

# Nurse-Led Function Focused Care (FFC) In Sub-acute Recovery Ward 82 Of Tan Tock Seng Hospital To Maximise Mobility & Enhance Function To Achieve Desired Therapy Goals

Liew Siew Ping & Iqbal Saboor Rahman

## Aim & Background

Functional deconditioning is a common result of prolonged bed rest in hospital. Patients spend at best only 30 minutes out of bed mostly during therapy sessions.

With literature widely supporting the benefits of increasing therapy time to improve functional recovery, reliance on one allied health professional clearly fell short. Hence, we involved nurses in engaging patients in physiotherapy-recommended activities throughout the day.

The primary aim of the project was to increase the patient's time spent mobilizing out of bed engaging in functional activities.

## Team Members

	Name	Designation	Department
Team leader	Liew Siew Ping	Senior Physiotherapist	Physiotherapy
Team members	Iqbal Saboor Rahman	Senior Physiotherapist	Physiotherapy
	Atiq Syazwani Bte Roslan	Physiotherapist	Physiotherapy
	Eng Xue Wen	Physiotherapist	Physiotherapy
	Chia Siew Mee	Nurse Clinician	Nursing
	Khin Aye Myint	Senior Staff Nurse	Nursing
	Macalalad, Jamie Marie Ramos	Enrolled Nurse	Nursing

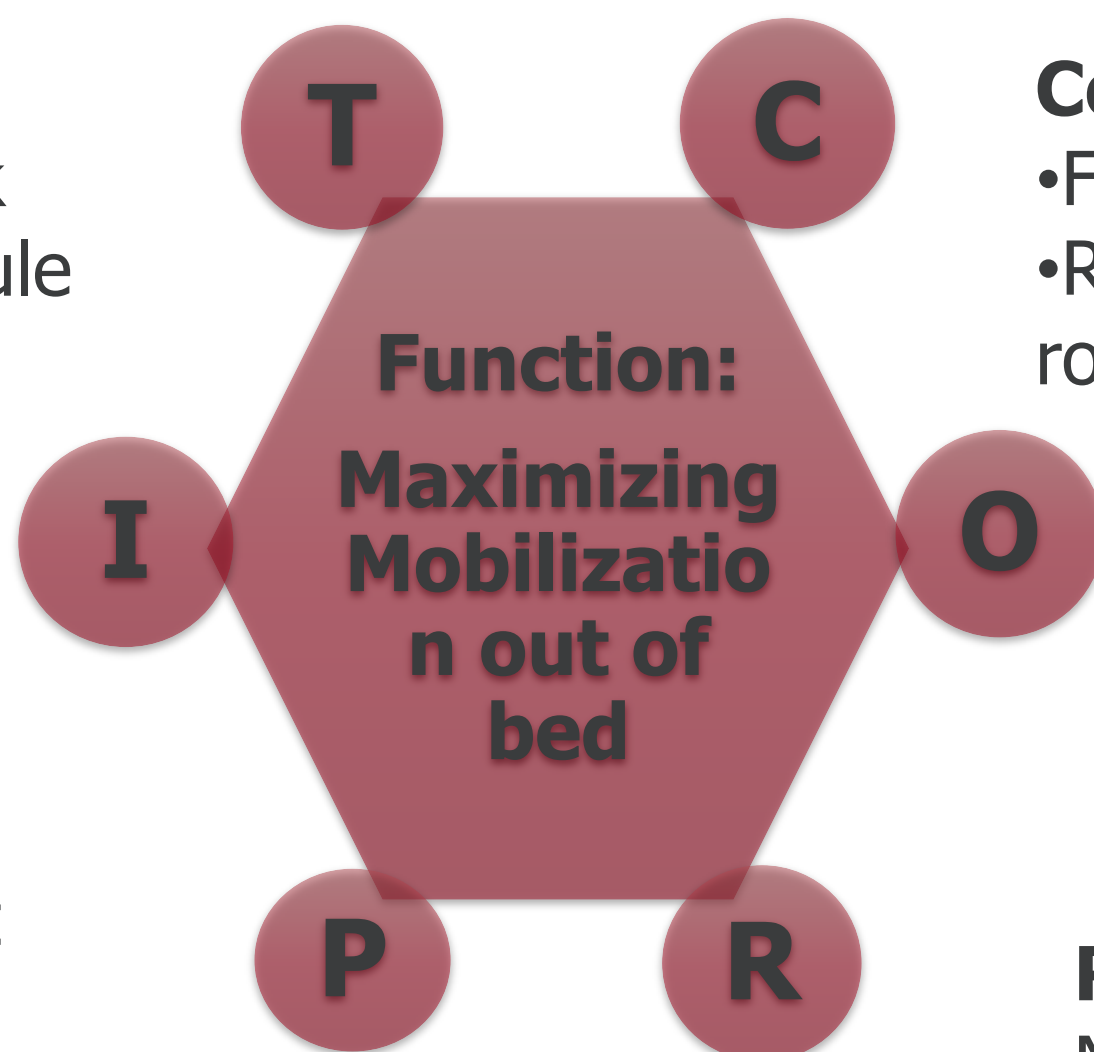
## Methodology

The Functional Resonance Analysis method (FRAM) was used. Work-as-Done (WAD) was analyzed, and the existing work process was defined. The process was redesigned and Function Focused Care Model was introduced with a small change to work procedure and roles. The FRAM is for assessment of variability in redesigned system.

**Time:**  
PT and nurses will work within their duty schedule

**Input:**  
Nurses engagement in mobilizing patient

**Pre-condition:**  
Nurses education about role redesign

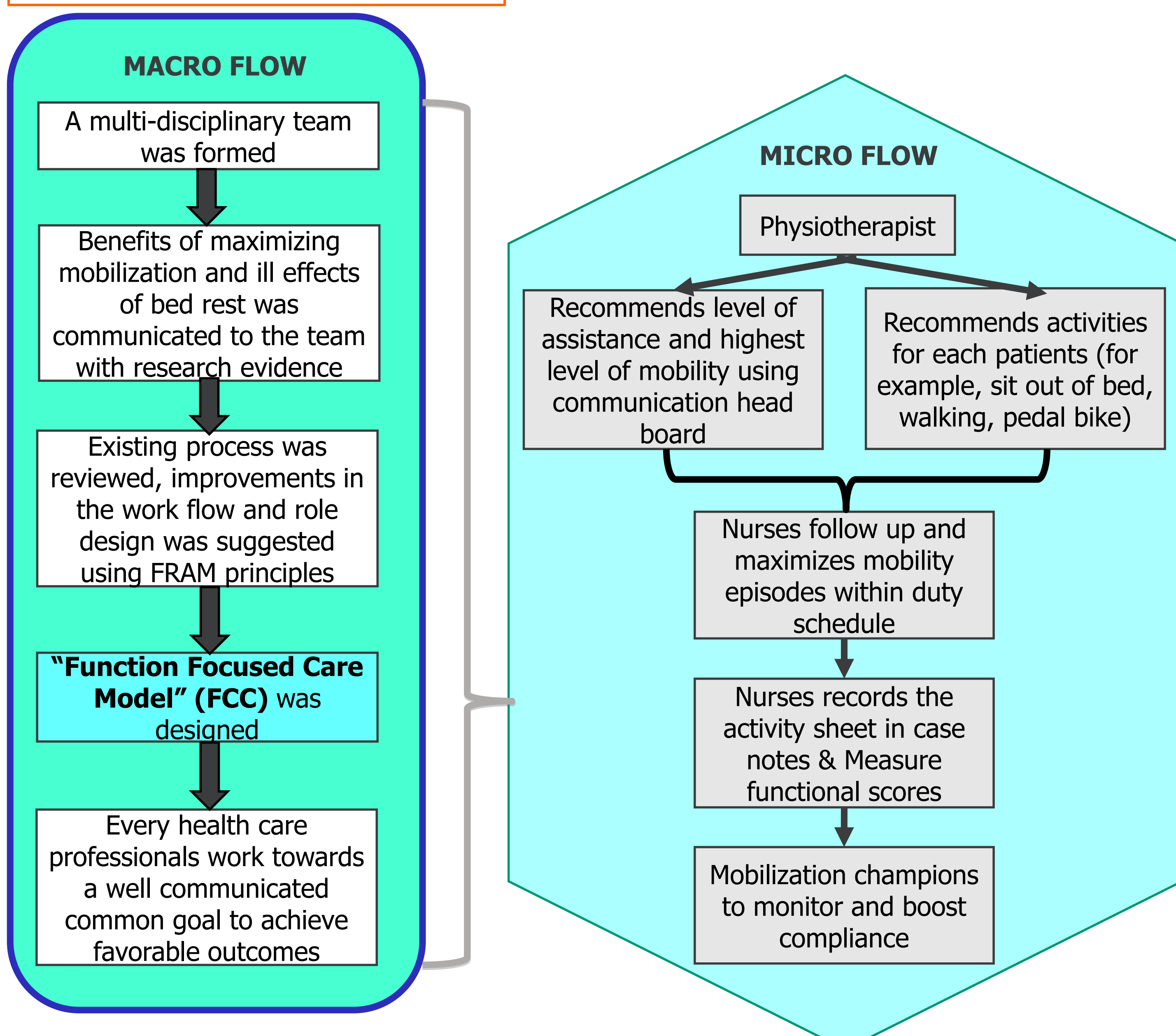


**Control:**  
•Function focused care model  
•Revised work process with role redesign

**Output:**  
1. Mobilization episodes  
2. Functional outcomes  
3. Patient survey

**Resource:**  
No additional manpower or cost

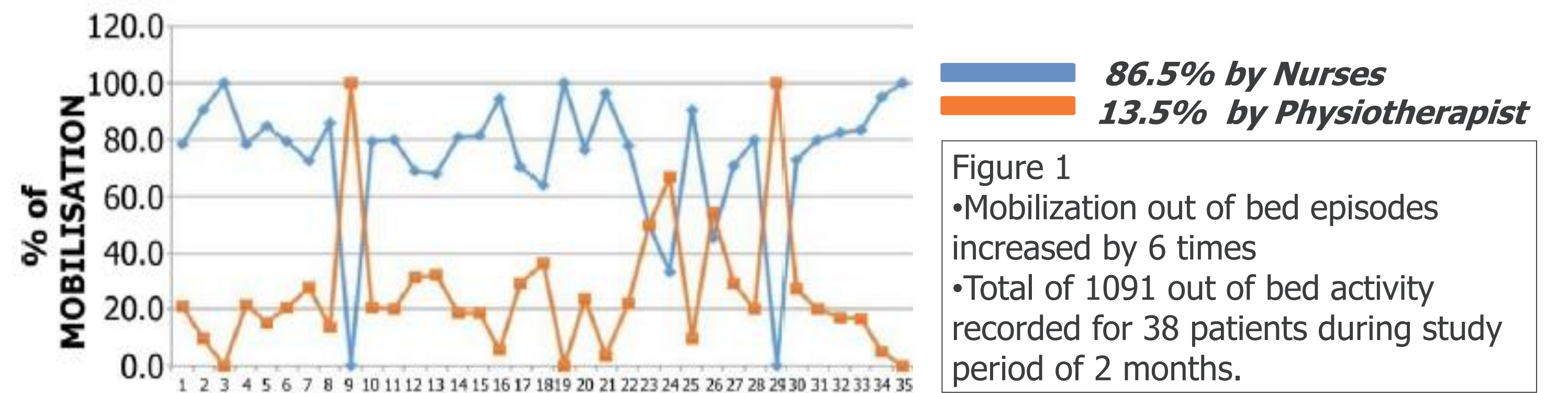
## Implementation



## Results

### 1) Mobilization Out Of Bed: (n=38)

Figure 1 Percentage of mobilization out of bed for each patient



### 2) Functional Outcome: (n=31)

#### • Modified Barthel Index (MBI)

Figure 2.1 MBI Score for each patient

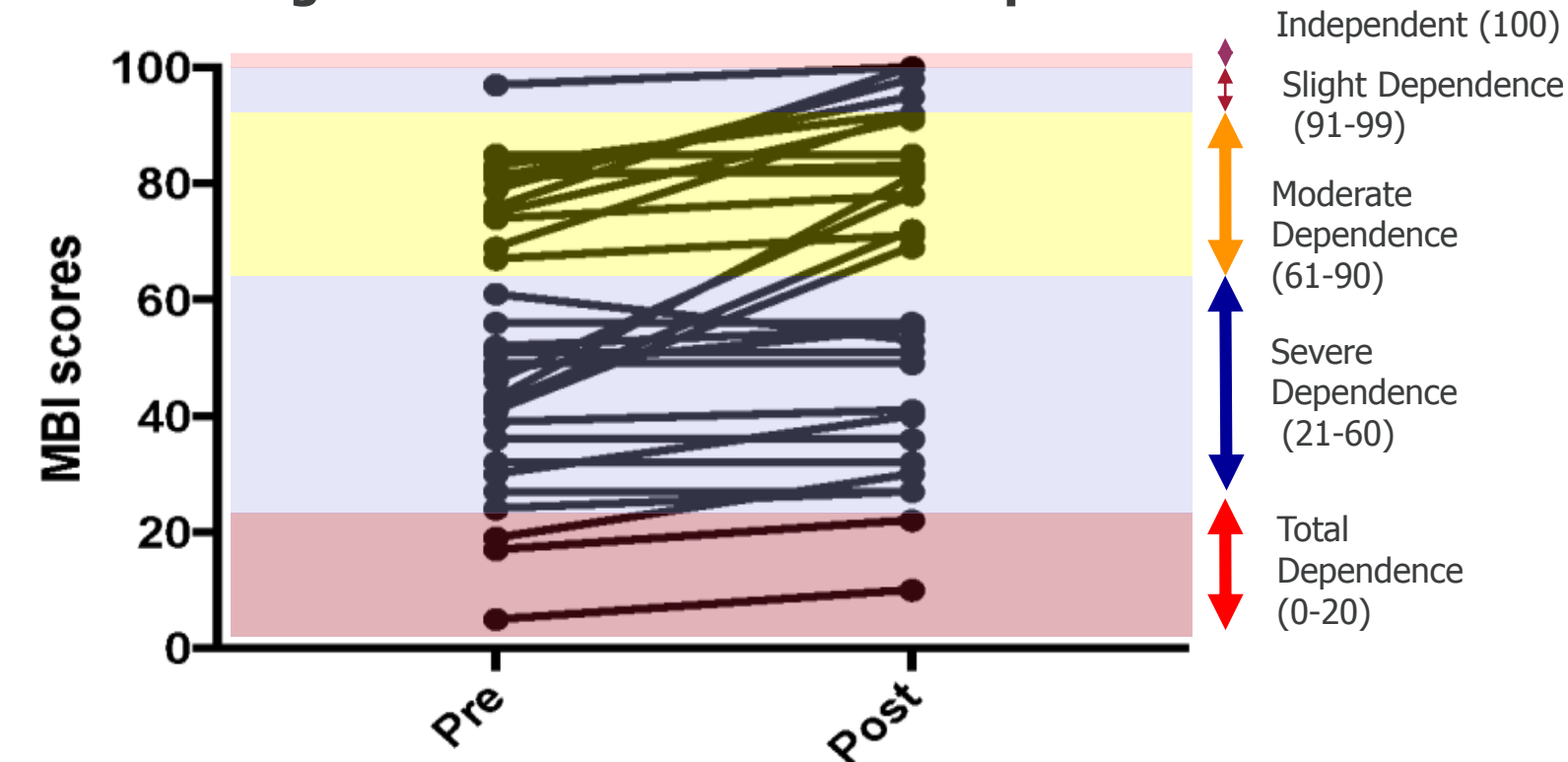
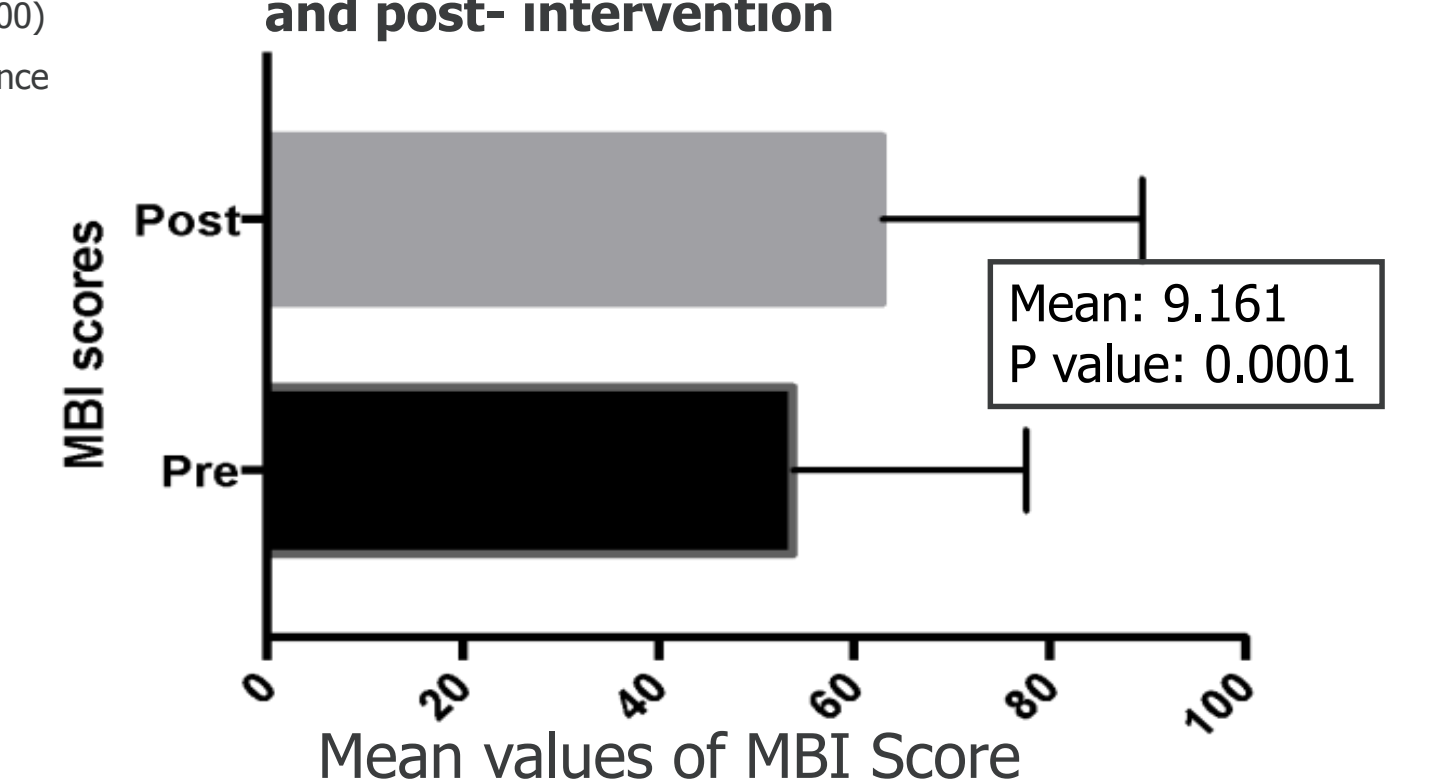


Figure 2.2 Mean of MBI Score for pre and post- intervention



#### • Modified Elderly Mobility Scale (MEMS)

Figure 2.3 MEMS Score for each patient

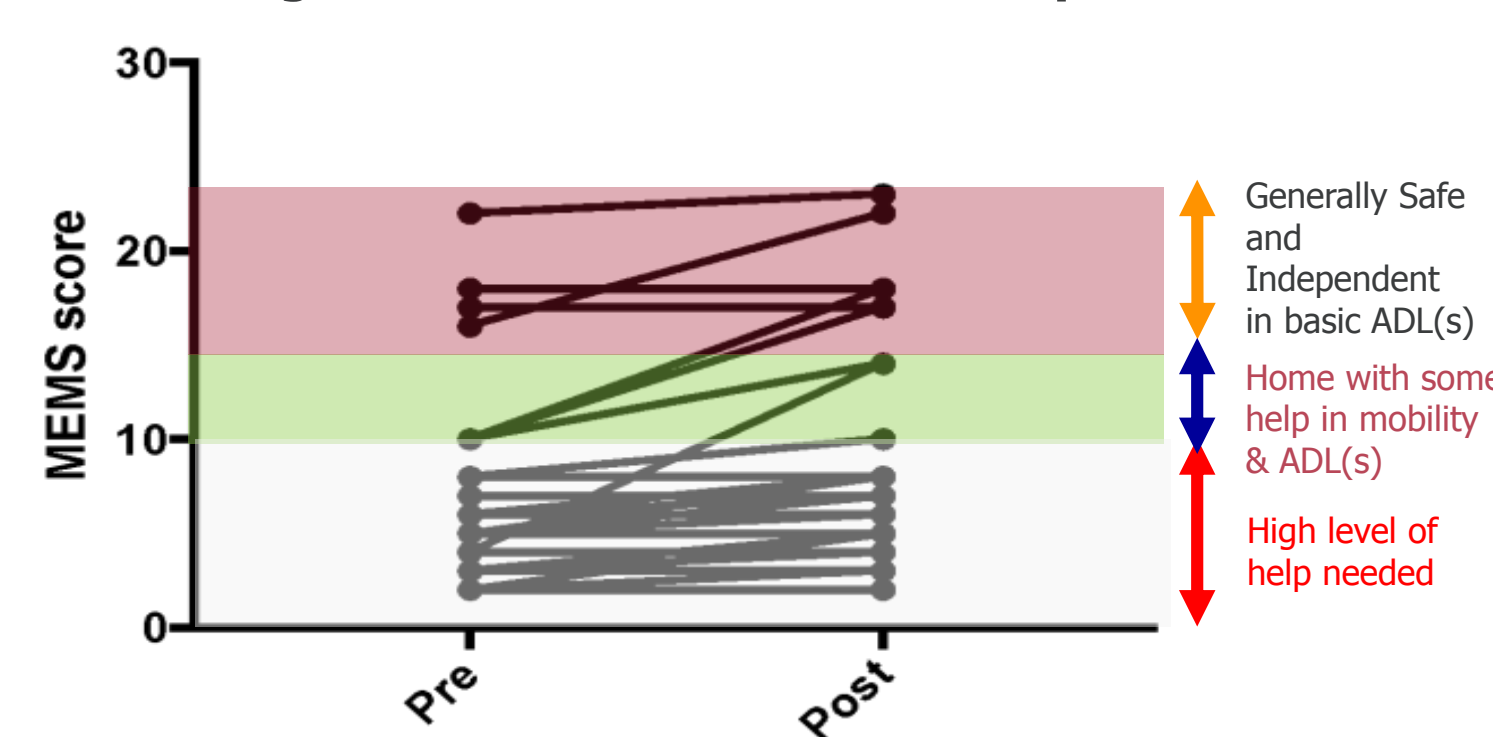
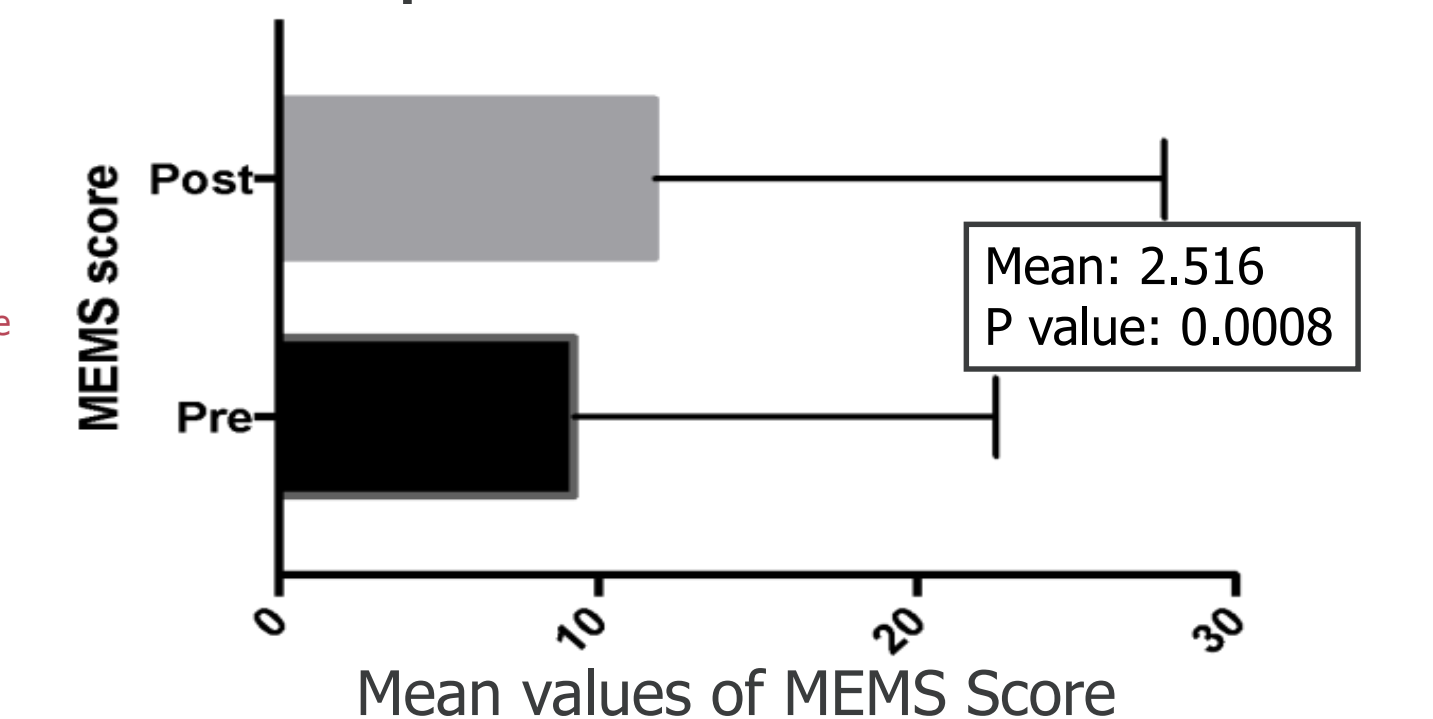
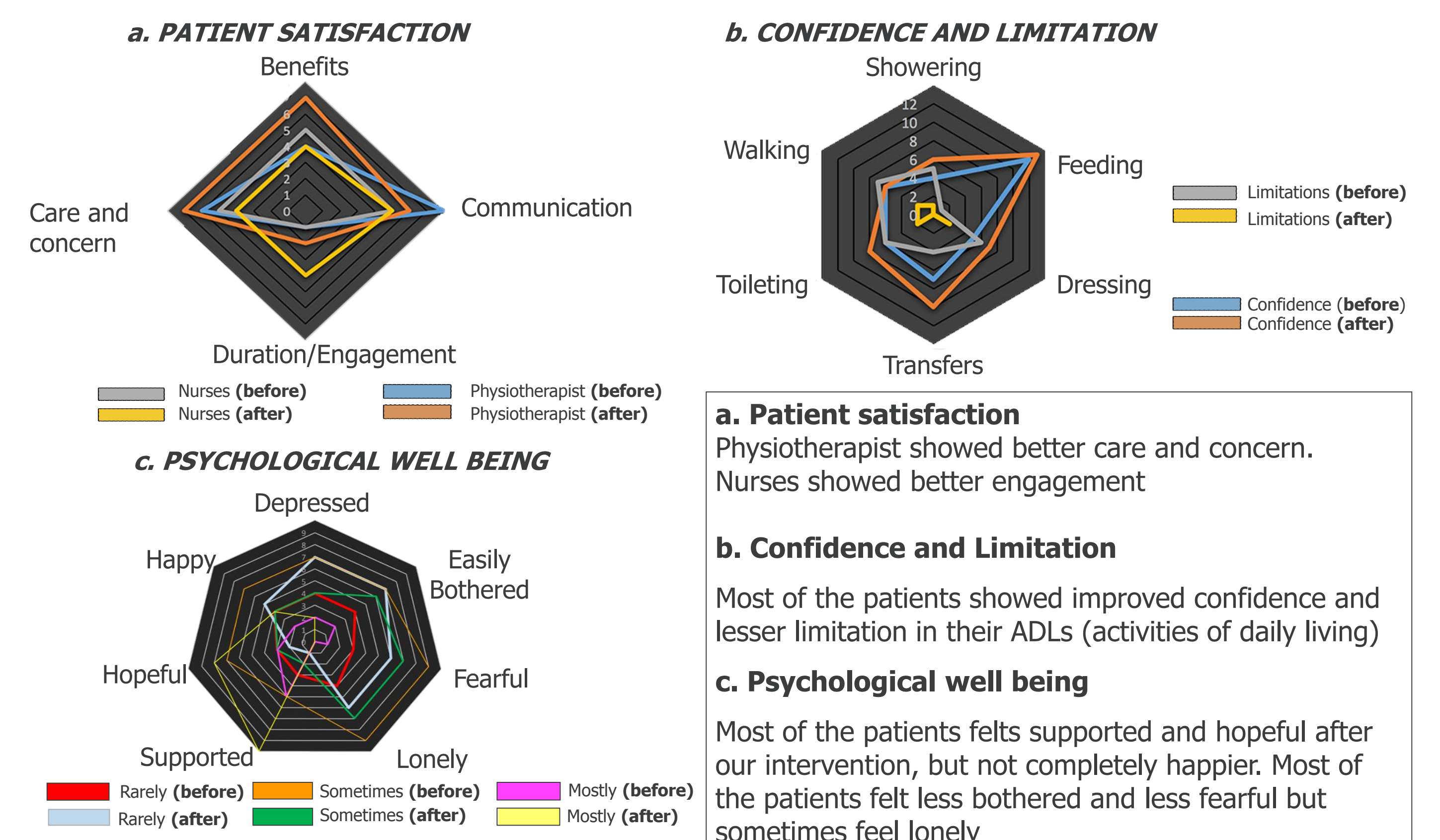


Figure 2.4 Mean of MEMS Score for pre and post- intervention



- MBI increased in 21 out of 31 patients; MEMS increased in 17 out of 31 patients
- Improvements in MBI (p=0.0001, r 0.9005) and MEMS (p=0.0008, r 0.984) were statistically significant

### 3) PATIENT SURVEY: (n=13)



## Strategies to Sustain

- **Monitoring:** Team will continue to monitor sustenance for 1 year
- **Motivating:** Sharing the results with all stakeholders once monthly, to act as an motivation to sustain the good work
- **Training:** New nurses and Physiotherapists rotating into the unit to be trained about the changed work process
- **Spreading:** To share in various platforms and spread to other units in our hospital

## Lessons Learnt

- Inter-professional collaboration is key in designing a "trans-disciplinary approach for job role sharing" with clear communication of common goal to achieve better patient outcomes
- Culture change can be achieved through communication among champions who share common vision (i.e., better care, better people)
- With this approach no additional cost or manpower was needed to achieve improved patient engagement and outcomes