



**FHA Mission to Care Hospital Improvement Innovation Network
GET UP “Must Do” News: Three Laps a Day | MUST DO #3
Apr. 18, 2018**

Why GET UP? Progressive mobility and ambulation impacts and decreases falls, delirium, pressure injuries, catheter-associated urinary tract infections, ventilator-associated events, venous thromboembolism, worker safety and readmissions. This third *GET UP Newsletter* emphasizes the promotion of progressive mobility and ambulation as important practices to keep our patients safe and independent.

The GET UP Campaign incorporates three “must do” practices:

MUST DO #1: Walk in, walk during, walk out! [GET UP Newsletter \(Feb. 13, 2018\)](#)

MUST DO #2: Belt and bolt! (safe ambulation for patient and caregiver) [GET UP Newsletter \(Mar. 28, 2018\)](#)

MUST DO #3: Three laps a day keeps the nursing home at bay!

MUST DO #3 - Three Laps a Day Keeps the Nursing Home at Bay! Patients who are able to walk, should and at least three times a day. The key component of this “Must Do” is to monitor mobility activities to assure patients are getting up and if they are not, leadership can discover why and remove barriers. This information should be documented and used to make progress towards individual goals. Remember, physiological changes start to occur within 24 hours of bed rest and onset of complications can impact the patient’s physical and psychological health.

All patients should have a mobility assessment at admission and progressive mobility should be consistently addressed to ensure progress towards recovery and discharge. There are several options for documentation that can be combined to promote visibility of the mobility program and allow tracking:

- UP!** Mobility and ambulation interventions and documentation screens can be added to the electronic health record to document the type of activity, patient response, level of assist and distance ambulated.
- UP!** Another option is to use the patient white board to indicate the mobility frequency and encourage the patient, family or staff to document each ambulation.
- UP!** A third idea is a centralized mobility board in the hallway with all patient room numbers listed and magnets or markers can be used to document activity and distance. Some units have become very creative with visual tools to encourage and even create a spirit of competitiveness with the patients and families. Some hospitals have started to use step-trackers to encourage patient activity.

Lessons Learned: GET UP Coaching Calls

The FHA Mission to Care HIIN campaign around GET UP strategies started in January 2018 and included three regional meetings in February with Jackie Conrad, RN, BS, MBA, RCC, improvement advisor and leadership coach with Cynosure Health, and a subject matter expert in falls and pressure injuries.

In the early part of April, Jackie facilitated three coaching calls in follow-up to the regional meetings. The participation and dialogue were strong, and several hospitals shared their efforts so far:

- UP!** [Listen to Lessons Learned from the Apr. 5 coaching call](#): Agnes Papa from Florida Hospital New Smyrna was the first one to share that she had successfully partnered with a nursing manager to pilot a mobility program in one of their units and how they would use tools to document their activities. Megan Bowes from Florida Hospital New Smyrna, Debbie Lessard from Memorial Hospital West, and Reynande Francois from Jackson North Medical Center all shared pilot activities, ideas for small tests of change and documentation.

UP! [Listen to Lessons Learned from the Apr. 6 coaching call](#): Karen Reynolds and Katie Henderson spoke of their enthusiasm following the regional meetings and the pilot programs in place at Orlando Health. Igdalia Lopez-Vazquez, nurse manager of a surgical unit at the Orlando VA Medical Center shared that the nurses on her unit were partnered with the physical therapist and that physicians were being encouraged to write orders for mobility and ambulation.

UP! [Listen to Lessons Learned from the Apr. 9 coaching call](#): Robin Pumphrey, CNO at Jackson Hospital, shared that additional equipment had been ordered because of their assessment following the regional meeting. In addition, she is working with her organization's information technology (IT) department to get physician ordering facilitated and is looking at staffing models that will enable the staff to meet mobility standards. Stephanie Hogberg from Bay Medical Center Sacred Heart, Zach Nicholson from Madison County Memorial Hospital and Janet Sellers from Sacred Heart Health System all contributed to the dialogue and reported positive steps towards stronger mobility programs in their facilities.

FHA MTC HIIN will continue to provide support for hospitals engaged in implementing GET UP strategies.

A webinar focused on the implementation of a mobility team is scheduled for May in collaboration with Memorial Healthcare System, and another coaching call for sharing information and lessons learned will be planned for the month of June with Jackie Conrad. Watch the weekly *Mission to Care Newsletter* for event details and registration.

GET UP Toolkit and Resource Guide

FHA MTC HIIN has compiled a [GET UP Toolkit and Resource Guide](#), which includes multiple resources and tools designed to support your organization's efforts to promote early progressive mobility to get your patients up and moving.

- ▶ Campaign posters, flyer, badge cards, social media messaging and email banner
- ▶ Focus area specific resources
- ▶ Mobility assessments, protocols and training
- ▶ Virtual events
- ▶ Newsletters and other articles of interest



WAKE UP! Prevent Oversedation

The WAKE UP focus of the Florida UP Campaign will run April – June 2018. The WAKE UP component promotes opioid and sedation management with the goal of reducing unnecessary sleepiness and sedation, which allows for early mobilization, decreased risk of respiratory compromise and shortened length of stay. Monitoring reversal agents and maintaining a continued emphasis on minimal sedation can assist in the prevention of seven harm events: adverse drug events (ADE), airway safety, delirium, failure to rescue, falls, ventilator-associated events (VAE) and venous thromboembolism (VTE). [Registration is open](#) for two upcoming WAKE UP regional meetings, "WAKE UP to Protect Patients from Oversedation | Hospital-onset Sepsis," scheduled for June 12 (Orlando) and June 14 (Pensacola). Stay tuned for more strategies on WAKE UP!

Preventing Multiple Areas of Harm

The FHA HIIN Team thanks you for all your effort and commitment to keeping patients safe and healthy. Please do not hesitate to reach out should you have any questions or need any resources to further your improvement work. Visit the Florida UP Campaign Web site at <http://www.fha.org/UP> for more UP Campaign cross-cutting strategies to prevent multiple areas of harm:

- ▶ [SOAP UP](#) - hardwire hand hygiene
- ▶ [GET UP](#) - mobilize patients
- ▶ [WAKE UP](#) - prevent oversedation



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We welcome your requests to be added to FHA UP Campaign Newsletters!