



Mobilizing  
Older adults  
Via a systems-based  
INtervention



**MOVIN™ Components**

**A Proven Ambulation Program That Sets Your Hospital Apart**

Hospital-acquired-disability due to limited patient ambulation results in significant financial and psychological costs for patients and healthcare organizations. MOVIN™ is a unit-based program centered on improving patient ambulation and reducing risk for hospital-acquired disability in older adults.

**The MOVIN Difference**

MOVIN is a cost efficient, evidence-based intervention shown to improve patient ambulation and functional outcomes. MOVIN uses a structured systematic approach for implementation, ensuring intervention consistency and effectiveness. Getting patients walking has been shown to decrease length of stay, readmission rates, and falls in addition to improving patient perceived quality of life.



**Psychomotor Skills Training**  
*Physical therapy and nursing-led didactic and hands-on training*

**Resources**  
*Additional staff and ambulation equipment*

**Communication**  
*Electronic reporting, visible and verbal communication tools*

**Ambulation Environment**  
*Distance markers and unit maps to increase progression*

**Unit Culture**  
*Unit-level launch team, unit ambulation goals, and incentives*

# The MOVIN™ Timeline

MOVIN consists of five components launched simultaneously. Below is an overview of the timeline.



To ensure MOVIN's success, institutions are recommended to form an interdisciplinary organizational-level coordinating group and unit implementation team. Members of the organizational-level coordinating group should have experience with direct patient care and day-to-day operations of the hospital environment. Because ensuring adequate patient ambulation is highly dependent on nursing staff, we recommend that the department of nursing leads the coordinating group. This group often includes, but is not limited to nursing administrators, clinical informatics, facilities, medicine/hospitalists, quality/patient safety, and physical therapists.



Implementing MOVIN occurs in two phases – Plan and Launch. The Plan phase includes detailed action items on the five components of MOVIN for each unit. These include tasks such as: evaluating status of the EHR build, preparing ambulation resources, etc. Many organizations may choose to first set a kick-off date for the Launch phase and then work backwards to set the timeline for the Plan phase.

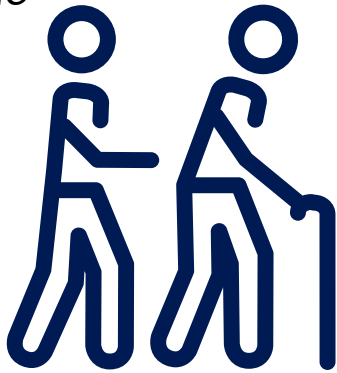


When implemented with fidelity, MOVIN has shown a positive impact in ambulation frequency. Because MOVIN focuses on removing barriers and facilitating culture change, these changes can be sustained over long periods of time post-launch. Expanding MOVIN to other units ensures the overall organizational success of the program.

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Lack of walking during a hospital stay is the most preventable cause of loss of function in older adults.

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*“It’s a real eye opener and increased awareness on our unit. Ambulation is important for patients.”*  
–MOVIN Nurse

Older patients spend **80-100%** of their time in bed during their hospitalization and take **85%** less steps daily compared to community-dwelling older adults

*“I know the reason I am stronger now is because they got me up to walk when I was in the hospital”* –MOVIN Patient

Older adults state their primary goal from a hospital stay is to return to their home after discharge, **feeling stronger, and able to maintain their functional ability**

## Common Questions About MOVIN™

### How is a mobility program different from a falls program?

Patient ambulation has been shown to decrease falls, but walking has not been integrated into falls programs. MOVIN as a mobility intervention focuses on improving patient functional status rather than mobility restriction which is an unintended consequence of fall prevention programs.

### How do I know if my organization is ready for MOVIN?

It is important that leaders within your organization recognize the importance of ambulation as critical to patient care and achieving positive patient outcomes. Effective and sustainable practice changes also require nursing buy-in and support.

### What is the health impact on older patients not being ambulated during hospitalization?

Older patients spend 80-100% of their time in bed during hospitalization. Loss of ambulation is associated with multiple negative patient and organizational outcomes, including higher mortality rates, falls both during and after discharge, decreased patient satisfaction, increased caregiver stress, new nursing home placement, increased length of stay, and increased readmission rates.

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