



The Ottawa
Hospital | L'Hôpital
d'Ottawa

**MOVE ON:
Mobilization Of Vulnerable
Elders In Ontario:
How to assess and keep
our patients moving?**



Objectives



After participating in this educational session, inter-professional team members will be able to:

- Use the **Simplified Mobilization Assessment Algorithm**
- Understand the mobility levels identified by the algorithm
- Describe the role of staff and family in mobilizing in-patients
- Develop a mobility plan based on level identified using the algorithm



- The Ottawa Hospital is one of 14 academic hospitals in Ontario participating

Objective of the program:

- Implement and evaluate the impact of an evidence based strategy to promote early mobilization and prevent functional decline in older patients admitted to hospitals in Ontario



- Will be implemented on two medical floors (A1 and B5)
- Consists of:
 - **Pre-intervention**
 - Working group: develop intervention/resources
 - Focus groups: identify barriers & enablers
 - **Intervention**
 - Delivery of intervention/education over 8 week period
 - **Post-intervention**
 - Chart audits
 - Exit interviews



Standard of Care

- Assess mobility of older patients within 24 hours of admission
- Design plan of care based on the assessment
- Monitor progress and update targets to support OPTIMAL mobilization
- Collaborate within interprofessional team

Goal

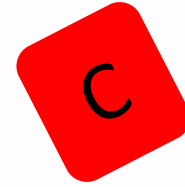
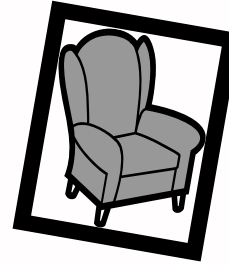
- Progressive, scaled mobilization, at least three times daily for all elderly patients admitted



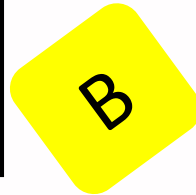
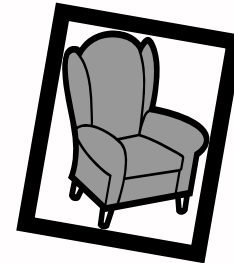
Teamwork/Inter-professional Considerations

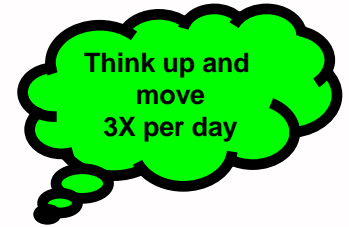
- Mobilization is a responsibility of all health care team members
- As a team or individually, we can work with patients and families to promote: early, safe and frequent mobilization
- Learning from and with each other produces greater staff satisfaction and patient outcomes





Where do I begin?





Considerations in Assessment of Mobility

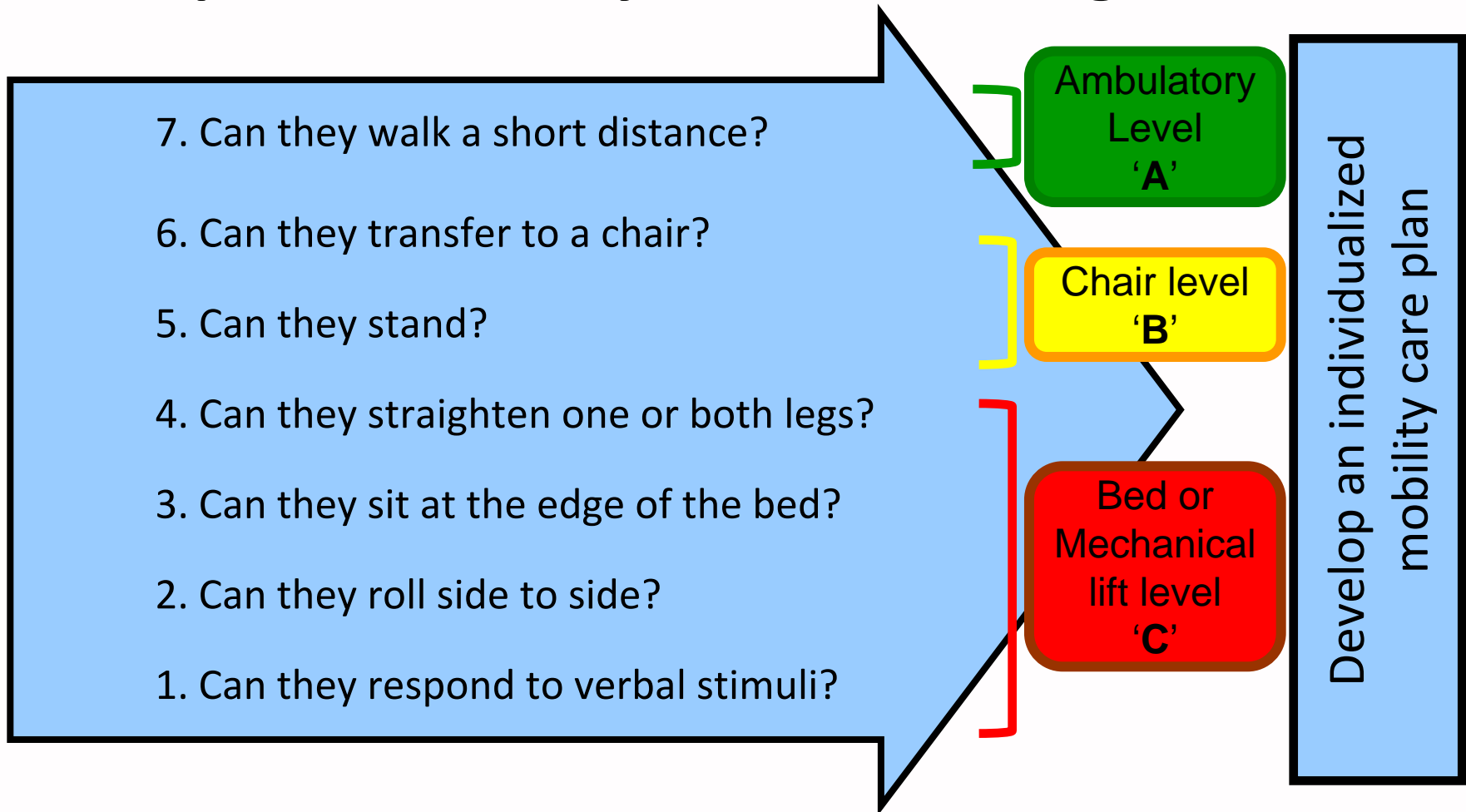
Key Assessment Criteria



- Ability of patient to provide assistance
 - Ability of patient to follow instructions
 - Special circumstances (e.g., wounds, restrictions, contractures, lines)
 - Specific medical orders
-
- Consider these while completing the **Simplified Mobility Assessment Algorithm**



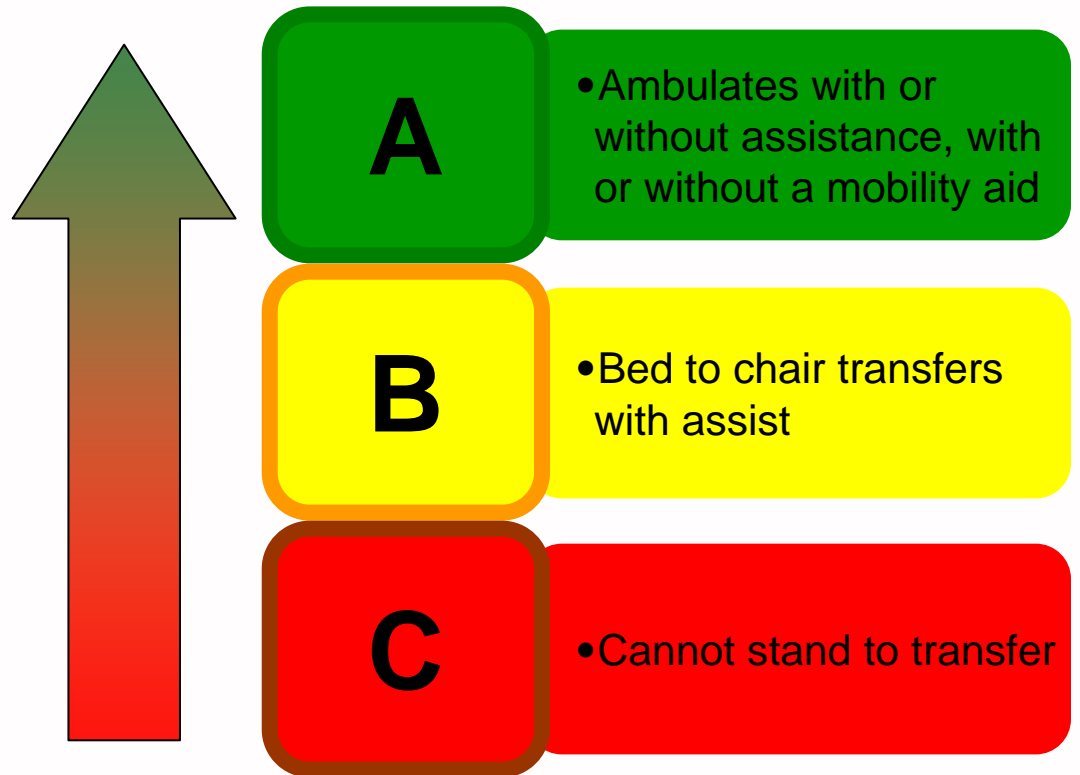
Simplified Mobility Assessment Algorithm



This algorithm can be used by all staff to determine a patient's mobility level

Simplified Mobility Assessment Algorithm

- Completed with each patient over 65 years of age within 24 hours of admission
- Used to monitor patient mobility daily
 - As patient improves, mobility level can progress



Mobility level (A,B,C)		Staff Role
A	Able to Ambulate With or without assistance	<ul style="list-style-type: none"> • Ambulate 3x/day or more
B	Transfer Bed to Chair With assistance	<ul style="list-style-type: none"> • Ensure up to chair 3x/day • Up to commode chair • Active ROM
C	Cannot stand to transfer	<ul style="list-style-type: none"> • Encourage to participate in care • Upright for meals • Active/passive ROM 3x/day • Assist with turns • Mechanical lift to chair 1x/day



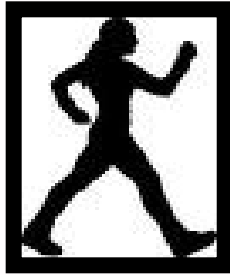
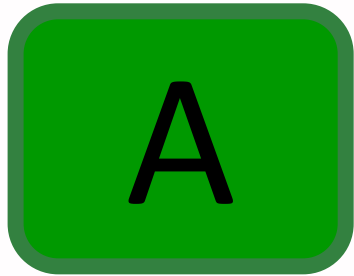
Making a Mobility Plan

- Establish baseline functional status
- Type of task (transfer, reposition, ambulate, toilet)
- Type of equipment or assistive device needed
- Number of caregivers needed to complete task safely



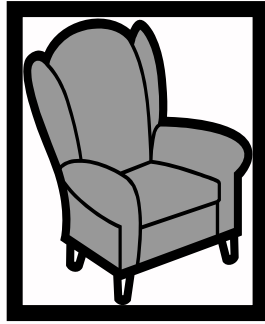
Document

“if it’s not documented it didn’t happen”



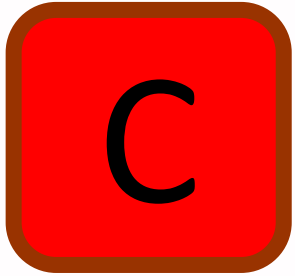
Patients who can
Ambulate will be
encouraged to:

- Ambulate 3 times per day
- Participate in personal care to greatest extent possible
- Walk to the bathroom for toileting
- Eat meals sitting in a chair



Patients who can transfer from **B**ed to chair will be encouraged to:

- Get up to chair 3x/day preferably at meals
- Use the commode for toileting
- Active Range of Motion 3x per day
- Participate in care to the greatest extent possible



Patients who **C**annot stand to transfer:

- Mechanical lift to Chair at least 1x daily
- Sit upright in bed for meals
- Dangle legs over edge of bed with assistance
- Active Range of Motion 3x per day
- Encourage patient to be as active as possible in bed (personal hygiene, turning, self-feeding)
- Turn every 2 hours when unable to participate in care



Environment

- Adequate space, equipment and supplies close by
- Safety check: brakes on (bed, chair and/or assistive device)
- Appropriate bed height (elbow height of the shortest lifter) to reposition a patient in bed
- Leave the bed in the lowest position once finished with patient





Staff Roles and Responsibilities

- Perform daily assessment of mobility to determine mobility level (A, B, C)
- Set individual goals for patient
- Ensure activity at least TID
- **Encourage family** to mobilize the patient when appropriate
 - Take patient for a walk
 - Have patient sit in a chair when visiting





Summary

- MOVE ON project implemented on A1 and B5
- **All staff** will be responsible for:
 - Assessing mobility of elderly patients within 24 hours of admission using Simplified Mobility Assessment Algorithm
 - Mobilizing each patient **at least 3 times a day**
 - Encouraging patient and family to mobilize
- Mobility must be scaled and progressive
- Mobility is the responsibility of all team members including patient and their family



Think up and move
3X per day



Acknowledgements

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