# Eat Walk Engage

**Initiative Type**  
System Improvement

**Status**  
Deliver

**Added**  
07 June 2019

**Last updated**  
06 February 2020

**URL**  

## Summary

Eat Walk Engage is a comprehensive multi-disciplinary program that improves care for older people in hospital, prevents delirium and promotes recovery. Eat Walk Engage is enabling hospitals to be more older-person friendly by supporting older person and carer engagement, local leadership and teamwork, education and training, and environmental redesign.

It will be implemented in ten new hospitals in Queensland in 2019, investigated in a subacute care ward at Redcliffe hospital in a Medical Research Future Fund collaborative program with UQ and QUT partners, and piloted in a first interstate site at Flinders Medical Centre in collaboration with Professor Alison Kitson, Flinders University.

### Key dates

**Implementation sites**  
Acute care wards (medical, surgical and oncology) at RWBH since 2015. Randomised controlled trials at TPCH, Caboolture and Nambour hospitals

**Partnerships**  
Australian Centre of Health Services Innovation, QUT, Queensland DSITIA, Metro North HHS and Sunshine Coast HHS through a Queensland Accelerate Partnership grant, Professor Sharon Inouye and the Hospital Elder Life Program (see further reading)
**Key Contacts**
Professor Alison Mudge  
Program Lead, Internal Medicine and Aged Care  
Metro North Hospital and Health Service  
(07) 3646 0854  
EatWalkEngage@health.qld.gov.au

**Aim**
Eat Walk Engage aims to improve care and outcomes of older inpatients, preventing delirium and promoting functional recovery.

The three key program goals are:

- Early and regular mobility.
- Optimal nutrition and hydration.
- Meaningful cognitive and social activities.

**Benefits**
Provide a few bullet points with the overarching benefits of this initiative.

- Prevents delirium.
- Improves mobility and reduces functional decline.
- Reduces length of stay.
- Increases discharge home.
- Improves teamwork.
- Enhances knowledge and skills in caring for older people.
- Integrates older person friendly design principles.

**Background**
Delirium (an acute confusional state) and functional decline (an increase in need for assistance with mobility and/or activities of daily living) are very common complications in older hospitalised patients, each affecting 25-40 per cent of
inpatients aged 65 and older. They are associated with poor outcomes including longer hospital stays and admission to aged care facilities. Delirium is very distressing for patients and their families and is recognised as a risk factors for future dementia, while functional decline predicts mortality and loss of independence many months after hospitalisation.

Comprehensive multidisciplinary programs can reduce delirium and functional decline but need to be tailored to the local context and require sustained leadership and resourcing. Eat Walk Engage uses a structured implementation framework (i-PARIHS) to support local and system-level improvements to care practices and outcomes for older people.

**Solutions Implemented**

Core components of the intervention are:

- Trained and mentored program manager (facilitator) who works with the local team and patients to identify, prioritise and implement improvements in care for older patients.
- Trained and supported multi-professional allied health assistant.
- Local multidisciplinary workgroup which meets regularly.
- Standardised audit set to guide and measure improvement.

Solutions are tailored to the local context but might include:

- Recognising patients who need additional assistance with mealtimes and mobilising.
- Providing high protein high energy meals as standard for older people.
- Providing welcoming spaces for people to walk to and spend time with others.
- Organising access to reading materials (e.g. daily newspaper).
- Compiling activities suitable for people with cognitive impairment.
- Providing access to aids for visual and hearing impairment.
- Redesigning ward spaces using design guidelines specific to cognitive impairment.
- Informing, engaging and supporting family carers.
Evaluation and Results

Pilot evaluation in a quality improvement project (2011) on a medical ward showed increased mobility, increased mealtime assistance, decreased length of stay, and decreased falls. A pre-post evaluation (2012-14) on a vascular surgical ward showed increased mobility, decreased delirium and functional decline, decreased length of stay and greater discharge home. A cluster randomised controlled trial (CHERISH trial 2015-7) in four Queensland hospitals on medical and surgical wards showed a 42 per cent reduction in odds of delirium and 46 per cent increased odds of discharge home. Financial evaluation of the initial 4 wards implemented at RBWH (2014) indicated 4:1 return on investment.

Lessons Learnt

• Each ward context is different, and the approach must be adapted.
• Local leadership and teamwork is important for success.
• Local measurement which includes the patient perspective is essential to make shared decisions about ward goals and priorities.
• Facilitating the program requires time, and support from mentors and peers.
• Local creativity combined with a system focus can create sustainable change.
• Success needs to be celebrated.

References

Journal of Dementia Care

US National Library of Medicine

BMC Geriatrics

Further Reading
Hospital Elder Life Program

Australian Delirium Clinical Care Standard

ACSQHC caring for patients with cognitive impairment

Johns Hopkins Activity and Mobility Promotion program

Improving nutrition and mealtime care

PDF saved 12/03/2020