

Footprints Walking Program at Northwest Community Hospital



Arlington Heights, Illinois ■ www.nch.org

Background and Purpose

Early and frequent ambulation of hospitalized patients may positively impact functional status as well as decrease the length of hospitalization.¹ Older adults who are active during hospitalization are more likely to maintain their functional independence, experience fewer complications associated with bed rest, be discharged back home rather than a SNF, and experience a more rapid recovery.²

As of June, 2011, NCH implemented **The Footprints Walking Program**, which connects trained volunteers with adult patients on clinical units for daily 15-minute walking sessions in a supervised and supportive environment.

Program Objectives

Clinical Quality

- Maintain functional independence and decrease likelihood of de-conditioning during hospitalization
- Impact length of stay
- Prevent common complications associated with bed rest (i.e. skin breakdown, falls, DVT, pneumonia and depression)

Patient Satisfaction

- Engage and motivate patients to participate in ambulation activity during hospital stay

Staff Satisfaction

- Provide external resources to nursing staff for patient ambulation activities, thereby freeing staff to tend to more technical responsibilities

Volunteer Satisfaction

- Provide NCH volunteers with a unique opportunity to impact patients' wellbeing through their gift of time at the bedside

Implementation and Methodology

- Formed collaborative partnership between: Nursing, Physical Therapy, and Volunteer Services Departments
- Recruited and trained over 50 volunteers to serve as "Footprints Ambassadors" for daily patient ambulation sessions
- Developed patient participation criteria based on safety considerations: no isolation, steady gait and communicative
- Physical detailing of department with "footprint" decals, spaced strategically 10 feet apart, as motivational distance markers for patients
- Trained nursing staff to assess patients for participation in walking sessions
- Recognized volunteers and participating department staff with "Footprints" lapel pins



Outcomes and Evaluation

- Footprints volunteers are scheduled for walking sessions seven days a week. 20-25% of patients participate in the program daily.
- Program has been embraced by staff, generating a culture change that emphasizes the importance of early and frequent ambulation during hospitalization
- Program supports house-wide length of stay reduction initiatives
- Patients, staff, and volunteers report satisfaction with the program
- Program named as a "Best Practice" by Joint Commission Survey Team at re-accreditation visit in Dec 2011. The Footprints Program details have been submitted to the Joint Commission reference library
- NCH Footprints Program has been featured in a national article by the Associated Press on innovations to reduce hospital-associated physical decline

Footprints Voices

- "The Footprints Program is a wonderful motivation to get up and walk during my hospitalization. Having someone to walk and talk with helped the time and laps pass quickly" **Patient**
- "I enjoy the Volunteer Program and helping people on their road to recovery" **Footprints Volunteer**
- "The Footprints Volunteers are a wonderful daily support to our nursing team. Patients who get up and walk seem to have a higher energy level, brighter mood and generally recover more quickly." **Nursing Staff**

Next Steps

- Program expansion to the Cardiac Surveillance Unit
- Addition of animal handlers to the Footprints Volunteer Team providing ambulation with canine volunteers
- Ongoing recruitment of volunteers to expand to additional units

References

1. Abate, S., Zucconi, M., & Boxer, B. (2011) Impact of canine-assisted ambulation on hospitalized chronic heart failure patients' ambulation outcomes and satisfaction. *Journal of Cardiovascular Nursing* 26 (3), 224-230.
2. Zisberg, A., Shadmi, E., Sinof, G., Gur-Yaish, N., Srulovici, E., & Amdmi, H. (2011) Low mobility during hospitalization and functional decline in older adults. *The American Geriatrics Society* 59, 266-273.