



**FHA Mission to Care Hospital Improvement Innovation Network
GET UP “Must Do” News: Safe Ambulation | MUST DO #2
Mar. 28, 2018**

Why GET UP? 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” practices:

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

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

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

The previous [GET UP Newsletter \(Feb. 13, 2018\)](#) stressed the importance of MUST DO #1, mobility during hospitalization with numerous resources and evidence to support this important practice.

MUST DO #2 - Ensuring safe mobilization for patients and staff. 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.

As with every safety practice, the concept of early mobility and safety must start with the leadership team demonstrating its importance by making it easy for the front line staff. **Equipment to make mobilization easier and safer is critical.** The nursing workforce is aging (average age is 45.5 years), and almost 70 percent of Americans are overweight (35.9 percent are obese). The diagram below illustrates the weight of body parts for 100-400 pound individuals.

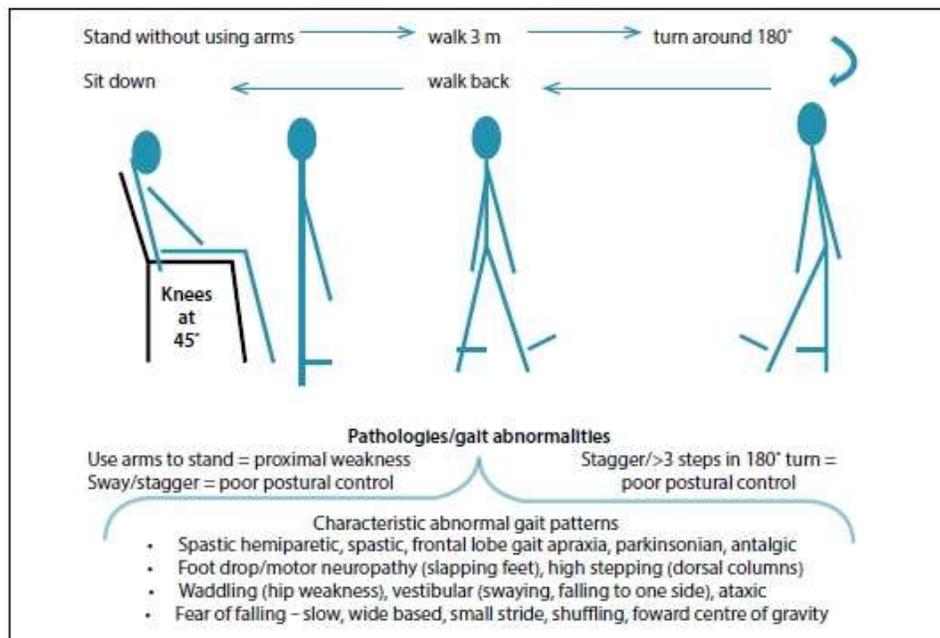


Ceiling lifts offer the most maneuverability and least strain on the caregiver. There are other lifts that can be moved from room to room, which may be the most economical approach to providing equipment for safe patient handling. Assessment of needs will vary by the unit and the patients served, but priority is that **equipment should be readily available so that staff is enabled to mobilize easily and timely**. There are sit-to-stand devices, lateral transfer aids such as glide sheets and beds that have positioning systems that are beneficial for the critically ill and obese patients. **Lift equipment types are shown below:**

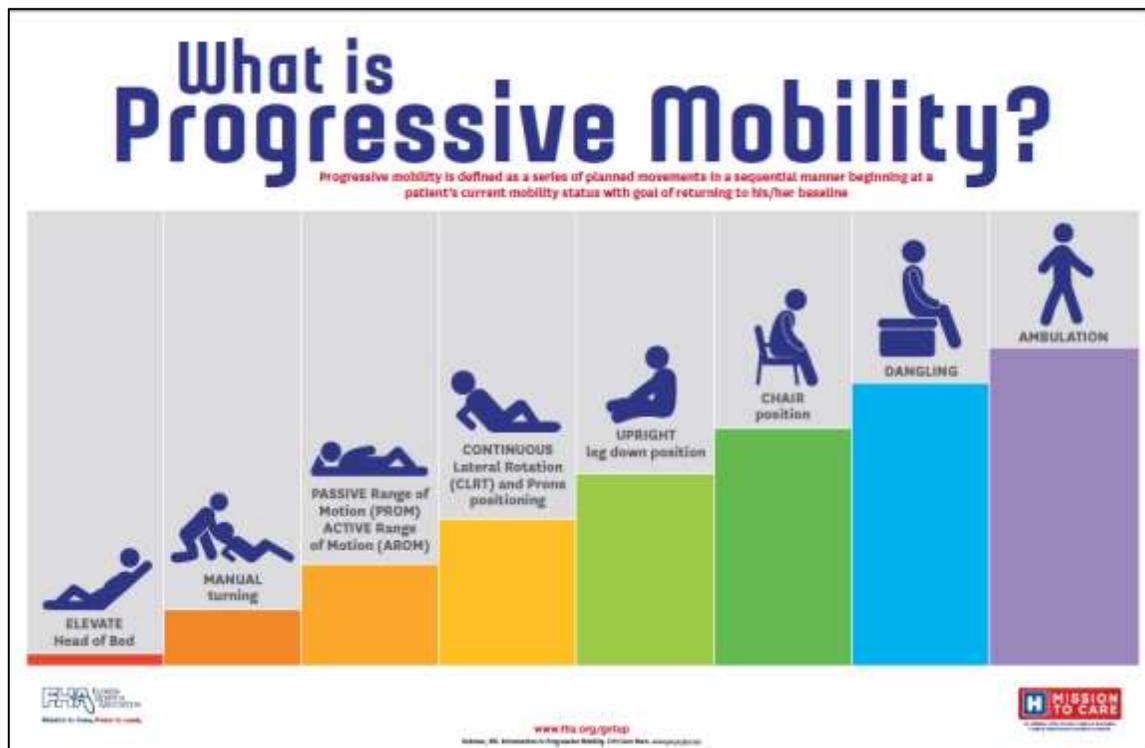


Safe Mobility Programs are most successful when staff are engaged at each level. Equipment and environmental safety issues such as equipment management, cleaning and storage, room design and toilets need to be addressed. The best source for this information comes from the front line. Other considerations include assessing the correct fit and device for each patient, and special patient populations like stroke and Parkinson's patients.

One key take away from the GET UP regional meetings in Feb. 2018 was that visual tools at the bedside are helpful to remind staff that mobility begins on admission, and both ambulatory and non-ambulatory patients need interventions performed three times daily in accordance with the patient's ability. **During the first patient interview, assess the ability for mobilization upon admission by performing the simple Get Up and Go Test depicted below.**



Keep in mind that walking is not the only way a patient can be mobilized. For non-ambulatory patients, optimize functional mobility in bed and chairs. The [FHA Progressive Mobility Poster](#) pictured below is a tool that hospitals can use as a reminder to caregivers of the numerous ways a patient can be mobilized. **This visual aid is ideal for use at the bedside to communicate with patients and families about the importance of mobilization practices.**



GET UP Coaching Calls in April

We want to help you keep the momentum going! Key learnings and take-aways from the GET UP regional meetings will be shared during the **GET UP Campaign Coaching Calls** taking place in April. These special interactive sessions will provide an opportunity for multi-disciplinary teams to collaborate and check in with subject matter expert **Jackie Conrad, BS, MBA, RCC**, on getting started and next steps since attending the meeting. Calendar invitations have been sent to attendees from each of the meeting locations, but the calls are open to all FHA member hospitals. There are three GET UP Coaching Call dates from which to choose:

Apr. 5 at 11:00 am ET ([register online](#)) **Apr. 6 at 12:30 pm ET ([register online](#))** **Apr. 9 at 12:00 pm ET ([register online](#))**

Cross-Cutting Strategies, Resources & Tools

Visit the Florida UP Campaign Web site at <http://www.fha.org/UP> for FHA toolkits, resources, virtual education/training and newsletters to help hospitals hardwire hand hygiene (SOAP UP), mobilize patients (GET UP) and prevent oversedation (WAKE UP). The UP Campaign components are designed to simplify safe care and streamline interventions, reduce multiple forms of harm with easy-to-accomplish activities and consolidate basic interventions that cut across several topics to decrease harm.

From January through March 2018, the FHA MTC HIIN is focused on **GET UP strategies**. The intent of the *GET UP "Must Do" News* is to raise awareness of patient safe handling for both patients and caregivers, and to provide a sampling of the many [free tools available online](#) for implementing GET UP, including a [STOP to START Improving Fall Injuries](#) guide and [posters](#) that can be personalized with your hospital's logo.

Raise Awareness! Share this newsletter and resources with members of the hospital 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.

Stay Tuned! A final "summary" newsletter around **Must DO #3** will include the *GET UP Toolkit and Resource Guide* for getting started and implementing a mobility program in your hospital.



An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network

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