IN CHAIR 4 MEALS AND BEYOND
Today's Webinar

OUTLINE

Why mobility?
The "In Chairs 4 Meals" project
The "Up 4 Mobility" initiative
Lessons learned
Why Mobility?

WHAT'S MOBILITY GOT TO DO WITH THE HOSPITAL STAY?
Why Mobility?

Each day of immobility results in a 1-5% loss of muscle strength in an older individual.

(Liu et al., 2018)
Patients don’t move because they “perceive healthcare providers as not… viewing it as important” and did not “want to impose upon [staff] for assistance.”

(Brown, Williams, Woodby, Davis & Allman, 2007)
**A COMMON LANGUAGE**
Mobility ABCs introduced to facilitate clear communication.

**MOBILIZATION STANDARD**
Graded activity recommendations to establish a standard of care.

<table>
<thead>
<tr>
<th>Mobility Level</th>
<th>Core Mobility Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Ambulate independently</td>
</tr>
<tr>
<td>A2</td>
<td>Ambulate with assistance</td>
</tr>
<tr>
<td>B</td>
<td>Bed to chair transfer</td>
</tr>
<tr>
<td>C</td>
<td>Cannot stand to transfer</td>
</tr>
</tbody>
</table>

- **A1**: Ambulate independently or with assistance, 3x/day or more, with or without a gait aid.
- **B**: Up to chair or wheelchair 3x/day or more, Vatanaka Centre. Up to chair or wheelchair daily. Self propel and/or reposition in wheelchair.
- **C**: Mechanical lift to chair/wheelchair daily. Active/passive repositioning every 2 hours.

**VOLUNTEER PROGRAM**
To engage and encourage patients in physical and basic cognitive stimulation.
Poll

Does your hospital or organization have a patient mobility program in place right now?

Yes | No
Troubling Trend

Sample GIM Mealtime Visual Audit
Percentage of patients out of bed each meal

- **Breakfast**: 15% (All pts), 2% (Level C)
- **Lunch**: 32% (All pts), 17% (Level C)
- **Dinner**: 26% (All pts), 10% (Level C)

Photo by Jon Tyson on Unsplash
CHALLENGE

Recapture hospital-wide energy towards patient mobility without additional unit-based resources.

STUDY EXTERNAL SUCCESS STORIES

Learn from strategies and approaches used elsewhere.

START WITH INTERNAL SUCCESS

Identify and leverage existing work implemented at Sunnybrook.

Photo by Luke van Zyl on Unsplash
Learning from others:

Celebrate and leverage volunteers.

Reconnect patients with their 'normal' selves.

Set mobility goals and achieve them collaboratively.
In Chair 4 Meals Project

"More bums in chairs"
In Chair 4
Meals Project

"More bums in chairs"
ASPIRATION

is a preventable post-operative complication that has a high morbidity and mortality risk.

POST OPERATIVE ASPIRATION

accounts for 1/3 of re-intubations after abdominal surgery and carries a 50% mortality risk (Milgrom, 2013).
Root Cause Analysis
DATA

on the prevention of aspiration following major abdominal cancer surgery is scarce.

LITERATURE

does show that a patient sitting upright during and after meals is best practice and a primary prevention measure for aspiration.
In November of 2017, we audited all 3 mealtimes for patients on our 36-bed surgical ward unit over a 2 week period.

What percentage of total opportunities do you think patients remained lying in bed?

A. 25% | B. 40% | C. 55% | D. 70% | E. 85%
Poll

What percentage of total opportunities do you think patients remained lying in bed?

70% of the time, patients on the surgical oncology unit remained lying in bed during mealtimes.
PROJECT AIM

To increase the number of post-operative patients sitting in a chair at mealtimes on the D6 surgical oncology unit by 30% by March 31st, 2019.

IN CHAIR 4 MEALS PROJECT

"MORE BUMS IN CHAIRS"
Stakeholders

- Patients & Families
- Staff
- Volunteers
Interventions

- Overhead Mealtime Announcements
- Bedside Education Posters
- Staff & Volunteer lanyard card

Patient Engagement & Tracking Tool:

- Use activities of daily living to get moving:
  - Eating
  - Transfers
  - Grooming
  - Toileting

Mobility Level:

-独立移动：walking independently
- 需要帮助：walking with assistance
- 需要搬运：bed to chair transfer
- 经需帮助搬运：non-mechanical chair-to-WC transfer

Sit in your chair at all mealtimes. Stay up 30 mins after all meals.
Staying in bed is a health risk

Sit in your chair at all mealtimes
Stay up 30 mins after all meals
ACTIVITIES OF DAILY LIVING INFO SHEET

ADL suggestions geared to patient mobility level

Staying in bed is a health risk
USE ACTIVITIES OF DAILY LIVING TO GET MOVING

How do you move right now?

I MOVE BY MYSELF OR WITH SOME HELP:

Mobility level A1 or A2

Transfers
Move out of bed as often as you can.

If needed:
• Family or the health-care team can help.
• Walkers and canes are available.
• Use the call bell to ask for help.

Eating
Sit in a chair for all meals.

• Even if you are not eating, it is important to get in the habit of sitting during mealtimes.
• Stay sitting for 30 minutes after each meal.

Toileting
Walk to the washroom for toileting.

If you have a catheter or other lines:
• Take them with you, OR
• Use your call bell to ask for help.

Grooming
Stand or sit in a chair at the sink to do your grooming activities, such as:
• Brushing your teeth.
• Brushing your hair.
• Washing your face.

Visit sunnybrook.ca/getMoving for more facts and suggestions!
OVERHEAD MEALTIME ANNOUNCEMENT

STAFF & VOLUNTEER LANYARD CARD

Sunnybrook HEALTH SCIENCES CENTRE
Audit results

ALL MEALTIMES

TAHSN fellowship

% in Bed
% at EOB
% in Chair

Audit results chart showing trends in % in Bed, % at EOB, and % in Chair over time.
Audit results

BREAKFAST

TAHSN fellowship

- % in Bed
- % at EOB
- % in Chair

Audit results over time:
- Audit 1: Nov 20Dec 2017
- Audit 2: May 07, 2018
- Audit 3: Nov 08, 2018
- Audit 4: Jan 16, 2019
- Audit 5: Jan 29, 2019
- Audit 6: Feb 13, 14
- Audit 7: Feb 26, 27
- Audit 8: Mar 12, 13
- Audit 9: May 16, 22
- Audit 10: Jul 17, 18
- Audit 11: Aug 21, 22
- Audit 12: Sep 19, 23
Audit results

LUNCH

TAHSN fellowship

- % in Bed
- % at EOB
- % in Chair
DINNER

Audit results

TAHSN fellowship

% in Bed

% at EOB

% in Chair
The UP 4 Mobility Initiative

Engaging patients and staff in rethinking their role in mobility in the hospital.
Poll

What would your frontline staff say hospital mobility is?

A. Patients walking laps on the unit
B. Patients getting out of bed to eat
C. Patients transferring to a commode
D. Patients sitting by the sink to brush their teeth
E. All of the above
Root Cause Analysis

Providers/Staff
- Nurses don’t prioritize mobility
  - Less consistency due to increase in ACU/RN staffing
- Belief that only OT/PT mobilizes patients will put patients back if they get them up

Policies
- PSRC cannot transfer patients on own
- AO/NRT staff feel they get assigned newest pts
- Decreased sustainability of mobility initiative

Patients/Family
- Higher level patients unable to wait until call bell is answered to use bathroom
- 8 AM shift is too early to get up to the bathroom
- Patients don’t see mobility as a priority

Understanding of mobility standard

Slings:
- Not organized
- Not kept at bedside
- Not all staff know how to use
- Perception that using slings = extra time

Place / Equipment
- Equipment not available
  - “Borrowed” by other units and not returned
  - Not enough for all patients to be up at once
  - No space to keep in room & easily accessible

Procedures / Processes
- Need to coordinate sharing of equipment between patients (no formal process)
- Preference of some nurses to convince patients to use commode or bedpan
- OT/PT communicate mobility to RN via whiteboard

RED = priority issues that unit can address right now

Interprofessional staff (PSRs, allied) not planning together with nursing to get patient up or put them back to bed
- PT sequestrations 2.5x wk, 4/5 level A/B, 1/5 level C
- OT will not follow for continued mobility often
- PSRs do not coordinate with each other or with nursing
- rescue often and PSR or allied is last person to get patient up

Patients who require assistance to mobilize are not consistently meeting Sunnybrook’s mobility standard
MOBILITY SHOULD BE MORE THAN WALKING LAPS

MOBILITY MOMENTS

MEALS  SELF CARE  TOILETING  MOVING  DRESSING  BATHING
Stakeholders

Patients & Families

Staff

Volunteers
BRING THE WHOLE TOOLBOX

Provide standard interventions that units are asked to implement, in addition to optional tools that units can use depending on their understanding of their staff culture and patient population.
UNIT STAFF AS EXPERTS
Leverage their expertise and knowledge of unit population and culture.

GET FEEDBACK, OFTEN
Do your PDSA cycles - It’s better to know what isn't working quickly.

KEEP AT IT
The hospital environment is constantly changing ... be flexible!
PATIENTS & FAMILIES
- Highlight importance of mobility
- Set and track goals collaboratively
- Reinforce the message

ENGAGEMENT
- Goal setting & tracking tool
- Visual cues (posters, mats)
- Mobility education website

INTERPROFESSIONAL STAFF
- Solidify knowledge
- Increase motivation
- Facilitate staff collaboration

VOLUNTEERS
- Energize existing volunteers
- Evolve role profile
- Empower volunteers to do more

ENGAGEMENT
- Mobility Lanyard Cards
- Partner with related harm reduction initiatives in the hospital
- "What are you UP 4?" campaign
- "Mobility Madness" campaign
- Mobility Board communication tool

ENGAGEMENT
- Adjust program timing to maximize volunteer impact
- Visual auditing tool for mealtimes
# Mobility Goal Tracker

**Use check marks to track your progress!**

<table>
<thead>
<tr>
<th></th>
<th>Eating</th>
<th>My Movement Goal</th>
<th>Times I Moved Today</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>For example, getting up to walk, going to the toilet, getting up to complete grooming, etc.</td>
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<tr>
<td><strong>DAY 1</strong></td>
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<tr>
<td>Date:</td>
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<td><strong>DAY 3</strong></td>
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<tr>
<td><strong>DAY 4</strong></td>
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<td><strong>DAY 5</strong></td>
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<tr>
<td>Date:</td>
<td>□ B</td>
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**Have you moved today?**

- **Level A1**
  - If you are able to walk on your own (Level A1) or need some help (Level A2):
    - Try to do at least three moving activities each day.
    - Exercise with volunteers, visitors, and on your own as advised by your team.

- **Level B**
  - If you are able to stand up and turn to sit on a chair (Level B) or need help to get out of bed (Level C):
    - Move with assistance as advised by your team.
    - Get up to a chair 1-3+ times each day.

Visit [sunnybrook.ca/getMoving](http://sunnybrook.ca/getMoving) for more facts and suggestions!
Staying in Bed is a Health Risk!

You can lose 1–5% of your muscle strength for each day you stay in bed in the hospital.

We will help you to: Get UP for meals.
- Sit in a chair for all meals
- Stay sitting for 30 minutes

So you can: Get WELL and Get HOME sooner!

Get MOVING using your everyday routine:
- Eating
- Transfers
- Toileting
- Grooming
- Bathing
- Dressing

Talk to your healthcare team about what you can do safely.

Visit sunnybrook.ca/getmoving to learn more!

>> THIS TOOL IS REUSABLE! PLEASE CLEAN AND KEEP IN ROOM. <<
SUNNYBROOK.CA/GETMOVING

Move to improve
It’s important to be active while you are in the hospital

Let’s move to a healthier you in the hospital:
Get moving to keep your mind and body healthy!

| MYTHS about moving » |
| FACTS about moving » |
| HOW to get moving » |

At Sunnybrook, we identify your mobility level based on how well you are able to move safely. Learn about your mobility level.
PATIENTS & FAMILIES
- Highlight importance of mobility
- Set and track goals collaboratively
- Reinforce the message

INTERPROFESSIONAL STAFF
- Solidify knowledge
- Increase motivation
- Facilitate staff collaboration

ENGAGEMENT
- Goal setting & tracking tool
- Visual cues (posters, mats)
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VOLUNTEERS
- Energize existing volunteers
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### Mobility ABCs Assessment Algorithm

1. Can they respond to verbal stimuli?
2. Can they roll side to side?
3. Can they sit at edge of bed?
4. Can they straighten one or both legs?
5. Can they stand?
6. Can they transfer to a chair?
7. Can they walk a short distance?

**Develop an individualized mobility care plan**

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**Interprofessional Staff**

- **Patients - We want you to get moving safely!**
- **Stop. Check. Go!**
- **November is Falls Prevention Month**

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**What are you up for?**

- **Interprofessional Staff**
- **Make sure you have proper footwear.**
- **With your team about moving safely.**
- **For a walk, get moving!**

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**What is proper footwear?**

**Here are some important features to look for:**
- Non-skid sole
- Closed heel
- In good shape

**What to avoid:**
- Walking barefoot
- poorly fitted shoes
- Walking in socks without grips

**November is Falls Prevention Month!**

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**Sunnybrook Mobility Madness**

**Sunnybrook's 1st Annual Mobility Moments Tournament**

**March 2020**

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**Sunnybrook Health Sciences Centre**

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**Core Mobility Activities**

- Ambulate 3x/day or more, with or without a gait aid
- Up to chair or wheelchair 3x/day or more, Veterans Centre
- Up to chair, wheelchair
- Self propel and/or repositioning every 2 hours
- Mechanical lift to chair, wheelchair
- Active/passive repositioning every 2 hours

**Other opportunities for mobilization**

- Participate in personal care, toileting, up for meals, range of motion exercises
Up 4 Mobility Campaign:
Asking patients, staff, and volunteers what small changes they are "UP 4" to increase patient mobility.
Inter-Unit Competition

EducaTion & MotivaTion

Plan to use competition as a push for unit staff to learn about Mobility Moments and start incorporating more Mobility Moments into daily patient interaction.
**Volunteers**
- Energize existing volunteers
- Evolve role profile
- Empower volunteers to do more

**Engagement**
- Adjust program timing to maximize volunteer impact
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**Engagement**
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**Interprofessional Staff**
- Solidify knowledge
- Increase motivation
- Facilitate staff collaboration
Audit results
Lessons Learned

TIPS FOR IMPLEMENTING MOBILITY INITIATIVES IN YOUR INSTITUTION
Lessons Learned

IN CHAIR 4 MEALS PROJECT

FEEDBACK
- "It's still challenging, but now I know"
- "I've heard the announcements and I've been getting up"

CHALLENGES
- Environmental barriers continue to exist
- Many stakeholders with frequent turnover

FACILITATORS
- Data and regular feedback
- Relationships and stakeholder buy-in
Lessons Learned

**FEEDBACK**
- "This is just what I need."  
  (patient)
- "I'm so glad you guys are making sure they [patients] don't get weak and stay in bed."  
  (family member)

**CHALLENGES**
- Unexpected changes to unit staffing, patient population
- Competing priorities on units, across hospital
- Limited bandwidth for staff time & attention

**FACILITATORS**
- Formalize the ask and goal (for patients and staff)
- Build enthusiasm and recognize successes by all stakeholders
- Partner with existing initiatives or working groups
- Bringing a ready-to-go 'solution' to the unit that also has flexible components for different patient populations

Sunnybrook Health Sciences Centre
CONCLUDING THOUGHTS

ASPIRATION can be life threatening for post-operative patients and positioning is a primary prevention measure.

ALL STAFF, PATIENTS, AND FAMILIES can play a role in promoting safe positioning for functional activities.

PATIENT MOBILITY can be increased by shifting how we ask staff, patients, and families to think about mobility.

OUR STAFF, PATIENTS, FAMILIES, AND VOLUNTEERS understand the importance of mobility. We now need to give them the right tools and structure.
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B4 General Medicine & C5 Trauma teams
• B4 & C5 patients, families, and staff

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QUESTIONS?

Thanks for joining us!

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