

---

# Eat Walk Engage

Initiative Type

System Improvement

Status

Deliver

Added

07 June 2019

Last updated

03 July 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/eat-walk-engage>

## Summary

EAT WALK ENGAGE™ is a multi-disciplinary program that improves care for older people in hospital, prevents delirium and promotes faster recovery. EAT WALK ENGAGE™ supports hospitals to be older-person friendly through engaging older consumers and carers, improving team communication, empowering local leadership, supporting education and training, and advocating for environmental redesign.

---

EAT WALK ENGAGE™ was developed at the Royal Brisbane and Women's Hospital where the program is implemented in 8 acute medical, surgical and oncology wards. The program has been implemented in a phased roll-out across Queensland public hospitals since 2019, and as at early 2023 is in 41 wards across 17 hospitals.

## Key dates

Jun 2015

## Implementation sites

8 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

2099

[paul.blee.hiu](mailto:paul.blee.hiu)

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 for older people in hospital, prevent delirium and promote faster recovery. EAT WALK ENGAGE™ supports hospitals to be older-person friendly through engaging older consumers and carers, improving team communication, empowering local leadership, supporting education and training, and advocating for environmental redesign.

## Benefits

EAT WALK ENGAGE™ has demonstrated the following benefits in trials and roll-out:

- reduction in hospital acquired delirium by 47%
- improved patient flow due to
  - decreased length of stay
  - increased discharge home and less rehabilitation needs
- improved team communication with older patients
- improved person-centred care practices
- improved age-friendly enabling environments
- positive staff and patient experience The program is aligned with ACSQHC Standard 2 (Partnering with Consumers) and Standard 5 (Comprehensive Care).

## Background

Hospitals are caring for greater numbers of older people, who account for half of hospital inpatient bed days. Older and more frail people are at increased risk of hospital-associated harm, most commonly delirium (affecting 20-25% of older inpatients) and functional decline (affecting 30-35%). These complications cause distress for patients and carers, higher nursing needs, and poor longer term outcomes including death, disability and dementia. It is imperative that hospitals adopt evidence to prevent and care for these common complications. Strong consistent evidence shows that early regular mobility, adequate nutrition and hydration and meaningful cognitive and social activities can reduce delirium and functional decline if delivered as integrated, multidisciplinary programs. Sadly, evidence also shows that these 'basic' cares are often missed in busy acute care settings, especially in older patients whose care needs are higher due to frailty or cognitive impairment, due to a complex range of patient, ward and organisational barriers.

## Solutions Implemented

EAT WALK ENGAGETM helps teams focus on key program goals of optimising nutrition and

---

hydration (EAT), early regular physical activity (WALK) and meaningful cognitive and social activities (ENGAGE). The trained EAT WALK ENGAGETM facilitator 'enables' a ward-based multidisciplinary workgroup to address the program goals by reflecting on measures of practice, creating a shared vision incorporating older patient and staff experience, prioritising improvement strategies, clarifying roles and responsibilities, negotiating with managers as required, and celebrating success.

The improvement solutions implemented to address the program goals are tailored to the local ward setting, depending on current practices, ward and organisational barriers. Some improvement strategies benefit from integrating a trained EAT WALK ENGAGETM multi-professional assistant who can have tasks delegated from any member of the team relating to the program goals. Examples of quality improvement strategies that teams may lead include:

- changing rosters to provide more consistent mealtime assistance
- providing more flexible access to hot drinks
- creating welcoming spaces to walk to
- negotiating access to newspapers, books, DVDs and other cognitive resources
- obtaining hearing amplifiers and spectacles for patients who require them
- arranging and supporting group activities and therapy pet visits
- developing information resources with family carers

Executive support and leadership are essential for strong program governance. A nominated clinical lead and steering committee will recruit and support local program staff, monitor program progress and ensure the program aligns with broader organisational goals.

The EAT WALK ENGAGETM state-wide program leadership team supports participating hospitals by

- training and mentoring facilitators and assistants
- advising clinical and executive leads
- supporting a state-wide consumer group
- monitoring, reporting and benchmarking patient-reported experience measures and key process indicators
- liaising and advocating with key stakeholders including consumers, health services, Health Department, clinical networks and academics
- providing learning resources
- supporting communities of practice

## Evaluation and Results

Published evaluation provides a rigorous evidence base (see references):

- Pilot evaluation on a medical ward showed decreased length of stay and improved mobility and engagement with no increase in falls.
- Pre-post evaluation on a vascular surgical ward showed improved mobility, a trend to reduced delirium and functional decline, and reduced length of stay and discharge to continuing care.
- Cluster randomised CHERISH trial in medical and surgical wards in four Queensland hospitals showed 47% reduction in delirium, increased discharge home, and trend to reduced six-month mortality and readmission.
- Cost-effectiveness modelling at Flinders University using data from the CHERISH trial showed likely saving of more than 800 acute bed days and 50 subacute admissions per year in medical wards (unpublished data).
- Annual reporting of process measures for the state-wide rollout shows improved team

---

communication, better mealtime care, and improved mobility and engagement.

## Lessons Learnt

- Successful roll-out of EAT WALK ENGAGE™ has been supported by a state-wide program leadership team taking a phased approach, building learning communities, and ensuring reliable process measurement and benchmarking. Lessons learnt include:
  - Facilitation is a unique role and skill set that requires intensive training and mentoring.
  - Staff turnover and skill mix and leadership changes are challenges for sustainment.
  - Building and maintaining relationships with consumers, clinical leads and other key stakeholders is critical to maintaining program success.
  - Sharing success through workshops and communities of practice helps solve problems and maintain energy, especially through challenging times.
  - Monitoring patient experience and process indicators is crucial for informing continuing improvements.

## References

Mudge A, McRae P, Cruickshank M. Eat Walk Engage: An interdisciplinary collaborative model to improve care of hospitalized elders. *Am J Med Qual* 2015; 30 (1): 5-13

Cahill M, Lee-Steere K, Mudge A, McRae P. Eat Walk Engage: a delirium prevention program for acute care. *Aust J Dementia Care* 2018; 7 (3)

Mudge AM, McRae P, Banks M, Blackberry I, Barrimore S, Endacott J, Graves N, Green T, Harvey G, Hubbard R, Kurrle S, Lee-Steere K, Lim WK, Masel P, Pandy S, Young A, Barnett A, Inouye SK. Effect of a ward-based program on hospital-associated complications and length of stay for older inpatients: the cluster randomized CHERISH trial. *JAMA Internal Med* 2022; 182 (3): 274-282

Lee-Steere K, Liddle J, Mudge A, Bennett S, McRae P, Barrimore S. “You’ve got to keep moving, keep going”: Understanding older patients’ experiences and perceptions of delirium and non-pharmacological delirium prevention strategies in the acute hospital setting. *J Clin Nurs* 2020; 29 (13-14): 2363-2377

Mudge A, McRae P, Donovan P, Reade M. A multidisciplinary quality improvement program for older patients admitted to a vascular surgery ward. *Internal Medicine Journal* 2020; 50 (6):741-48

Cahill M, Neill S, Treleaven E, Lee-Steere K, Carter A, McCormack L, Mudge A. Eat Walk Engage: enabling acute care teams to deliver consistent fundamentals of care for older people. *J Adv Nurs* 2022 online early

## 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 03/07/2024