

IN MOTION

*Maintaining and maximizing
functional mobility*

Objective:



Each and every admitted patient will maintain, or optimize their functional status; including bed mobility, transfers, walking, sitting/activity tolerance, strength, balance and activities of daily living (voiding, bathing, feeding, dressing etc), from admission to discharge, unless otherwise specified by medical orders or precautions.



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Mobility is not a controlled act.

- “Deregulate” mobility and ADLs from PT and OT to the entire team

The role of the Professional Practice service provider is consultative with respect to a patient’s functional status



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IN MOTION was designed to:

- Promote an interdisciplinary approach to functional mobility.
- Provide the nursing staff with clear expectations for mobilizing their patient.
 - Address road blocks to their implementation.
- Educate nursing in:
 - The benefits of maximizing a patient’s functional mobility.
 - How to determine their patient’s functional mobility status.
 - When to seek OT and PT collaboration.
- Provide timely metrics.
- Provide venues for frontline feedback and problem solving.





EXPECTATIONS:

- Every patient's mobility will be screened by their nurses at least once per shift
- Every patient will sit for 30-60 minutes, or as tolerated, 2-3 times per day, ideally for meals.
- Every patient will get up to void (bedside commode or walk to bathroom)
 - Competent patients: every time they request
 - Otherwise at rounding



IN MOTION

A smart name....



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I – Interdisciplinary

Mobility is not just PT & OT

N – Necessary

Every day lying in bed can result in a 5% loss of muscle strength, causing weakness and de-conditioning.

M – Move

Mobility is known to reduce serious complications of hospitalization.

O – Onward

T – Toward

I – Independence

*We expect every patient to participate to the best of their ability in their care.
An actively involved patient will*

O – Out of bed

Hospitalization does not mean bed rest unless specified in a medical order.

N – Now!



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COMPONENTS:

- Nursing educated via LMS module
- Team IN MOTION meetings
- Education sessions
 - Mobility screens
 - Demystifying simple gait aid choices
- Pocket Card – mobility screen
- Screening tool to be done at bedside check in
- Results presented at huddles – problem solve road blocks
- Patient & Family education



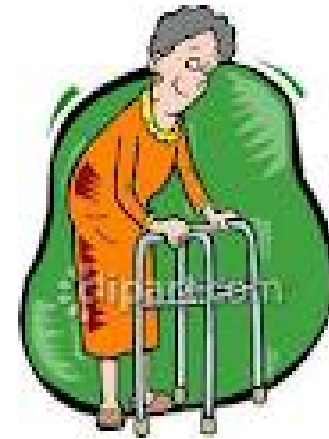
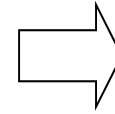
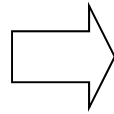
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Success!

- The use of the mobility screen had risen 48% - nursing reported increased ability to assess functional mobility.
- The number of patients up for 30-60 minutes had risen by 54%
- The number of patients getting up to void had risen by 57%.
- The nursing staff reported satisfaction that the patients were getting out of bed more frequently.
- The OT and PT staff reported increased collaboration in patient care.
- The patient satisfaction scores for EGH over the trial period were sustained at a high level.



- Questions?



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