**Topic 2 DQ 2**

Implementing early mobility to impact length of stay is likely to impact the length of stay to more than 12 weeks. Early mobility refers to the act of getting patients physically active by either standing or walking beside their beds as soon as they are medically feasible. This is likely to improve quality of care by ensuring treatment is monitored continuously as the patient tries to move around (Rahman, Foster, McIsaac, & Kitt, 2020). The implementation particularly benefits elderly patients who are 65 years and above. This is a characteristic of the chosen demographic. Furthermore, they often use healthcare services more on average and are more likely to have Medicaid or insurance.

Most elderly patients face a myriad of challenges in accessing healthcare due to their age and health condition. This leads to a poorer medical outcome. To address this there needs to be a recognition of the unique needs of the elderly population. The implementation will increase length of stay which increases costs (Rahman, Foster, McIsaac, & Kitt, 2020). On the organization reimbursements from insurance may not fully cover the cost of care. This plan aligns with the United States plan to invest in more geriatric services. They are also aligned in the aim to provide value-based care that aims at improving quality of care over time.

**Reference**

Rahman, M., Foster, A. D., McIsaac, W., & Kitt, S. (2020). Hospital capacity, patient demand, and cost: An empirical study of the hospital inpatient production process. Health Economics, 29(6), 708-723.