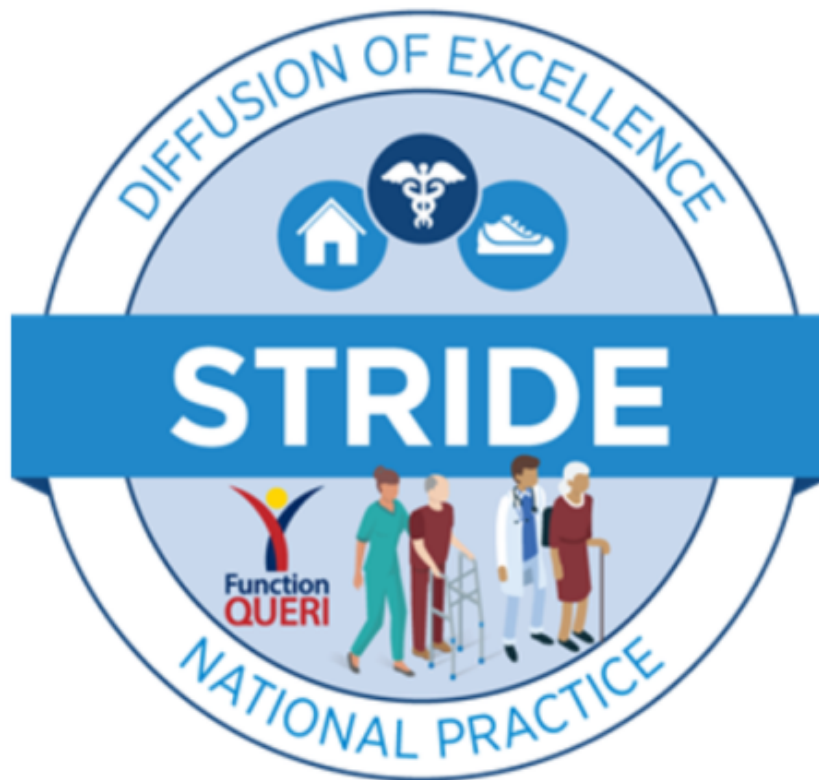



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# STRIDE

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STRIDE is a supervised walking program for older Veterans admitted to the hospital with medical illness. STRIDE features an early assessment, supervised ambulation, and patient education about the importance of daily walking, all designed to ensure patient safety during program participation. Developed with input from multiple disciplines, STRIDE fills an urgent need for promotion of early, safe mobility in hospitalized individuals to prevent negative consequences of inpatient bedrest and immobility.

This practice is **scaling** widely with the support of national stakeholders. [See more](#)

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**ADOPTIONS:** 19 successful, 4 in-progress

**AWARDS AND RECOGNITION:** Diffusion of Excellence Promising Practice, VHA Shark Tank Winner

**PARTNERS:** [Quality Enhancement Research Initiative](#), [Diffusion of Excellence](#)

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## Overview

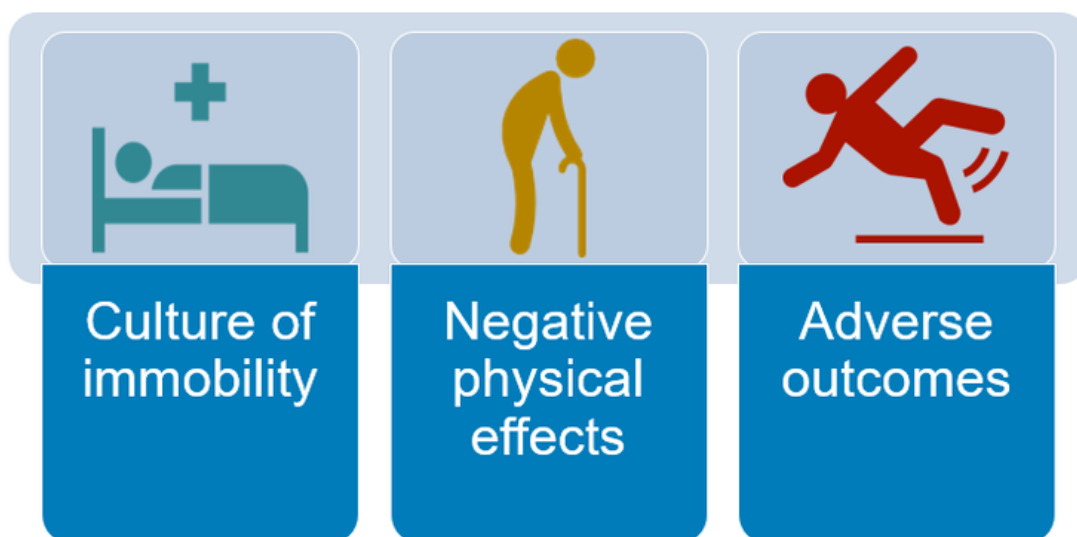
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### The problem

More than one-third of adults 70 and older are discharged from the hospital diagnosed with a new disability that was not present before the onset of acute illness. Loss of functional ability during hospitalization often arises as a result of immobility during the inpatient stay, contributing to loss of muscle mass and overall weakness, putting immobile patie ... [See more](#)

### Images

#### Immobility during Hospitalization



**ABOVE:** Culture of immobility, negative physical effects, and adverse

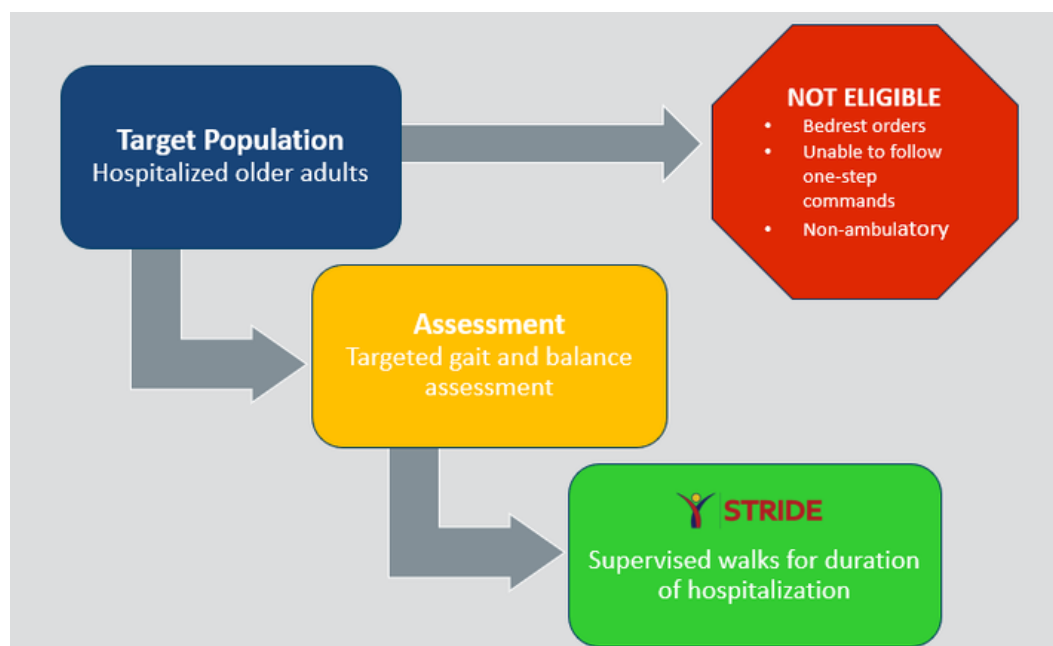
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## The solution

STRIDE is a supervised walking program and aims to increase the amount of time spent safely out of bed and walking during inpatient hospital stays. The program features an early assessment, supervised ambulation, and patient education about the importance of daily walking, all designed to ensure patient safety during program participation.

### Images



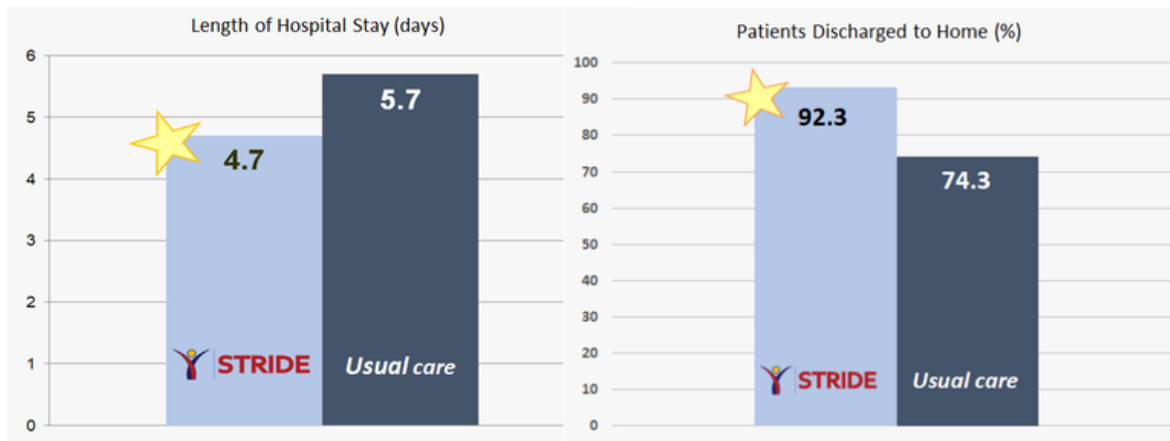
ABOVE: Consult, gait assessment, STRIDE

## The results

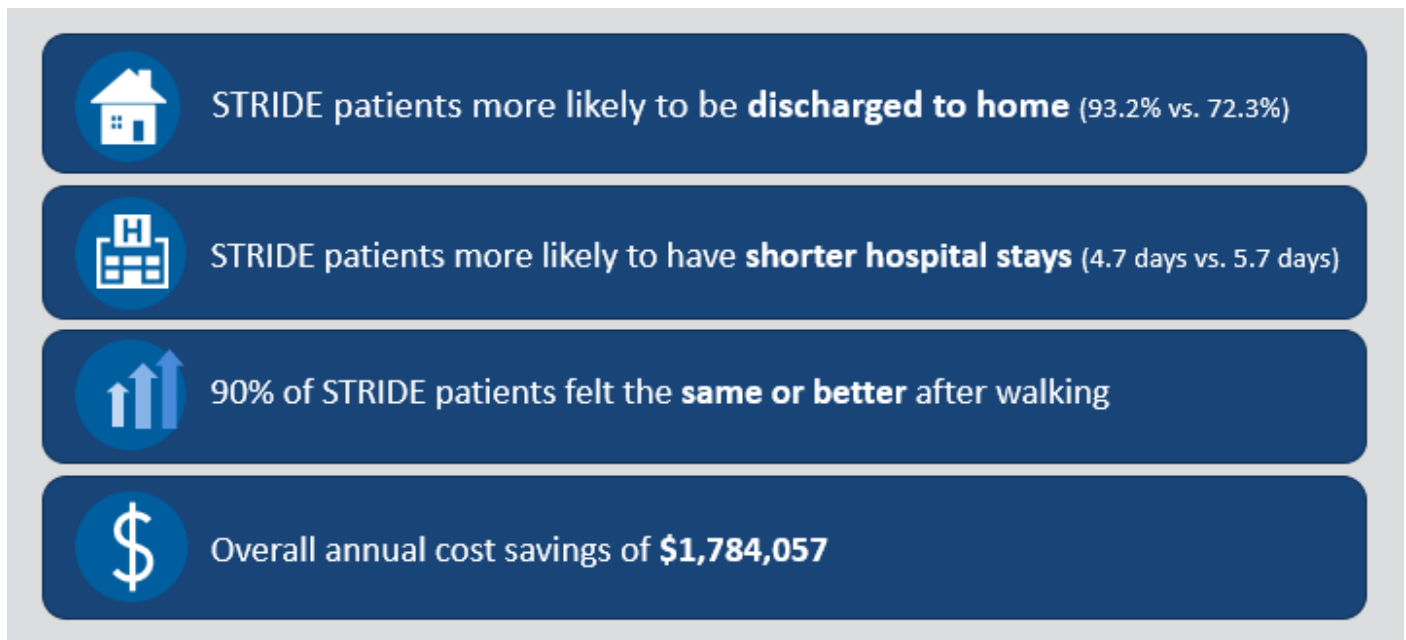
Data from a demonstration trial at the Durham VA show that STRIDE participants were more likely to be discharged to their homes (92%) than STRIDE-eligible patients who did not enroll in the program (74%). Clinical data also show that STRIDE participants had a 1-day shorter length of hospitalization than STRIDE-eligible patients who did not enroll (4.7 days v ... [See more](#)

### Images

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ABOVE: from Hastings SN et al. J Am Geriatr Soc. 2014 Nov;62(11):2180-4.



ABOVE: STRIDE promising outcomes

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- ## Diffusion tracker



5/10

## Multimedia

### Images



**ABOVE:** Veteran walking with STRIDE

### Videos



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**ABOVE:** STRIDE video from Durham VA

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# Implementation

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## Timeline

- **3-4 MONTHS BEFORE PROGRAM LAUNCH**  
  
Planning phase: designate STRIDE team, prepare program documentation, decide on process metrics to track, create marketing and education plan
- **PROGRAM LAUNCH**  
  
Enroll patients in STRIDE on a pilot ward
- **1 MONTH POST-LAUNCH**  
  
Review and evaluate program data

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## Departments

- Extended care and rehabilitation
- Geriatrics
- Hospital medicine
- Nursing services
- Physical medicine and rehabilitation

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## Core Resources

**PEOPLE**

- Physical Therapist (or other evaluating therapist), either dedicated to STRIDE or in conjunction with other duties
- Mobility Assistant (e.g. CNA, HCT, PTA, RTA), either dedicated to STRIDE or in conjunction with other duties

**TOOLS**

- STRIDE Toolkit
- Vitals equipment (e.g. BP cuff, pulse oximeter)
- Laptop or computer station to record assessment and walk data

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## Optional Resources

**PROCESSES**

- Patient education and marketing materials

**TOOLS**

- Walking devices (e.g. gait belts, walkers, canes)
- Stop watch, timer, measurement wheel

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## Risks and mitigations

RISK	MITIGATION
Role clarity among clinical STRIDE team	Designate key staff as champions, regularly educate new staff, and meet regularly

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## Contact

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## Comment

Type your comment here...

☐ I am currently adopting this practice

☐ I am a member of this practice team

Cancel

Post

0 COMMENTS:

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## Email

Email [susan.hastings@va.gov](mailto:susan.hastings@va.gov) with questions about this practice.

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## About

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### Origin story

To combat the issue of prolonged, unnecessary bedrest in the inpatient setting, Dr. Hastings developed the STRIDE program, a supervised walking program for hospitalized older adults. In 2012, this program was further developed by an interdisciplinary team of research physicians and piloted at the Durham VA Health Care System.

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### Original team

**Susan N. Hastings**

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Project Coordinator

**Ashley Choate**

Implementation Specialist

**Cassie Meyer**

Research Assistant

**Carl McCoy**

Diffusion Specialist

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