

IMPACT PROFILE

The MOVIN Project

*Mobilizing Older adults Via a systems-based Intervention
An Evidence-to-Implementation (E2I) Award*

THE IMPACT

The MOVIN project has resulted in clinical, community, and economic benefits. MOVIN increased nurse self-efficacy, skill, and knowledge for determining patient mobility status. MOVIN also increased the knowledge of strategies used to motivate patients to ambulate and increased the frequency and distance of walks by ill patients. Ambulation occurrences and total distance ambulated significantly increased. This is linked with patients being discharged home with improved functional ability. MOVIN also increased sharing of information by nurses as to importance of ambulation for health improvement and has promoted an overall culture change.

THE CHALLENGE

Older patients spend **83-100%** of their time in bed during a hospital stay. Limited patient walking during hospitalization has been independently associated with loss of functional status which affects up to **60%** of older adults admitted to the hospital.

THE APPROACH

MOVIN improves patient mobility by targeting the individual nurse & organization barriers that prevent ambulation of older adult patients during a hospital stay by:

- Developing nurses' ability & confidence to assess and provide ambulation readiness
- Providing operational processes to include personnel & equipment needs
- Fostering a culture where patient ambulation is a priority

THE D&I CHALLENGE

MOVIN needed support to scale up and sustain their intervention. This included identifying a purveyor and developing a relationship for broad dissemination through an organized marketing and business plan.

THE D&I APPROACH

The D&I Launchpad collaborated with the MOVIN team to help develop and operationalize an implementation toolkit, provided intellectual property review, as well as a business plan and partnerships with a purveyor for broad dissemination. Stakeholder feedback and market analysis were utilized to produce high quality deliverables. *Full list of deliverables on back.*

INNOVATION OVERVIEW

MOVIN is an evidence-based mobility program grounded in real-world nurse experience ambulating older adult patients

- Developed using a combination of [Albert Bandura's Social Cognitive Theory](#) and the [Systems Engineering Initiative for Patient Safety \(SEIPS\)](#) to improve nurses' work systems and instill lasting culture change
- MOVIN consists of five components: Psychomotor Skills Training, Resources, Communication, Ambulation Environment, and Unit Culture

PROJECT TEAM

- **Developed By:** Dr. Linsey Steege, PhD and Dr. Barbara King, PhD, RN, APRN-BC, FAAN
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In collaboration with:

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KEY BENEFITS



CLINICAL

Amplified nurse self-efficacy, strategies, and knowledge for determining patient mobility status and walking ill patients



COMMUNITY

Increased patient ambulation occurrences and total distance ambulated during a hospital stay



CLINICAL

Promoted a positive culture shift from mobility restriction to mobility promotion



COMMUNITY

Increased quality of life and outcomes for patients



ECONOMIC

MOVIN has shown to improve resource allocation costs through appropriate use of physical therapy services and decreased length of hospital stay

LAUNCHPAD CONTRIBUTIONS

- Implementation Manual & Toolkit
- Intellectual Property/Trademark Review
- Program Logo
- Business Plan
- Customer & Payor Informational Flyers
- Customer Pitch Deck
- Website
- PowerPoint Template
- Customer Readiness Survey
- ROI Calculator
- Purveyor Partnership

BY THE NUMBERS – MOVIN

- MOVIN has been adopted by the Wisconsin Hospital Association (WHA), which is the current purveyor of the intervention
- MOVIN showed statistically significant changes in ambulation frequency, distances, and staff documentation behaviors between pre-intervention to post intervention phases
 - Changes have been sustained for > 4 years
 - Has been shown to increase quality of care & outcomes for older adults
- With MOVIN ambulation, occurrences significantly increased ($t = 4.18$, $P = .001$) and total distance ambulated significantly increased ($t = 2.75$, $P = .01$)
- AHRQ R01 Funding – 2 million
- **Current Status:** 6 hospitals have implemented or are in the process of implementing MOVIN (2 in Wisconsin, 4 in other states)

KEY PUBLICATIONS

- King B, Steege L, Winsor K, VanDenbergh S, Brown C. (2016). Getting patients walking: A pilot study of MOVIN (Mobilizing Older adult patients Via a Nurse driven intervention). Journal of the American Geriatrics Society, 64(10): 2088-2094.
- King B, Bowers B. (2011). How nurses decide to ambulate hospitalized older adults: Development of a conceptual model. The Gerontologist, 51:786-797.
- King B, Yoon J, Pecanac K, Brown R, Mahoney J. (2014). Frequency and duration of nursing care related to older patient mobility. Journal of Nursing Scholarship, 46(1): 20-27.
- King B, Pecanac K, Krupp A, Liebszeit D, Mahoney J. Impact of Fall Prevention on Nurses and Care of Fall Risk Patients. Gerontologist. 2018 Mar 19;58(2):331-340. doi: 10.1093/geront/gnw156. PMID: 28011591; PMCID: PMC5946811.

