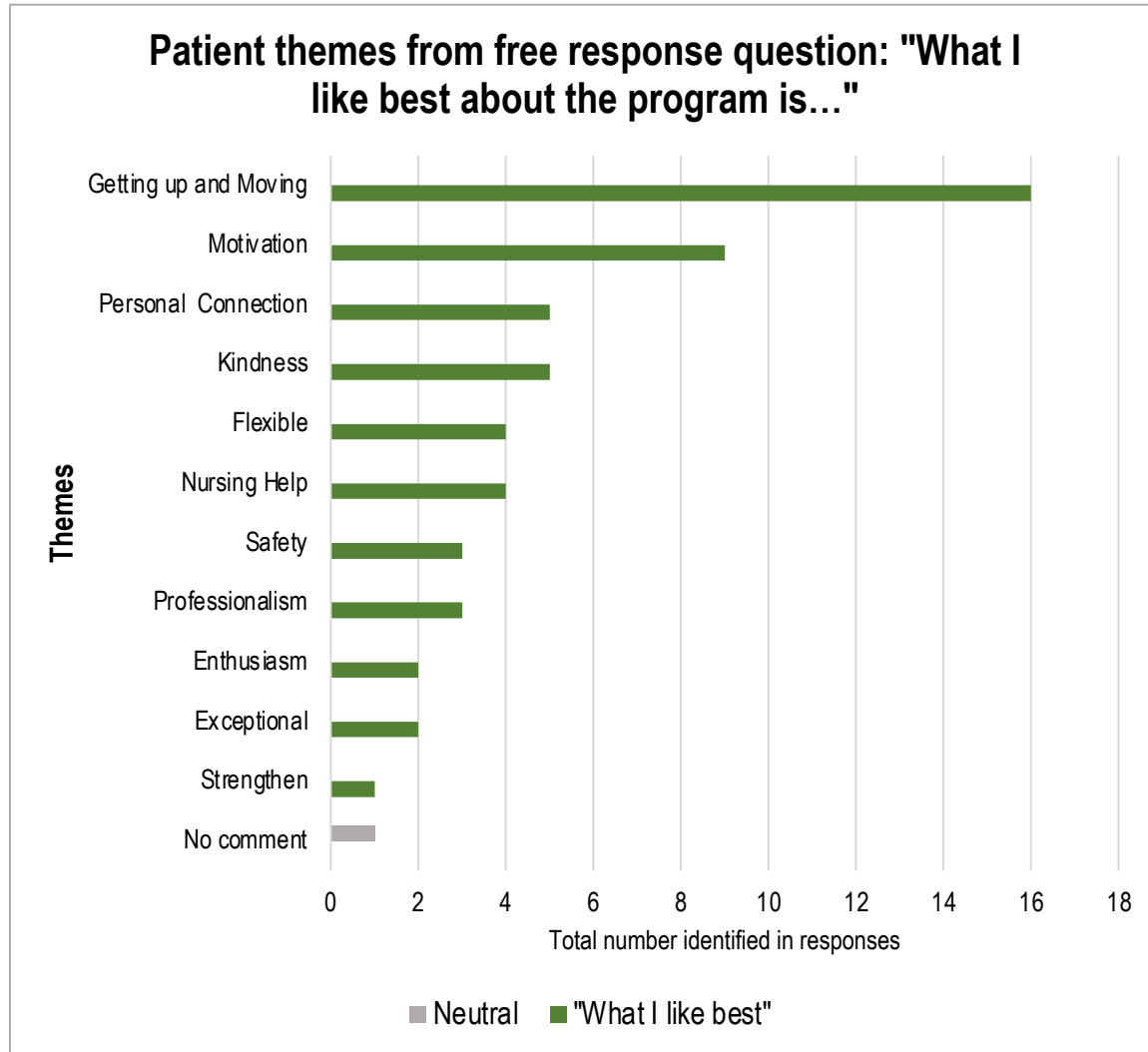


From Patients:

"Being able to walk, but have someone walk with me. We have formed a personal bond... I don't feel like just a number."

"There is not enough nursing staff to do walking, so if I did not have them I wouldn't be able to get up and walk like I want to."

Free Response Themes from Patients



Objective LOS Data

LOS and CMI on units without Rehab Aide Support

	Avg. Observed LOS	Avg. Observed/ Expected LOS	Average CMI*
July '21 – June '22 (n=691)	8.82	1.17	2.37
July '22 – Nov. '22 (n=280)	9.18	1.34	2.18
Difference	0.56 increase	0.17 increase	0.19 reduction

LOS and CMI results with Rehab Aide Support

	Avg. Observed LOS	Avg. Observed/ Expected LOS	Average CMI*
July '21 – June '22 (n=1560)	8.26	1.07	2.28
July '22 – Nov. '22 (n=600)	7.96	1.15	2.31
Difference	0.30 reduction	0.08 increase	0.03 increase

Limitations

- Knowledge of the Rehab Mobility Aides and their role in the program
- Convenience Sample
- Did not compare perceptions to other units in the hospital
- Wording of surveys questions were in positive light only

Conclusions and Clinical Relevance

- Non-skilled mobility can have positive impacts on the perceptions of:
 - Hospital Staff workload and job satisfaction
 - Patient hospital stay
- Rehab mobility programs may reduce observed/ expected LOS ratio despite increased acuity
- Further research needed for:
 - Optimizing rehab aide implementation in the hospital
 - Determining best utility for rehab aides in conjunction with rehab therapists
 - Exploring impacts on specific acute patient populations

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