

Mobilizing patients to return to
function more quickly
www.fha.org/getup

Toolkit and Resource Guide

*The FHA UP Campaign is designed to simplify safe care and streamline interventions, reduce multiple forms of harm with simple easy-to-accomplish activities, and consolidate basic interventions that cut across several topics to decrease harm. **The GET UP component promotes early progressive mobility.***

GET UP — Mobilizing Patients to Return to Function More Quickly

Go: determine the resources in your institution and how you will implement a mobility program.

Evaluate (patient capabilities): which scale/tool/evaluation method will you standardize on?

Team up for progressive mobility: rehabilitation, nursing and respiratory join to implement the mobility plan.

Unite: engage patients, families and friends in mobility progression.

Promote progress: measure and report unit mobility performance.

Why GET UP?

- Early progressive mobility allows patients to return to function more quickly by preserving muscle strength, reducing delirium, improving lower extremity circulation and lung capacity and reducing length of stay.
- This strategy provides an opportunity for all disciplines to collaborate and participate in decreasing harm to patients; patients and families should be included in the care plan.
- The GET UP strategy impacts readmissions, worker safety and six patient harm areas:
 - Catheter-Associated Urinary Tract Infection (CAUTI)
 - Delirium
 - Falls
 - Pressure Injuries
 - Ventilator-Associated Events (VAE)
 - Venous Thromboembolism (VTE)

Does your organization have these GET UP practices in place?

- Do you have a mobility team?
- Do you have a mobility protocol?
- Have you clearly identified staff that have the capacity to ambulate patients daily?
- Do your nurses or rehabilitation/physical therapists evaluate each patient's mobility status upon admission?
- Do you have safe patient handling and movement training for nursing and assistive staff?
- Is mobility equipment readily available for nurses and patients to access? (canes, walkers, lifting and safe patient handling devices, gait belts)
- Do you have a way to document and monitor daily mobility?

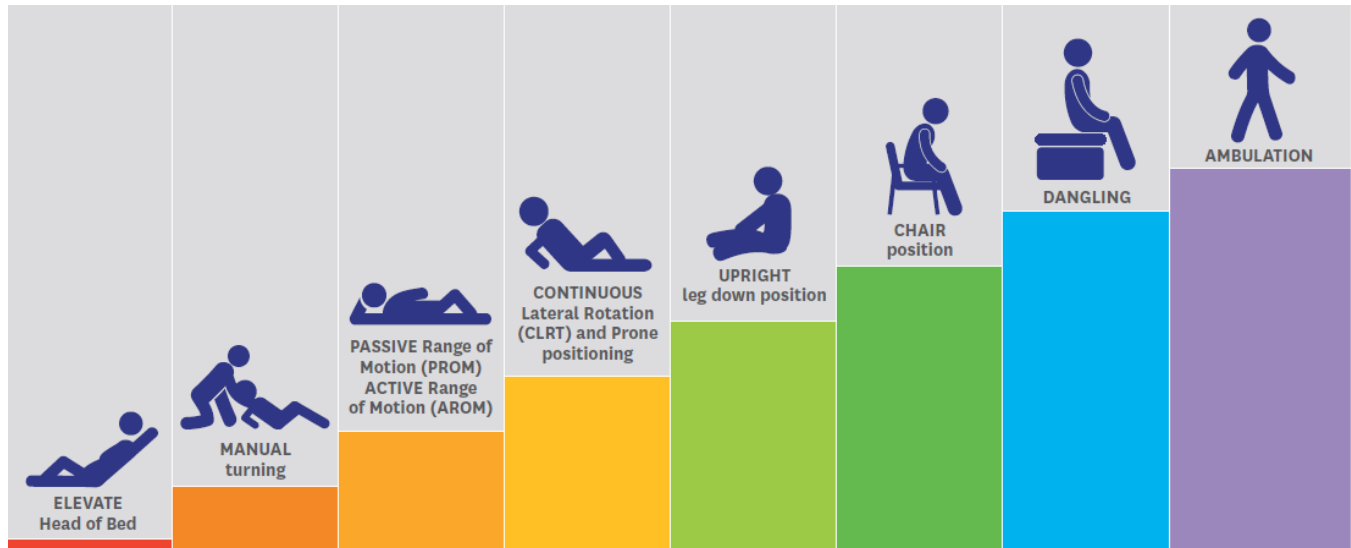
GET UP Must Do's

MUST DO #1. Walk in, walk during, walk out!

If a patient can walk into the hospital, then devising a care plan around early and consistent ambulation is easily accomplished. Explaining the importance of mobility to the patient and family should be initiated at admission, and reminders and offers to assist should be done routinely.

- Determine the ambulation status at admission
- Don't assume a frail appearance means weakness
- Use **Get Up and Go test** to assess ambulation skills - <http://www.fha.org/files/HIIN/get-up-go-test.png>

If a patient is unable to walk on admission, then **progressive mobility** in a sequential manner should be planned with a goal of returning the patient to his/her baseline:



MUST DO #2. Belt and bolt! (Ensuring safe ambulation for patient and caregiver)

All staff should have training in mobilization techniques, which can be integrated into safe patient handling. Staff also need to have the right tools and equipment readily available. This means that mobility devices like gait belts (used to help control the patient's center of balance) are accessible at all times, either in every patient room or that can be sanitized between use on patients.

- Gait Belts in every room (with the exception of rooms for behavioral health patients)
- Patients and staff have access to mobility devices
- Safe mobilization and patient handling training for staff

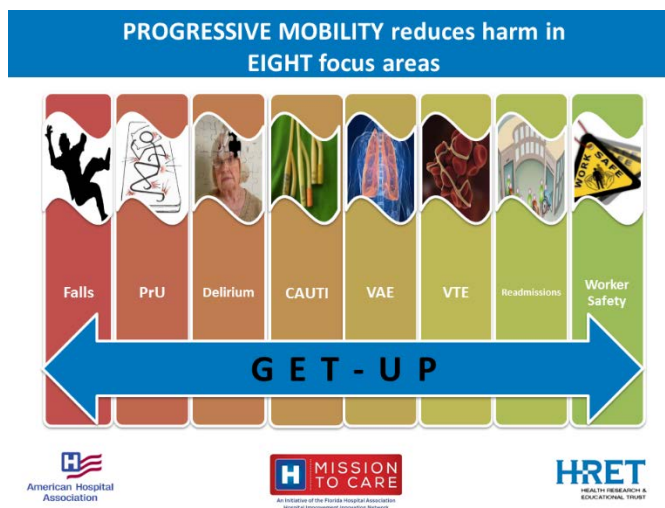
MUST DO #3. Three laps a day keeps the nursing home at bay

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. There are several options for documentation that can be combined to promote visibility of the mobility program and allow tracking:

- Mobility and ambulation interventions and documentation screens added to the electronic health record to document the type of activity, patient response, level of assist and distance ambulated
- Patient white board to indicate the mobility frequency and encourage the patient, family or staff to document each ambulation
- Centralized mobility board to document activity and distance

FHA Resources

- GET UP Badge cards: <http://www.fha.org/files/HIIN/GET-UP-Badge-Card-Tag.pdf>
- GET UP E-mail Banner: <http://www.fha.org/files/HIIN/GET-UP-Email.jpg>
- GET UP Harm Prevention Flyer: <http://www.fha.org/files/HIIN/GET-UP-Flyer.png>
- GET UP Posters (Customizable): <http://www.fha.org/files/HIIN/GET-UP-Posters.pptx>
- GET UP Posters (Print-ready): <http://www.fha.org/files/HIIN/GET-UP-Posters.pdf>
- Progressive Mobility Poster: <http://www.fha.org/files/HIIN/Mobility-Poster.pdf>



FHA GET UP Newsletters

- MUST DO #1 | Walk In, Walk During, Walk Out! (Feb. 13, 2018)
<http://www.fha.org/files/hiin/GET-UP-News-2018-02-13.pdf>
- MUST DO #2 | Safe Ambulation (Mar. 28, 2018)
<http://www.fha.org/files/hiin/GET-UP-News-2018-03-28.pdf>
- MUST DO #3 | Three Laps a Day (Apr. 18, 2018)
<http://www.fha.org/files/HIIN/GET-UP-News-2018-04-18.pdf>
- End PJ Paralysis
<http://www.fha.org/news/latest/show-details/End-PJ-Paralysis/364>

Health Resource & Educational Trust (HRET) Topic-specific Resources

- Readmissions: <http://www.hret-hiin.org/topics/readmissions.shtml>
- CAUTI: <http://www.hret-hiin.org/topics/catheter-associated-urinary-tract-infection.shtml>
- Delirium: <http://www.hret-hiin.org/topics/iatrogenic-delirium.shtml>
- Falls: <http://www.hret-hiin.org/topics/injuries-from-falls-immobility.shtml>
 - STOP to START Improving Fall Injuries: <http://www.hret-hiin.org/resources/display/stop-to-start-improving-fall-injuries>
- Pressure Ulcers-Injuries: <http://www.hret-hiin.org/topics/pressure-ulcers.shtml>
- VAE: <http://www.hret-hiin.org/topics/ventilator-associated-event.shtml>
- VTE: <http://www.hret-hiin.org/topics/venous-thromboembolism.shtml>

Mobility Assessments

- GET UP Planning Matrix - Assessment and Testing Tool:
<http://www.fha.org/files/HIIN/Get-UP-Campaign-Assessment-and-Testing-Tool.pdf>
- Get Up and Go Test:
http://www.gericareonline.net/tools/eng/falls/attachments/Falls_Tool_2_Get_Up_and_Go_Test.pdf
- Banner Mobility Assessment Tool for Nurses (BMAT):
<http://www.hret-hiin.org/resources/display/bmat-banner-mobility-assessment-tool-for-nurses>
- Reference Key for Therapy Lingo:
<http://www.hret-hiin.org/resources/display/reference-key-for-therapy-lingo>

Mobility Training

- "CAPTURE Falls" Mobility Training Videos, Post Fall Huddle Tools:
<http://www.hret-hiin.org/resources/display/capture-fall-toolkit-for-critical-access-hospitals>

Mobility Protocols

- ICU Progressive Mobility Continuum:
<http://www.hret-hiin.org/resources/display/progressive-mobility-continuum>
- Med-Surg Mobility Protocol:
<http://www.hret-hiin.org/resources/display/medsurg-mobility-protocol>

Other Mobility Resources

- Hospital Elder Life Program Mobility Change Package and Toolkit:
<http://www.hret-hiin.org/resources/display/hospital-elder-life-program-mobility-change-package-and-toolkit>

Education and Training for Health Care Providers

Virtual Events

- GET UP Virtual Event | Early Mobility Matters: In & Out of the ICU
<http://www.hret-hiin.org/resources/display/hret-hiin-get-up-virtual-event-early-mobility-matters-in-out-of-the-icu>
- GET UP Virtual Event | Move It Or Lose It
<http://www.hret-hiin.org/resources/display/hen-20-up-campaign-move-it-or-lose-it>

GET UP Digital and Social Media Messaging

Audience: Health care providers

Facebook:

One of the best ways to reduce falls and other harms is to practice progressive mobility. Check out the FHA Mission to Care HIIN GET UP resource page for all your mobility information needs! <http://www.fha.org/getup>

Practice progressive mobility to decrease the likelihood of falls, pressure ulcers, readmissions and more. For more information on the Florida GET UP Campaign, visit <http://www.fha.org/getup>.

Own your role in preventing hospital acquired infections and decreasing hospital length of stay. Do your part in reducing CAUTI, delirium, falls, pressure injuries, VAE, VTE and more by practicing early progressive mobility. Visit <http://www.fha.org/getup> for more about the GET UP Campaign.

Always identify risks associated with bed rest and immobility in ICU patients. For more information on the GET UP Campaign, visit <http://www.fha.org/getup>.

Protect patients by involving them and their families in progressive mobility strategies when you can. Loved ones are key to promoting mobility in everyday life. Learn more at <http://www.fha.org/getup>.

Twitter:

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Audience: Public

Facebook:

As a patient, family member or visitor at a hospital, talk to your patient care provider about the importance of staying moving and mobile. <http://www.fha.org/getup>.

Be sure to discuss any challenges of mobility with your patient care provider at regularly scheduled appointments or in the hospital. To learn more about the GET UP Campaign, visit <http://www.fha.org/getup>.

Twitter:

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Audience: Both health care providers and the public

Facebook:

GET UP for mobility. For more information on the GET UP Campaign, visit <http://www.fha.org/getup>.

Did you know progressive mobility can decrease your chances of harm? For more information on the GET Campaign, visit <http://www.fha.org/getup>.

Faster recovery = more mobility. Check out the GET UP Campaign now <http://www.fha.org/getup>.

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Contact the FHA Quality Team for questions or additional assistance: HIIN@fha.org | 407-841-6230