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

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- 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

Think up and move 3X per day

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

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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?
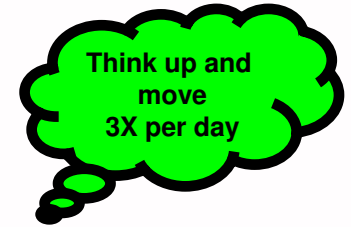
Considerations in Assessment of Mobility
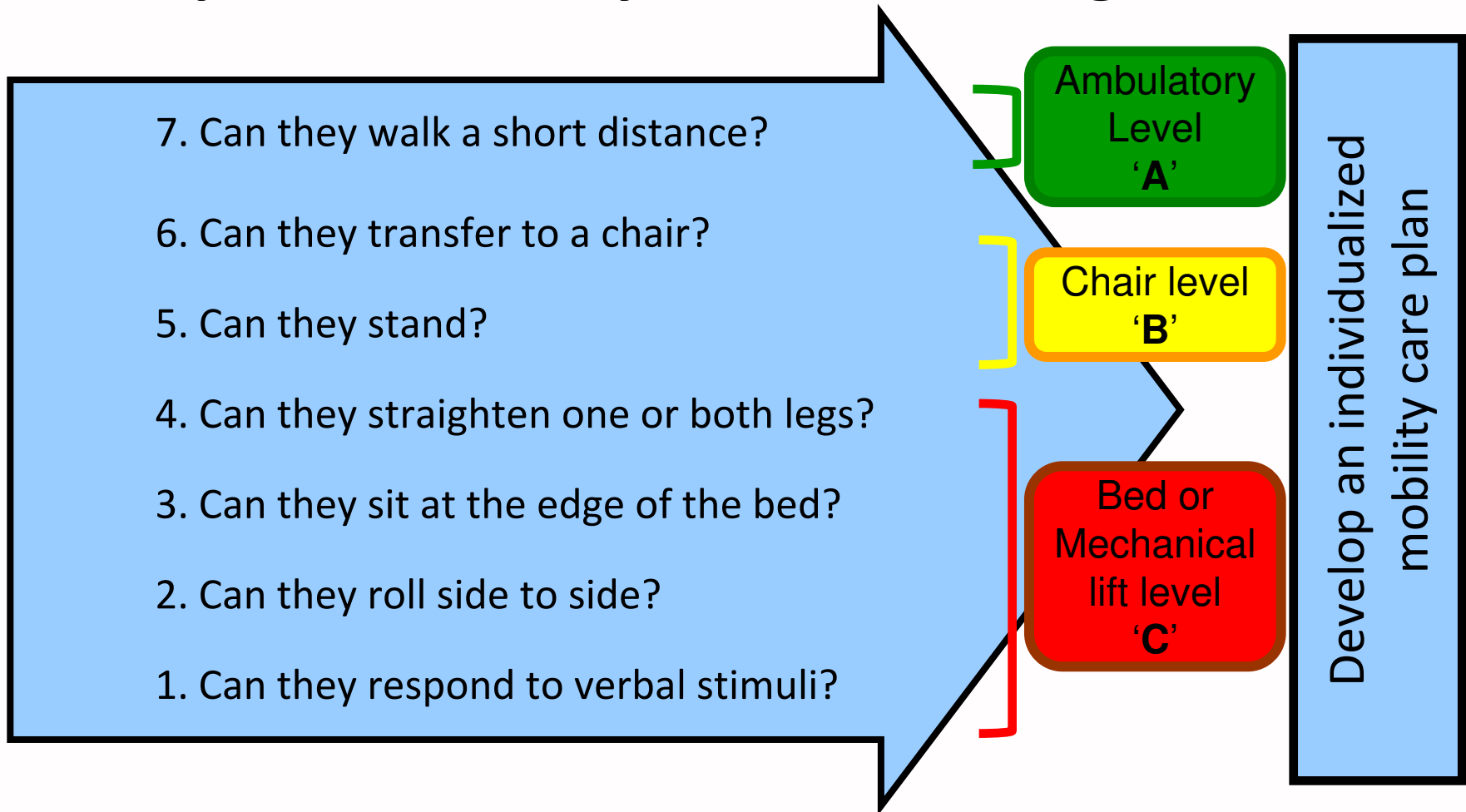

Think up and move
3X per day

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

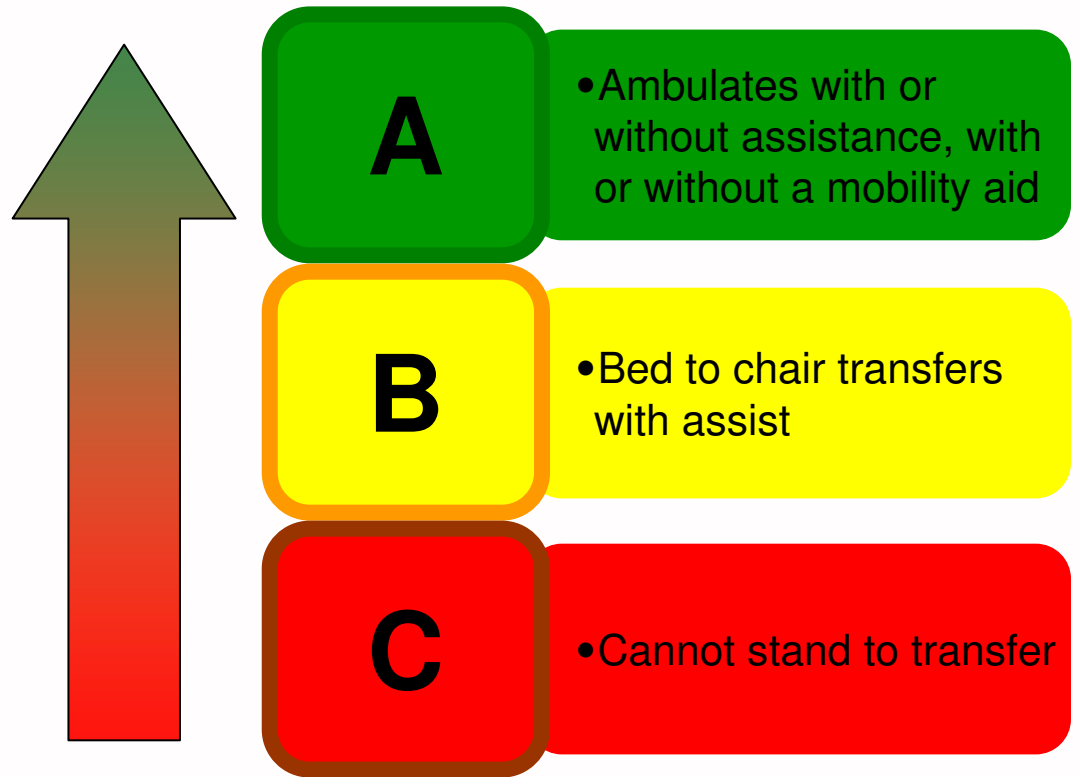- Consider these while completing the **Simplified Mobility Assessment Algorithm**

Simplified Mobility Assessment Algorithm

7. Can they walk a short distance?

6. Can they transfer to a chair?

5. Can they stand?

4. Can they straighten one or both legs?

3. Can they sit at the edge of the bed?

2. Can they roll side to side?

1. Can they respond to verbal stimuli?

Ambulatory Level 'A'

Chair level 'B'

Bed or Mechanical lift level 'C'

Develop an individualized mobility care plan

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

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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

A
- Ambulates with or without assistance, with or without a mobility aid

B
- Bed to chair transfers with assist

C
- Cannot stand to transfer

| Mobility level (A,B,C)		Staff Role
A	Able to **A**mbulate With or without assistance	• Ambulate 3x/day or more
B	Transfer **B**ed to Chair With assistance	• Ensure up to chair 3x/day • Up to commode chair • **A**ctive ROM
C	**C**annot stand to transfer	• Encourage to participate in care • Upright for meals • Active/passive ROM 3x/day • Assist with turns • Mechanical lift to chair 1x/day

Think up and move
3X per day

Making a Mobility Plan

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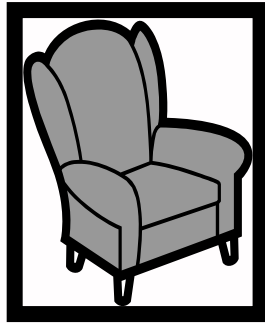- Number of caregivers needed to complete task safely

Document

"if it's not documented it didn't happen"

A
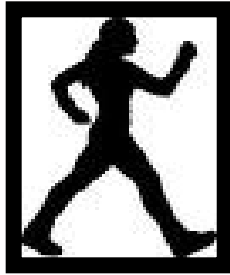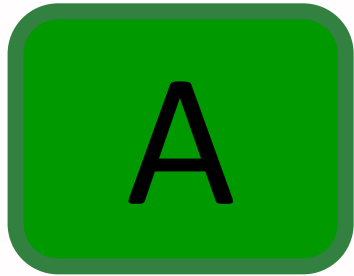
Patients who can **A**mbulate will be encouraged to:

- 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

B

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

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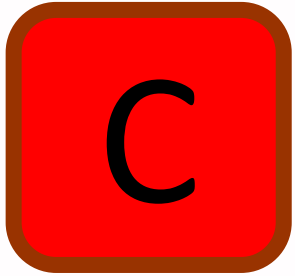
## Patients who **C**annot stand to transfer:

- 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

Think up and
move
3X per day

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
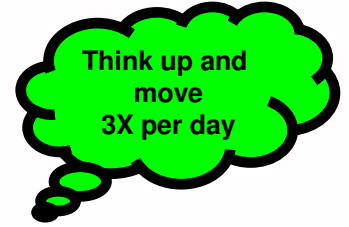
Staff Roles and Responsibilities

- 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

Think up and move 3X per day

- 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

Acknowledgements

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