

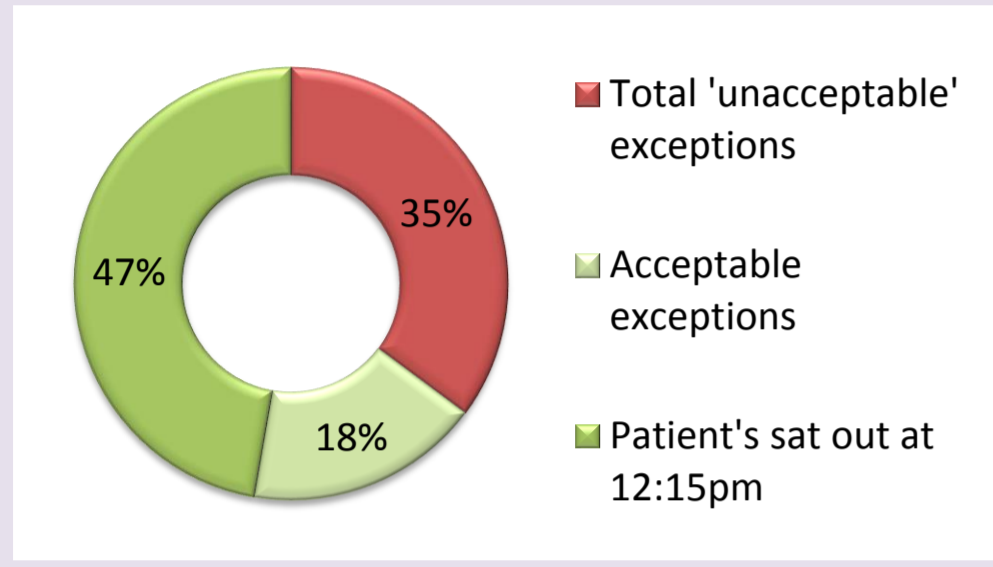
**Our aim:** To ensure all patients on our Older Persons Medicine (OPM) wards are mobilised earlier and follow a more 'normal' daily routine. We wanted to reduce the level of harm that can be caused by bed rest including functional decline, muscle loss, low mood, and increased care dependency on discharge.

Evidence shows that increased functional activity as an inpatient directly relates to a more positive functional outcome on discharge and shorter hospital stay. As a first priority we decided to focus on encouraging all patients to sit out in a chair for lunch to aid a safer swallow and promote early mobilisation.

## Project design

### First step:

To audit how many patients were sat in their chairs by 12.15pm in April 2018 on the OPM wards.



### Second step:

Complete a survey to establish the current knowledge of staff on the benefits of patients sitting out of bed for lunch.

The general points were:

- 100% of staff surveyed felt confident or very confident about mobilising patients.
- Staff identified patient fatigue, confusion, falls risk and staff shortage as reasons why patients would not sit out for lunch.

### Third step:

Complete a patient survey to gain patient preferences and experiences in hospital.

The general points were:

- 90% of patients have lunch in a chair at home compared to 47% in hospital.
- 45% of patients who ate lunch in bed did not have a good experience.
- Patients did not feel empowered to sit out or ask for assistance.
- Some patients were not aware of the negative consequences of bed rest.

### Fourth Step: Implementation

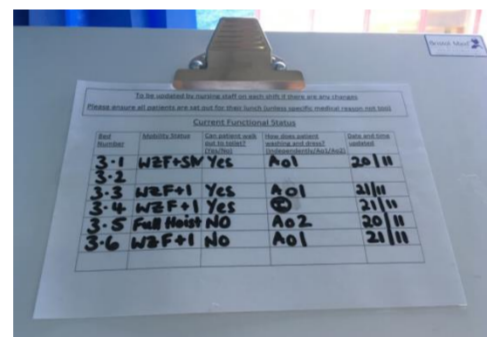
### Therapy Assistants (TAs) change of working pattern:

From midday, TAs now support nursing staff to transfer patients out of bed for lunch. This provides more support to the ward and greater collaborative MDT working.



### Mobility boards:

We introduced mobility boards on all OPM wards so that staff know how each patient transfers out of bed. Ward sisters agreed these are a useful resource and would encourage nursing staff to complete.



"When I sit out in my chair for lunch, it feels more like home"

"It's harder to swallow when I'm in bed"



### Chair poster:

The chair icon was used in each patient's bed space to prompt patients to sit out of bed and educate staff and visitors.



### Toilet poster campaign:

To capture the attention of staff we placed educational posters in staff toilets. We will rotate these every 3 months as there are 6 posters with different facts.



### MDT huddle board:

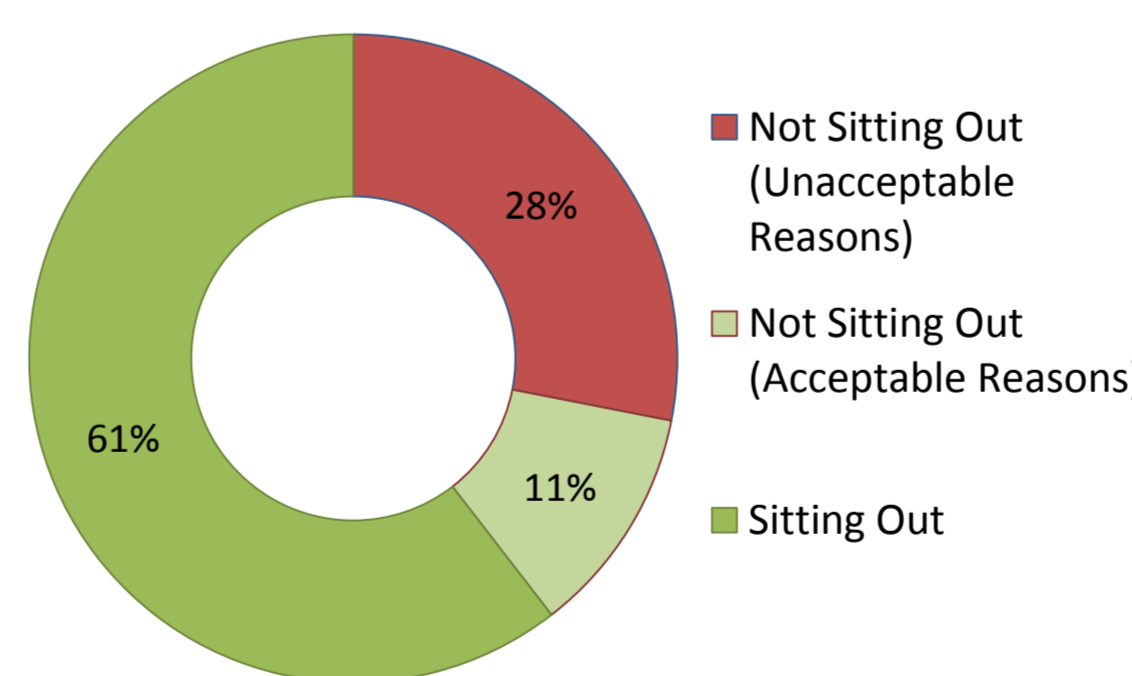
We displayed a huddle board on our 5 OPM wards and in the hospital atrium to educate ward staff and members of the public about the project.



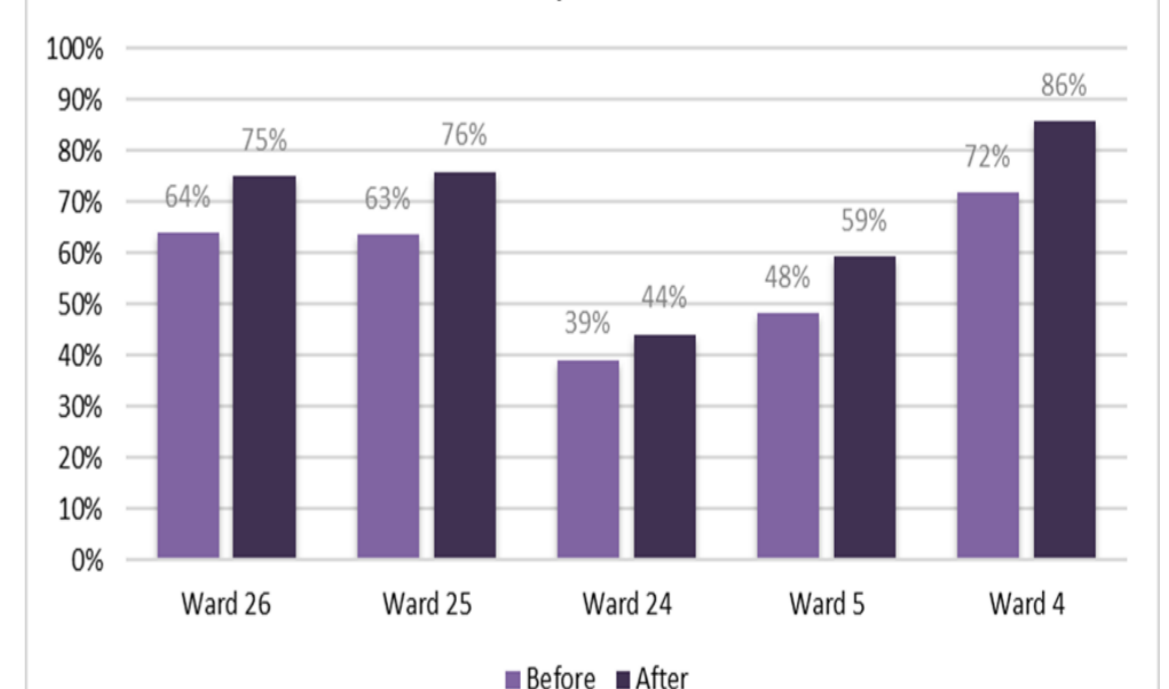
### Staff Survey Results (post-implementation):

- A general marked improvement in knowledge of why sitting out of bed in hospital is beneficial and reasons why bed rest would be acceptable
- Similar unacceptable reasons were cited as to why patients wouldn't be assisted out of bed
- Positive responses to the benefits of patients sitting out significantly outweigh any negative responses in the survey

Chart to show % of patient positions at lunchtime across all OPM wards



Graph Showing the Percentage of Eligible Patients sat out of Bed at 12:15 Before and After QI Implementation



### Next Steps:

- **Share knowledge:** Present at Trust's Audit Symposium, liaise with other therapy teams/AHPs and inpatient wards
- **Explore:** The reasons for differences in ward performance and implement changes accordingly
- **Educate:** HCA and Doctor's induction training programme and update sessions
- **Further intervention:** "Movement volunteers" initiative, ward champion roles, TA standard operating procedure, prompts within Speech & Language Therapy assessment
- **The Future:** Patients to be sitting out of bed for all meal times, working towards a 24 hour rehab approach across all inpatient wards



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