

Limiting patient mobility in hospitals may do more harm than good

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Credit: Anne Lowe/public domain

Despite hospitals' best efforts, there is little proof that policies to inhibit patient mobility actually prevent falls and may actually increase the risk of serious side effects, according to Sharon K. Inouye, MD, MPH, Director of the Aging Brain Center at the Institute for Aging Research, Hebrew SeniorLife.

"According to a 2009 estimate, hospital patients spend over 95% of their time in bed. In -hospital immobility is one of several factors theorized to give rise to the "posthospital syndrome," a transient state of heightened vulnerability following hospitalization that is associated with an increased risk of functional decline, medical adverse events, and [hospital readmission](#)," writes Inouye in the April 24 issue of *JAMA Internal Medicine*.

Writing with co-authors Matthew Growdon, MD, MPH of Brigham and Women's Hospital and Ron Shorr, MD, MS, University of Florida, Dr. Inouye, who is renowned for her work in preventing and recognizing delirium, illuminates the unfortunate stream of consequences that hospitals unintentionally set in motion in their attempts to prevent patient falls.

Inouye cites several studies that demonstrate that such policies increase the risks of many serious side effects, and that promoting mobility in hospitals may actually help to prevent injurious falls in the long run.

Inouye recommends that the Centers for Medicaid and Medicare develop quality measures that promote mobility rather than incentivizing keeping patients in their beds. These measures could include supervised walks with [mobility aids](#) and trained staff or volunteers. Inouye also cautions against the use of bed and chair alarms, which have proven ineffective at reducing falls, often promote immobility, and contribute to stress and alarm fatigue in nurses.

"With the rapidly aging population, this issue will become all the more important—presenting the opportunity for health systems to align care with outcomes that matter to [patients](#)," added Dr. Growdon.

Provided by Hebrew SeniorLife Institute for Aging Research

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