

EARLY MOBILITY & LENGTH OF STAY

HELPING HOSPITALS REDUCE COSTS

For hospitals, especially ICUs, reducing patient length of stay results in dramatic cost savings for both the individual patient and the hospital itself. Surveys done in both ICUs and across different units universally found that early mobilization dramatically contributed to improved patient turnover, improved patient outcomes, and millions of dollars in savings for the hospital.

KEY FACTS:

- 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)
- Danish hospitals recently performed a comprehensive national cost-savings survey and found that conforming to best-practice protocols reduced hospital costs by reducing patient length of stay and the need for secondary treatment; **early mobilization resulted in one of the largest adjusted cost differences (\$3,300 per patient).** (Kristensen 2019)
- One hospital introduced a systematic schedule for their pediatric unit and found that patients experienced: shorter periods of bed rest, reduced pressure sores, fewer falls, decreased length of stay, improved family satisfaction, and improved staff satisfaction. Overall, early mobilization resulted in **cost savings for both the patient and hospital.** (Letzkus 2013)
- A study conducted at a community acute care hospital found that patients who received mobility intervention had fewer falls, ventilator-associated events, pressure ulcers, CAUTIs, delirium days. They also had lower sedation levels, improved functional independence, and **lower hospital costs.** (Fraser, 2015)
- A comprehensive review of studies regarding post-operative knee surgery found that early mobilization (“fast-track rehabilitation”) resulted in shortened hospital stays and significant **cost saving.** (Quack 2015)
- For patients hospitalized with Parkinson’s Disease, early mobilization is critical for improving both **cost savings** and improve outcomes. (Aminoff 2010)
- Patients who achieved full mobilization within four days of coronary bypass surgery were able to be safely discharged from the hospital, without increased health risks,

maximizing hospital resources and **reducing hospital costs by over \$900/patient.**
(Loubani 2000)

BIBLIOGRAPHY

Corcoran J, Herbsman JM, Bushnik T, et al. Early rehabilitation in the medical and surgical intensive care units for patients with and without mechanical ventilation: an interprofessional performance improvement project. *PM R*. 2017 Feb;9(2):113-119.

Kristensen PK, SØgaard R, Thillemann TM, et al. High quality of care did not imply increased hospital spending—nationwide cohort study among hip fracture patients. *Int J Qual Health Care*. 2019 Aug 1;31(7):22-29.

Letzkus I, Hengartner M, Yeago D, Crist P. The immobile pediatric population: can progressive mobility hasten recovery? *J Pediatr Nurs*. 2013;28(3):296-299.

Fraser D, Spiva LA, Forman W, Hallen C. Original research: implementation of an early mobility program in an ICU *Am J Nurs*. 2015;115(3):49-58.

Quack V, Ippendorf AV, Betsch M, et al. Multidisciplinary rehabilitation and fast-track rehabilitation after knee replacement: faster, better cheaper? A survey and systematic review of literature. *Rehabilitation (Stuttg)* 2015 Aug;54(4):245-51.

Aminoff MJ, Christine CW, Friedman JH, et al. Management of the hospitalized patient with Parkinson's disease: current state of the field and need for guidelines. *Parkinsonism Relat Disord*. 2011 Mar;17(3):139-45.

Loubani M, Mediratta N, Hickey MS, Galiña. Early discharge following coronary bypass surgery: is it safe? *Eur J Cardiothorac Surg*. 2000 Jul;18(1):22-6.