



Keeping Senior Patients Active in Hospital

The Move On Project at The Ottawa Hospital





Principles of Move On

Target: Hospitalized seniors >65 years

- Determine mobility status within 24hrs
- Mobilize 3x/day
- Mobilization is scaled and progressive
- Entire team is involved
- Mobilization is documented and communicated



Hazards of Immobility

Decline in mobility is a leading complication of hospitalization for older patients

Onset of complications—within 24 hours of bed rest:

Respiratory System

- Decreased lung volume
- Pooling of mucous
- Cilia less effective
- Decreased oxygen saturation
- Aspiration atelectasis

Gastrointestinal System

- Increased risk of aspiration
- Loss of appetite
- Decreased peristalsis
- Constipation

Musculoskeletal System

- Weakness
- Muscle atrophy/wasting
- Loss of muscle strength by 3-5%
- Calcium loss from bones
- Increased risk of falls due to weakness

Psychological

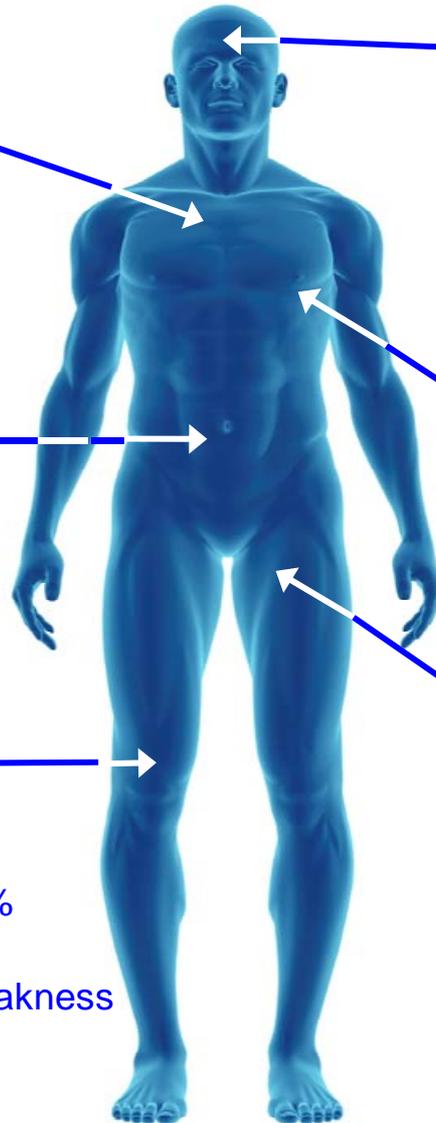
- Anxiety
- Depression
- Sensory deprivation
- Learned helplessness
- Delirium

Circulatory System

- Loss of plasma volume
- Loss of orthostatic compensation
- Increased heart rate
- Development of DVT

Genitourinary System

- Incomplete bladder emptying
- Formation of calculi in kidneys and infection



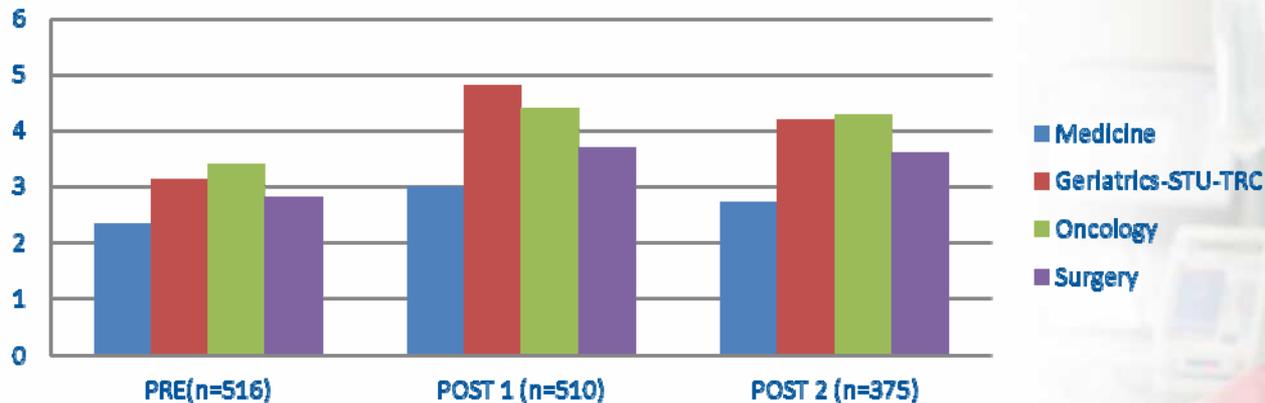
The Ottawa Hospital | L'Hôpital d'Ottawa





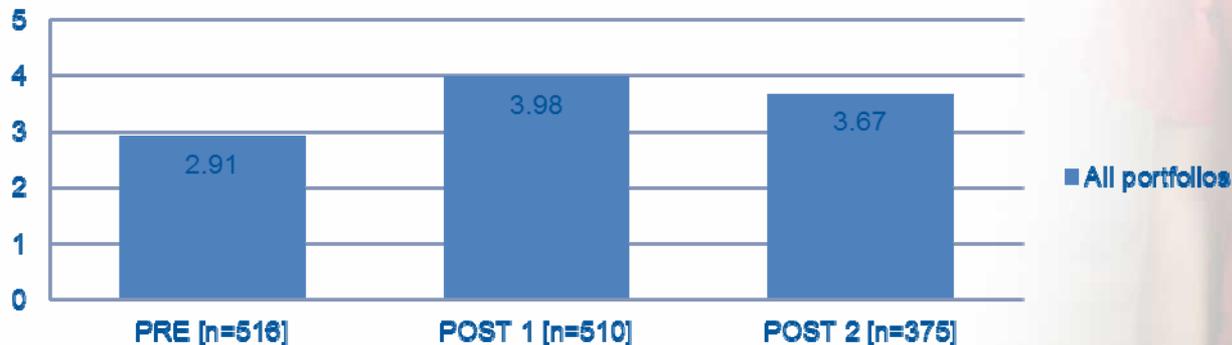
Average Daily Rate of Patient Mobility: grouped according to Inpatient portfolio

Divided according to inpatient portfolio



Average Daily Rate of Patient Mobility: all portfolios aggregated

All portfolios aggregated





Challenges + Solutions

1) Competing education initiatives

- Creative use of implementation (customised approach e.g. ER)
- Awareness of content saturation and specific populations

2) Dissemination of Information

- User-friendly; visually appealing Mobility/Transfer Resources developed
- Mobility checklist (poster and lanyard)
- Rewards (pen, buttons)
- Liaise and align with transfer training
- ELM (electronic learning modules)
- Media relations (Journal, QUIKR)





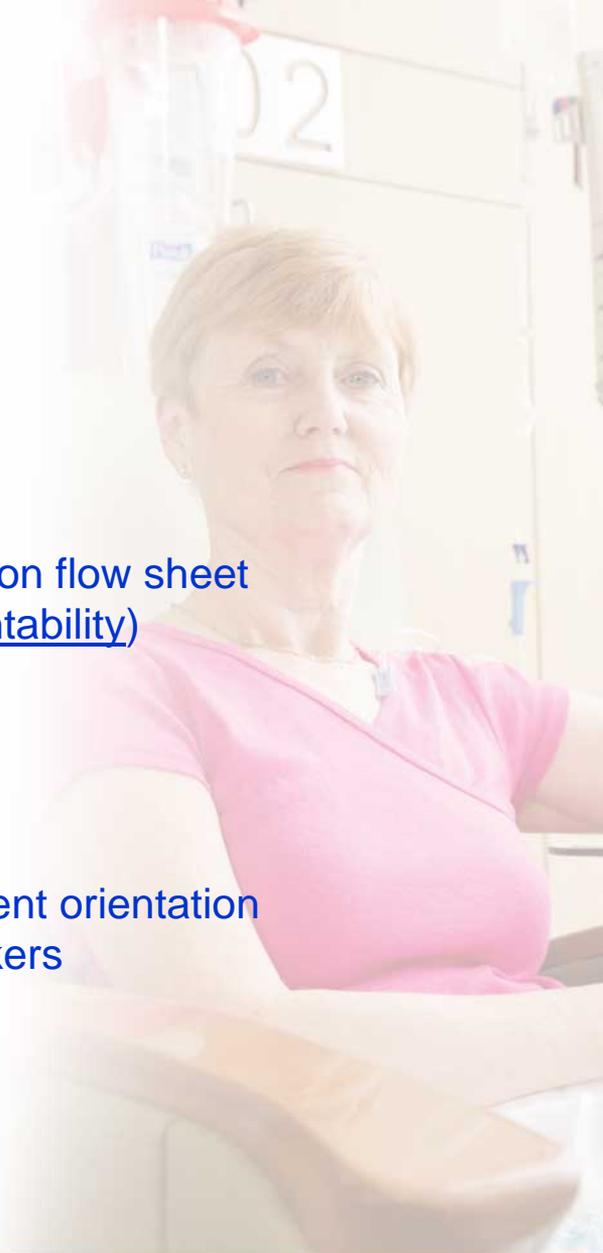
Challenges + Solutions

3) Documentation

- GER 24 – separate mobility flow sheet (fail)
- Collaborate with NPPD re: revised mobility section on flow sheet
- Feedback on TOA (inter-hospital transfer of accountability)

4) Sustainability

- Mobility as a LEM goal for 4 unit managers
- Mobility data collected in bi-annual Prevalence Day
- Move On education at Corporate Nursing and student orientation
- Timely feedback to all units regarding mobility markers
- Draft of a Mobility for Seniors Policy + Procedure





Challenges + Solutions

5) Equipment

- Needs assessment (variable per unit)
- Advocating, funding & installation for chairs for patients and visitors
- Collaborate with teams (IC; Housekeeping; OCHAS; OT/PT)

6) Patient and Family attitudes about staying active in hospital

- Patient/Family education booklet created and available (bilingual)
- Partnership with Volunteer Services
- Posters on units advocating staying active in hospital





Lessons Learned

- Interprofessional Collaboration is ESSENTIAL
- Unit Leadership is ESSENTIAL
- Educating staff *is achievable*
- Drive Success by providing feedback and recognizing staff (champions)
- Sustainability requires commitment and accountability from all stakeholders. (senior mgmt → front line → patient)





Acknowledgements

Move On Team:

- Dr. Barbara Power (Principal Investigator)
- Dr. Laura Khoury (Co-investigator)
- Frédéric Beauchemin (Clinical Director and Project Lead)
- Vicki Thomson (Education Coordinator) <vthomson@toh.on.ca>
- Jan-Michael Charles (Research Coordinator)
- Jennifer Payne (Nurse Educator - current) <jepayne@toh.on.ca>
- Yujing Li (Nurse Educator)
- Katherine Dittmann (Physiotherapist)

