

Executive Summary: No Crumbs in Bed: A Nurse-Led Initiative for Mealtime Mobility

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Main Points

- Low patient mobility in hospitals leads to significant adverse health outcomes.
- The "No Crumbs in Bed" initiative aimed to increase patient mobilization during mealtimes.
- The project successfully surpassed its target for documented patient mobility, increasing it from 21% to 33%.
- Despite increased documentation, actual patient achievement of mobility goals remained stable but lower than desired, highlighting persistent barriers.
- Key barriers identified by staff included limited staffing, patient reluctance, and time constraints.
- The initiative reinforces the critical role of nurses in promoting patient mobility and improving outcomes.
- Future efforts need to address systemic barriers like meal delivery inconsistencies and seating availability to improve actual mobility.

Background and Purpose

Hospitalized patients, particularly older adults, often experience prolonged immobility, leading to severe complications such as physical deconditioning, pressure ulcers, pneumonia, and increased mortality (Taylor et al., 2021). Studies indicate that hospitalized patients frequently take fewer than 1,000 steps daily, exacerbating these issues (Montgomery et al., 2021). In a specialized medical-surgical progressive care unit, only 21% of patients had their mobility documented three times a day, contributing to increased lengths of stay and higher risks for complications (Pan et al., 2023).

The "No Crumbs in Bed" project, a nurse-led initiative, directly addressed this critical issue. Its purpose was to increase documented patient mobilization activities by 10% (targeting 31% compliance) within a 12-week period by implementing a standardized practice of encouraging eligible patients to move from bed to a chair for all meals. The goal was to enhance patient outcomes, support recovery, and promote a culture of mobility within the acute care setting.

Methodology

This project utilized a quality improvement design, employing an iterative approach guided by the Institute for Healthcare Improvement (IHI) Model for Improvement, specifically its Plan-Do-Study-Act (PDSA) cycles (The four e's of early mobility, 2017). The initiative was carried out in a 28-bed medical-surgical progressive care unit within a large regional medical center in the southeastern U.S. The target population included all eligible patients with physician orders for ambulation or out-of-bed activity, considering strict inclusion and exclusion criteria (e.g., medical stability, mental status, post-surgical clearance).

The core intervention involved a standardized practice of assisting eligible patients to a chair for all meals, regardless of their dietary status. This was supported by staff education, development of a standardized protocol, and visual aids like unit entrance signs and patient/family brochures (in English and Spanish). Data were systematically collected from Epic electronic health record reports on documented times and frequency of patients moving from bed to a chair, as well as daily Johns Hopkins Highest Level of Mobility (JH-HLM) goals and scores (Klein et al., 2018). Pre-intervention staff perception surveys, utilizing the Health Belief Model, were administered via REDCap to identify anticipated barriers (Alyafei, 2024). Data analysis involved descriptive statistics to monitor compliance rates and assess improvements.

Results

The "No Crumbs in Bed" initiative demonstrated significant improvement in documented patient mobility. Starting from a 2024 baseline of 21%, documented mobility rates rose to 33% by April 2025, successfully surpassing the project's target of 31%. This positive trajectory in documentation suggests increased awareness and adherence to the new practice.

However, analysis of the Johns Hopkins Highest Level of Mobility (JH-HLM) data revealed a gap between mobility goals and actual achievement. While 79% to 84% of patients consistently had a JH-HLM goal assessed at four or greater (indicating a goal of out-of-bed to a chair or higher), the proportion of patients meeting this assessed goal remained stable but lower, fluctuating between 45% and 50% throughout the project period.

Pre-intervention staff surveys (N=7) identified key barriers: "Limited staffing" (85.7%), "Patient reluctance or refusal" (71.4%), and "Time constraints during shifts" (71.4%). Staff overwhelmingly recognized the severity of immobility and the benefits of mobilization (71.4% "Very likely" to develop complications if remaining in bed; 100% identified "Improved mobility and physical function" as a benefit). The desire for "Additional staffing" (85.7%) was the most cited resource to improve confidence in mobilizing patients.

Strengths

This project's strengths include its nurse-led, iterative quality improvement design, which allowed for rapid cycles of testing and refinement. The use of a standardized protocol, visual aids, and a comprehensive data collection approach (EHR reports and staff surveys) provided valuable insights. The project successfully increased documented mobility, demonstrating the impact of focused nurse-led interventions and raising staff awareness about mobility

documentation (Jones et al., 2020; Rupich et al., 2018). The high staff perception of the severity of immobility and the benefit of mobility indicates a strong foundation for future cultural change.

Limitations

Several limitations impacted the project. Inconsistent meal tray delivery times and limited seating availability in patient rooms hindered consistent implementation of the "out-of-bed for meals" practice. A long-standing cultural norm favoring bed rest posed resistance from both patients and some staff. High patient census and acuity levels further strained staff capacity. Furthermore, inconsistencies in EHR documentation (e.g., recording mobility at hourly rounding vs. actual mealtime mobilization, independent patient mobility not documented) impacted data accuracy. A significant limitation was the absence of post-intervention staff survey data, which prevented a direct assessment of how staff perceptions changed following the intervention. These findings resonate with research by Stutzbach et al. (2021), who highlighted the common decline in mobility among hospitalized older adults, and Heinzmann et al. (2022), who identified challenges in implementing standardized mobility protocols due to a lack of clear guidelines and contextual barriers.

Implications

The "No Crumbs in Bed" initiative offers significant practical and theoretical implications for patients, healthcare organizations, and nursing practice. For patients, increased mobility, even in small increments, contributes to reduced physical deconditioning, shorter hospital stays, and improved functional outcomes post-discharge (Taylor et al., 2021; Montgomery et al., 2021). For the medical center, enhanced mobility can lead to a reduced incidence of costly complications like pressure injuries, pneumonia, and venous

thromboembolism, thereby improving quality metrics and potentially lowering healthcare costs (Pan et al., 2023). For nursing, this project reaffirms the vital role of bedside nurses as primary drivers of patient mobility, fostering greater autonomy and reducing reliance on other disciplines for routine mobilization tasks (Jones et al., 2020; Rupich et al., 2018). The findings highlight that while staff acknowledge the importance of mobility, systemic and environmental factors often impede consistent implementation, necessitating multifaceted solutions beyond just awareness.

Conclusions

This nurse-led project demonstrated that structured interventions can significantly improve patient mobility documentation within an acute care setting, successfully exceeding its target. Despite this achievement, the project also underscored the persistent challenges in consistently achieving actual patient mobility goals, primarily due to operational and cultural barriers. The "No Crumbs in Bed" initiative provides a practical framework for fostering a culture of mobility, aligning with the IHI's Triple Aim framework and Healthy People 2030 goals (Berwick et al., 2008; Healthy People 2030 Framework, n.d.). Future initiatives should focus on addressing identified systemic barriers, such as optimizing meal service logistics and ensuring adequate equipment and staffing, to bridge the gap between mobility goals and their actual achievement (Patel et al., 2014). Continued reinforcement of documentation practices and interdisciplinary collaboration are crucial for sustaining and expanding these positive changes, ultimately improving long-term patient outcomes by reducing complications associated with immobility.

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