

Background

- The population of older Americans may double or reach 43 million by 2050 (Ortman, Velkoff, & Hogan, 2014).
- About 60% of adults 65 and older may need to use Long Term Care (LTC) services during their lifetime (NCHS, 2013)
- In LTC, immobility may be a major risk factor contributing to decline in functional health and contributing to urinary incontinence, pressure ulcers, falls, and malnutrition (Lahmann et al., 2015).
- The Code of Federal Regulations requires LTC facilities to provide the necessary care to residents with a goal of achieving or maintaining practicable physical well-being (U.S. Government Publishing Office, 2016).
- Research supports walking activity in LTC as both feasible and beneficial to residents (Galik, Resnick, Hammersala, & Brightwater, 2013).

Purpose

- Increase mobility** in eligible LTC residents through the implementation of a consistent and sustainable walking program.

Program Setting

- Inner city skilled nursing and living center
- For profit facility with a capacity of over 200 beds
- Facility rating according to the Centers for Medicare & Medicaid System
 - Quality measures 5 stars: much above average
 - Overall rating 2 stars: below average
 - Staffing 1 star : much below average

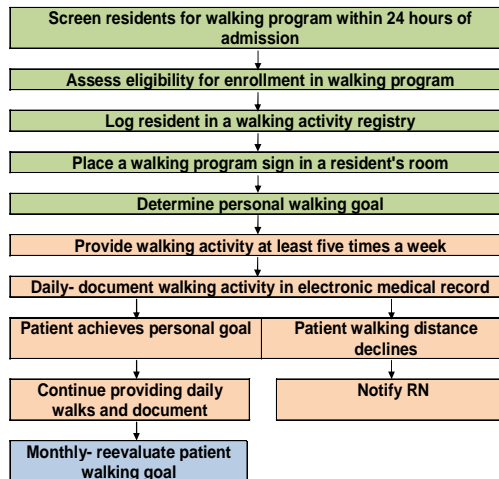
Population

- Residents screened for the program N= 78
- Residents eligible for the program N= 13 (17%)
- Age - mean 69.5 years ; range 42-91years
- Gender: Male/Female 5/8
- Mean length of stay at the LTC facility 31.4 months; range 6-67 months
- Cognitive assessment of eligible residents based on the Brief Interview for Mental Status (BIMS)
 - severely and moderately impaired N=10 (77%)
 - cognitively intact N-3 (13%)
- Race and ethnicity
 - African-Americans 70%
 - Hispanics 15%
 - Whites 15%

Program Components

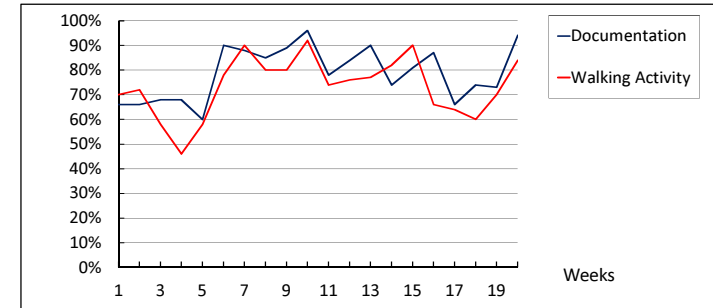
- Environment and policy assessment
- Development of a walking program protocol
- Staff education
- Development of individualized walking goals
- Mobility huddle to motivate and mentor staff
- Ongoing process evaluation and feedback

Walking Program Protocol



Outcomes

Figure 1. Adherence to Walking Program Protocol



- Figure 1 displays adherence to two key elements of the walking protocol
 - walks provided to all 13 residents were audited weekly; expected N=65
 - documentation of walking activity was audited weekly; expected N= 91
- After 20 weeks:
 - 9 (69%) residents were still in the program
 - 3 (23%) residents were discharged to the community
 - 1 (8%) resident developed a change in the health condition
- Adherence to the walking program protocol was on average 73%
 - the highest adherence was 92% in week 20
 - the lowest adherence was 46% in week 4
- Adherence to documentation requirements was on average 79%
 - the highest adherence was 96% in week 10
 - the lowest adherence was 60% in week 5
- None of the residents experienced a fall during participation in the program.

Conclusion

- Leadership commitment and ongoing support are essential to sustain the change.
- The results suggest that a walking program is safe for eligible LTC residents.
- Several contextual factors including changes in leadership, frequent understaffing, and high staff turnover influenced implementation strategies over time.
- The process and lessons learned are valuable for Advanced Practice Nurses working in LTC setting to inform decision-makers, redesign the practice and improve the quality of care and living in LTC.