Senior Friendly Hospital

Operation Mobilization

March 2014

Clinical Priorities

- **Functional Decline** – implement early interdisciplinary mobilization protocols across hospital departments to optimize physical function
- **Delirium** – Implement interprofessional delirium screening and prevention and management protocols to optimize cognitive function
- **Transitions** – support transitions in care with community and post acute services

Completed Strategies - 2012

- Executive Leadership – VP patient services , Seniors and Community Care
- Transitions – Retirement homes and Long term care homes – meetings re process , Joint discharge planning rounds
- Ethics – framework and processes already in place

Prevention of Functional Decline

Goal: Prevent functional decline in Seniors admitted to Hospital

Strategy : Operation Mobilization

- Posters and Pamphlets about importance of mobilization while in hospital
- Exercise classes on both Medical Units
- Weekend mobility activity “ prescriptions”

Prevention of functional decline

- Walking signs: positioned 10 metres apart on clinical units and hallways to help patients and care providers measure distances walks

- Whiteboards: positioned at every inpatient bed unit; Mobility and Self Care goals recorded there for patients, staff and family to view and act upon

Signage

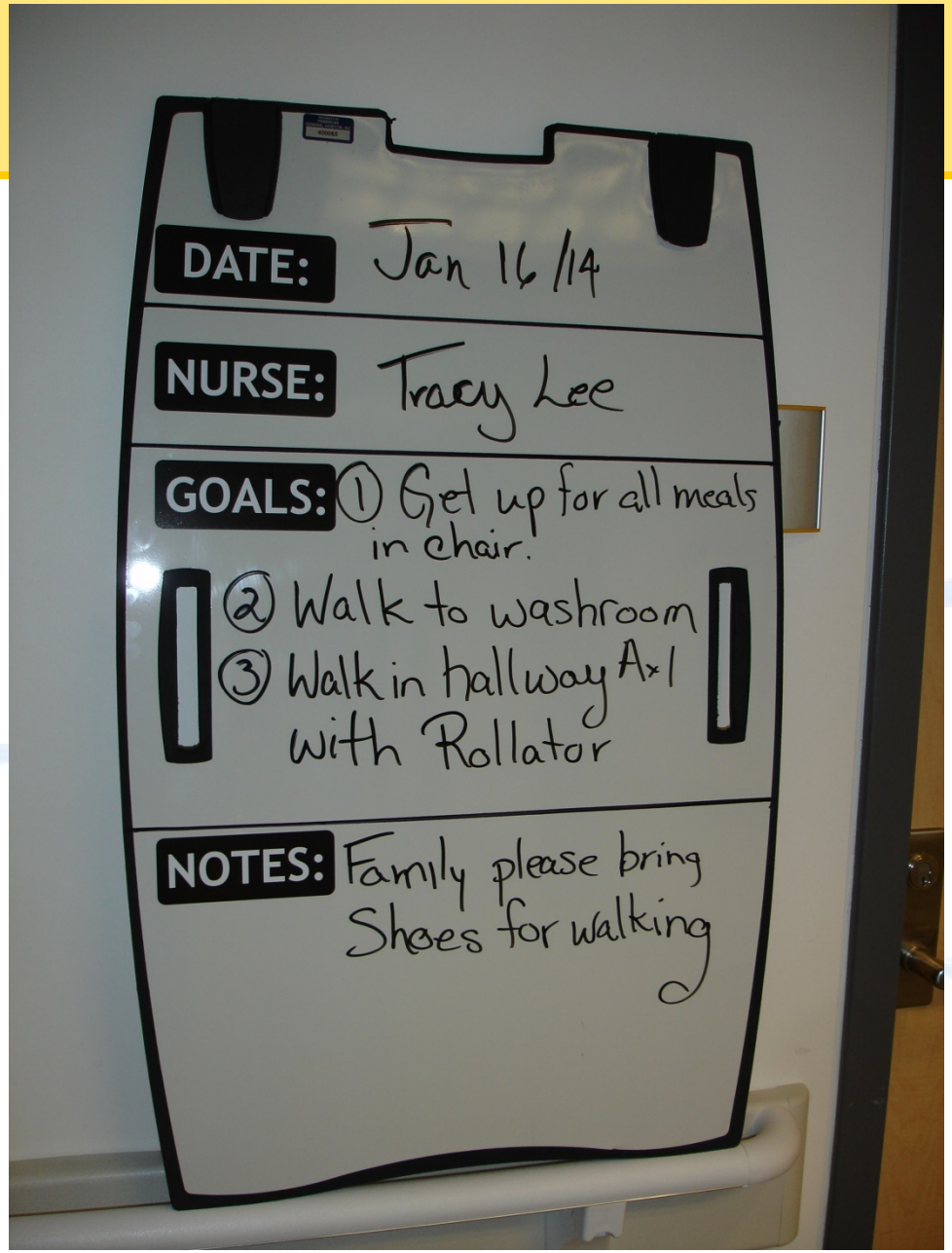

Moving is
Healing
What is Early Mobilization?
The act of "moving" from the moment of admission to hospital. It includes:
• Participating in group exercises and activities
• Walking
• Sitting up in a chair
• Getting washed and dressed
• Exercises while lying in bed or sitting up in a chair
Why Do I Need to Move?
• Prevent bed sores
• Improve lung and heart function
• Prevent delirium
• Prevent depression
• Improve strength and independence
• Shorter hospital admission
• Successful discharge home
• Improved sleep and appetite
Have you seen this sign?
These signs are posted every 3 meters so you can track how far you are walking.







Hallway Markers


DATE: Jan 16/14
NURSE: Tracy Lee
GOALS: ① Get up for all meals in chair.
② Walk to washroom
③ Walk in hallway A×1 with Rollator
NOTES: Family please bring Shoes for walking








MEDICAL







Prevention of Functional Decline

- Implemented outcome measurement tool on 2A for Seniors 70 years and older on admission and discharge
- 88% of patients admitted were discharged with a score equal or higher than on admission
- Significant gains were made in a large number of those patients

Outcome measures- Random audits

Audit on 3 B Medical with 32 beds

- Day 1 – lunch , 71% up in chair , 18% sitting at side of bed , 11% in bed
- Day 2 – supper , 56% up in chair , 29% sitting at side of bed , 15% in bed
- Day 3 – lunch , 56% up in chair , 19% sitting at side of bed , 25% in bed

Case Studies

- 78-year old female from retirement home , severe cardiomyopathy, chronic atrial fibrillation and hypertension
- Expected length of stay 6.5 days
- Patient assessed by physiotherapy 24 hours post admission and started on a mobility and exercise program.
- Attended 2 exercises groups while in hospital
- Ambulating independently 3 days post admission , discharged home 3 days later once medically stable.

Case Studies

- 71-year old female with dehydration, renal failure, diabetes and seizure disorder
- Seen by physiotherapy and started on mobility program
- Medically unstable , unable to be discharged home
- Patient continued with ambulation and strengthening
- Independently mobile for most of admission and once medically stable, will be able to return home
- Multiple admissions in past with similar multi-system compromise and extended hospital stays

Improvements

- Health Care Staff , family , friends are aware of mobility goals , able to measure improvement and communicate with same language (each sign = 10 meters)
- Nursing Staff has “ prescription “ on exercises to be performed on weekends
- Group exercises provide increased mobility but also socialization
- Culture change on unit is changing staff and patient's expectations around mobilization

Questions and Discussion