



FHA Mission to Care Hospital Improvement Innovation Network GET UP “Must Do” News: Why GET UP? | MUST DO #1 Feb. 13, 2018

Why GET UP?

In 2017, FHA’s Mission to Care (MTC) Hospital Improvement Innovation Network (HIIN) and HRET deployed the UP Campaign. Based on hospital quality improvement feedback and relying on principles of the science of improvement, we understood that engaging front line care givers was critical to reaching improvement goals and that practices had to be simple, cross-cutting and accomplished without added workload burden. The UP Campaign components are identified as SOAP UP (hardwire hand hygiene), GET UP (mobilize patients), WAKE UP (prevent over-sedation) and in Jan. 2018 a fourth dimension was added: SCRIPT UP (optimize inpatient medications). The goal of the UP campaign is to spread basic interventions while simultaneously reducing patient harm.

The UP campaign has content around two foundational questions:

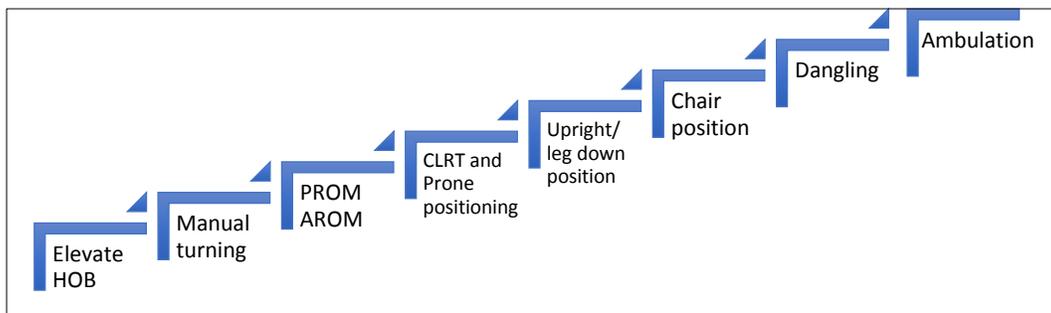
1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?

From January through March 2018, the FHA MTC HIIN is focused on GET UP strategies. Progressive mobility and ambulation will impact falls, delirium, pressure injuries, catheter-associated urinary tract infections, ventilator-associated events, venous thromboembolism and readmissions. We know from studies as early as 1990 that new walking dependence occurs in older hospitalized patients and 65 percent have a significant functional decline by hospital day two. Length of stay is reduced for all patients when mobility is present in daily activities. So, it is evident that progressive mobility is a mandatory component of every patient care plan.

The GET UP Campaign incorporates three MUST DO’s:

1. Walk in, walk during, walk out!
2. Belt and bolt! (safe physical assistance for ambulation for patient and care giver)
3. Three laps a day keeps the nursing home at bay!

The number one (1) MUST DO is exemplary of the foundational concepts of the UP campaign; reasonable and simple to understand, cross-cutting activities that are critical to a safe and timely discharge. If a patient can walk into the hospital, then devising a care plan around early and consistent ambulation is easily accomplished. Determining the ambulation status at admission is mandatory. 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. Including the patient/family/significant other is critical to outcomes and patient experience. 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. An example algorithm is depicted below:



There is Something Else You MUST DO: Attend a GET UP Regional Meeting!

Regional meetings in Hollywood, Orlando and Pensacola are scheduled for the week of Feb. 19-23, 2018. Subject matter expert Jackie Conrad, BS, MBA, RCC, will facilitate the learning activities, best practice strategies and action planning. This is an opportunity for multi-disciplinary teams to collaborate and share best practices to decrease harm to patients. There is no cost to attend, and no limit to the number participants your hospital can send. Hospital executives are encouraged to send their teams to the most convenient location: **Feb. 19 (Hollywood), Feb. 21 (Orlando) and Feb. 23 (Pensacola) ~ Register Online at <http://www.cvent.com/d/rtq4vg>.**

Early Mobility Tools & Resources

Compiled below are tools and identified studies that have been beneficial in mobilizing patients.

Mobility Assessments

- [Get Up and Go Test](#)
- [Timed Get Up & Go Test](#)
- [BMAT: Banner Mobility Assessment Tool for Nurses](#)

Mobility Training Resources

- ["CAPTURE Falls" Mobility Training Videos, Post Fall Huddle Tools](#)

Mobility Protocols

- [ICU Progressive Mobility Continuum](#)
- [Med-Surg Mobility Protocol](#)

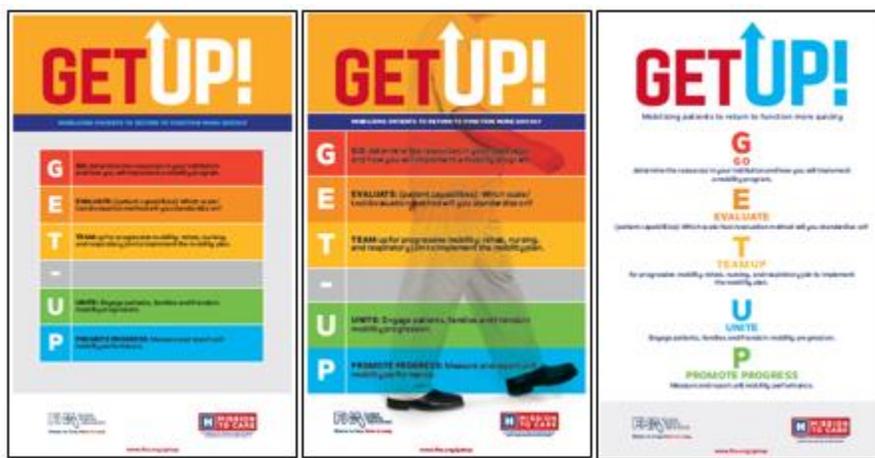
References:

Hoyer, E., Brotman, D., Chan, K., Needham, D. (2015). "Barriers to Early Mobility of Hospitalized General Medicine Patients: Survey Development and Results." *Am J Phys Med Rehabil* (94) 304-312.
Kalisch, B., Soohie, L., Dabney, B. (2013). "Outcomes of Inpatient Mobilization: A Literature Review." *Journal of Clinical Nursing* (23) 1486-1501.
Pashikanti, L., & VonAh, D., (2012). "Impact of Early Mobilization Protocol on the Medical-Surgical Inpatient Population." *Clinical Nurse Specialist* 87-94.

Tools You Can Use in Your GET UP Campaign

FHA MTC HIIN is excited to share **GET UP campaign tools** that you can use in your organization to promote and spread early mobility strategies.

- ▶ [FHA GET UP Badge Cards](#) – Pass out to your caregivers as a tool for encouraging early mobility strategies
- ▶ [FHA GET UP E-mail Banner](#) – Add to your e-mail communications
- ▶ [FHA GET UP Flyer](#) – Display in breakrooms as a reminder of the harm events prevented by GET UP
- ▶ [FHA GET UP Posters](#) – Display throughout the facility – in corridors, nursing units and patient rooms
- ▶ [FHA GET UP Posters](#) – Customizable (insert your logo)
- ▶ [FHA Social Media Messaging](#) – Spread the word on Facebook and Twitter



Each HIIN hospital may request a free set of 11"x17" pre-printed posters (4 of each design). Email HIIN@fha.org with your request – include contact person's name, title and mailing address. If you are also interested in customized printed posters with your hospital logo included, contact HIIN@fha.org for a price quote (cost varies based on quantity).

Align Your Prevention Strategies for GET UP

Patient mobility aligns with many fall and pressure injury prevention strategies, and also reduces the likelihood of a readmission. FHA MTC HIIN has seen improvement in these focus areas, but we have not reached our 20 percent reduction in harm events / 12 percent reduction in readmissions goal requested by CMS in the Partnership for Patients improvement work. **The GET UP strategies and regional meetings are focused on helping our hospitals address these harm events and readmissions.**

What Can You Expect?

- A comprehensive **GET UP Resource Toolkit** is being prepared where you can find links to articles, social media messaging, change packages, resources, tools and more at your fingertips and all in one location!
 - Visit the [FHA GET UP Web page](#) often as we continue to add more resources
 - “Bookmark” the GET UP page for quick access: <http://www.fha.org/getup>
- Each of the three GET UP “Must do’s” will be addressed in this GET UP newsletter by the end of March 2018.

Spread the Word! Share this newsletter with members of your team relevant to patient mobility (nursing, wound care, physical therapy, respiratory therapy, rehabilitation and anyone who routinely visits or has duties in patient care units). Email HIIN@fha.org to subscribe.

Encourage your leaders and caregivers to attend a free FHA GET UP Regional Meeting near you!

Event details and registration can be found online at <http://www.cvent.com/d/rtq4vg>.

Florida UP Campaign Web site Resources

FHA MTC HIIN kicked off the Florida UP Campaign on Oct. 2, 2017, with a special Launch Webinar focused on the HRET HIIN UP Campaign components designed to simplify safe care and streamline interventions, reduce multiple forms of harm with simple and easy-to-accomplish activities and consolidate basic interventions that cut across several topics to decrease harm. **Visit the Florida UP Campaign Web site at <http://www.fha.org/UP>** for FHA toolkits, resources, virtual education/training, newsletters and archived events to help hospitals promote and implement SOAP UP, GET UP and WAKE UP.



An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network

Contact Us:

FHA Quality/HiIN Team
HIIN@fha.org | 407-841-6230

We welcome your requests to be added to the GET UP Newsletter!