

The MOVE ON+ Project on a Reactivation Unit (5W): An Evidence Based Strategy to Promote Early Mobilization and Prevent Functional Decline in Older Patients Admitted to Hospital

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Background

- Councils of Academic Hospitals of Ontario (CAHO) identify the following:
 - Without mobilization elderly lose 1-5% of muscle strength
 - 1/3 of older adults develop a new disability in an ADL during hospitalization
 - 50% of these patients are unable to recover function
 - Data from 2010-2011 in academic hospitals in Toronto found less than 30% of patients were regularly mobilized
 - NYGH was selected by CAHO to participate in the expansion of the MOVE ON + project.

Purpose

- The purpose of the Mobilization for Vulnerable Elders in Ontario (MOVE ON+) project was to implement and evaluate the impact of a multi-component, evidence based strategy focused on promoting early mobilization and preventing functional decline in older patients admitted to hospital.

Inclusion Criteria:

- Patients 65 years and above
- admitted to 5WEST

Mobility was defined as:

- Feet dangling at the bedside,
- Sitting on a chair or commode
- Assisted standing, and assisted or independent walking



Methods

Pre-Intervention Phase: 10 weeks

- Feb 18, 2014-April 24, 2014
- Visual audits of patient mobility rates taken at consistent intervals three times/day twice/week.

Intervention Phase: 8 weeks

- April 28, 2014-June 19, 2014

Inter-professional staff education

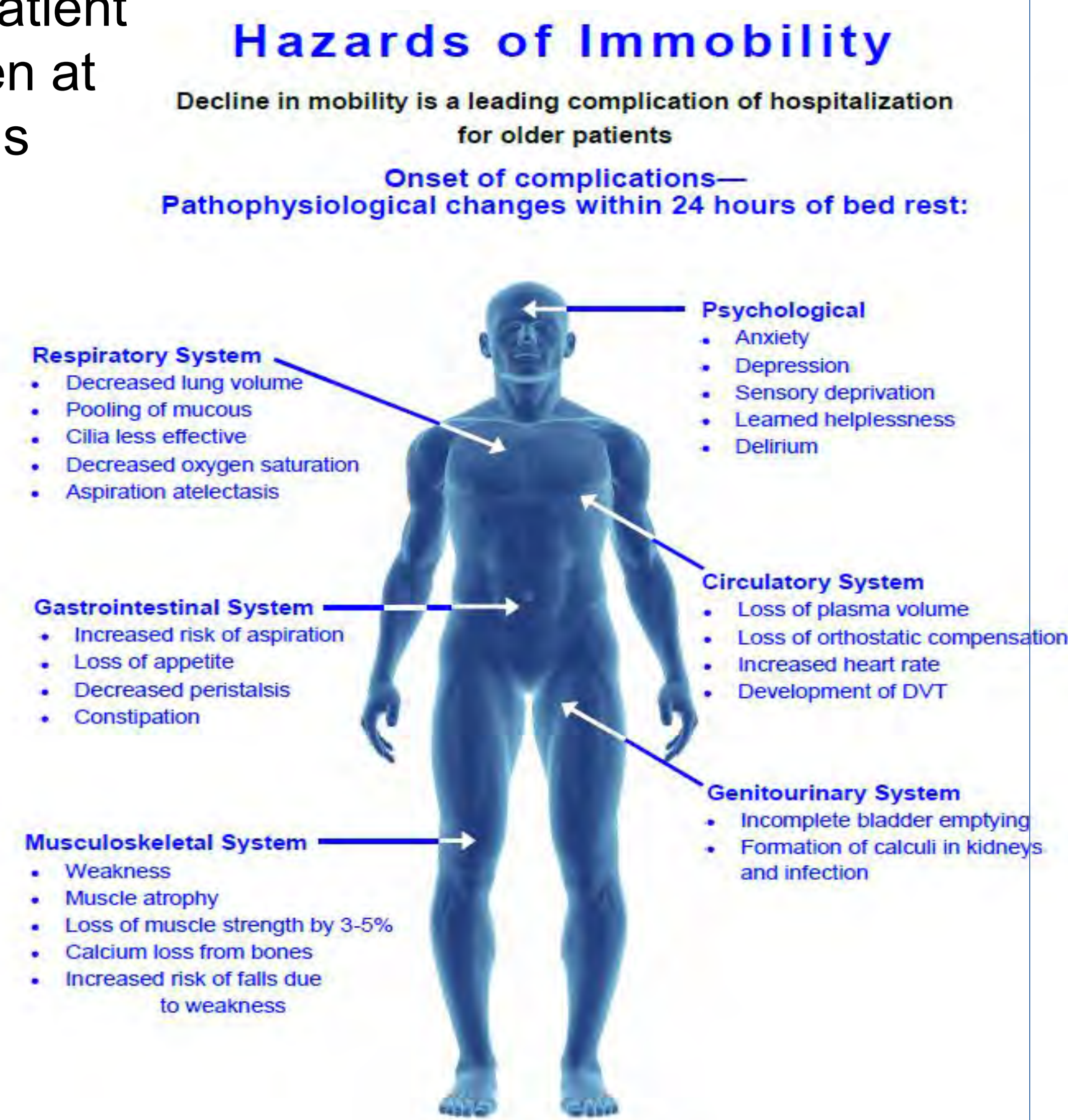
- physicians n=3, nurses n=31 OT/PT n=6 allied health n= 6 administration n= 5
- Formal in-services on Mobilization
- My Learning Edge modules
- Mobility goals incorporated into Bullet Rounds
- 1:1 coaching

Patient and Family Education:

- Formal presentations on Mobilization
- Posters in each patient's room and hallways
- MOVE On Pamphlets

Post Intervention Phase: 20 weeks

- June 24, 2014-October 30, 2014
- Visual audits of patient mobility rates taken at consistent intervals three times/day, twice/week combined with chart reviews allowed the researchers to evaluate mobility rates.



Results

- Results indicate that overall average mobility rates increased by 13% from pre to post intervention
- Mobility rates increased in the post intervention phase throughout the three audit times (AM, lunchtime and PM) indicating an increasing trend in mobilization

Table 1: Mobility Rates Over Time

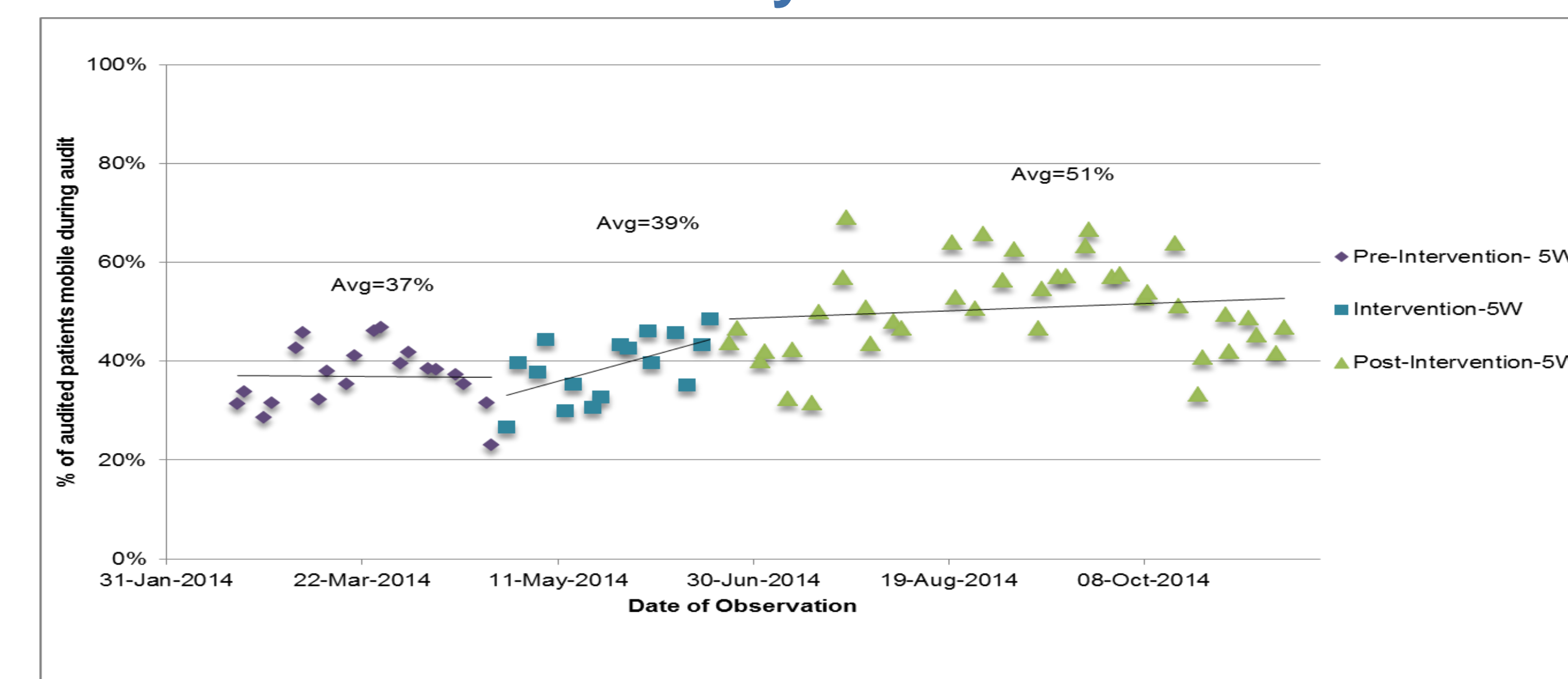
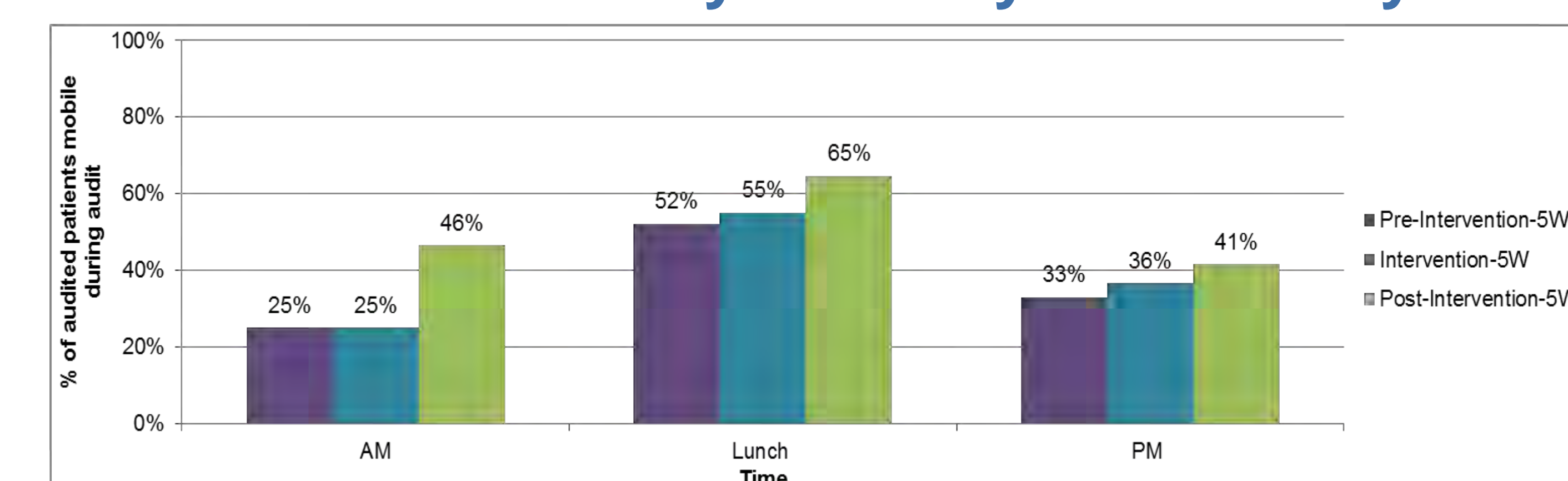


Table 2: Mobility Rates by Time of Day



Sustainability

- Cultural shift in viewing mobilization from being a designated task assigned to a single professional group to a shared team responsibility, with team members having complementary roles
- Leveraging established workflow mechanisms increases opportunities for sustainability e.g. bullet rounds, quality meetings
- Ongoing patient education
- My Learning Edge modules for new staff
- Focused Audits