Project Title

Walk In, Walk Out: MOOB (Mobilisation Out Of Bed)

Project Lead and Members

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Project Members: Ms Sharene, Ms Rahmahwati Binte Rahmat, Mr Jason Hu, Ms Cindy Lim, Dr Eu Kar Mun, Ms Nurashikin Bte Sidek

Project Sponsor(s): Ms Tim Hwee Mein, Ms Lily Ng, Ms Pua Lay Hoon, Dr Aisha Lateef, Mr Ram Peruvemba

Organisation(s) Involved

Woodlands Health

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

Physiotherapy

Project Period

Start date: September 2020

Completed date: April 2021

Aim(s)

To come with a workflow to screen patients by bed side and proactively mobilise them as per their level of independence with appropriate aids

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

See poster appended/ below

Conclusion

Understanding the problem and working as one team is very important. Everybody has a role to play in patient care, getting everybody involved is the first step to success, continuing to engage the group helps to sustains the change.

Additional Information

MOOB is adopted to spread to other pre-op wards (ward 57, 77,88) in WH from April 2021. BMAT is now part of routine nursing assessment and MOOB is part of routine nursing care. BMAT is updated in the head board of patient for easy access of patient's mobility and this helps any nurse who wants to help the patient to mobilise.

In time to come, we aim to scale this initiate across other restructured hospital, community hospital and nursing homes in Singapore.

Project Category

Workforce Transformation, Job Redesign, Upskilling

Keywords

Mobilization Out of Bed, In-Hospital Functional Decline, Bed rest

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Understand the Problem and Aim

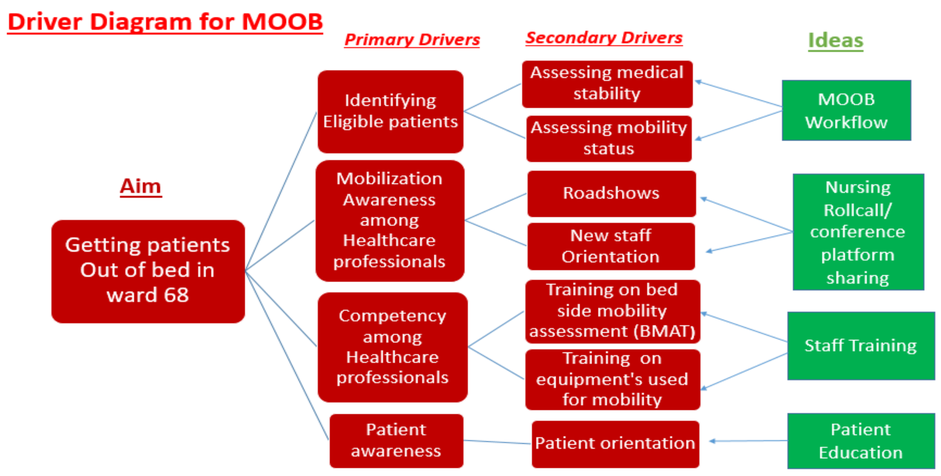
Understand Problem:
The default status of most patients in hospital is bed rest. A typical hospitalised patient spends about 84% of the time lying in bed. Prolonged bed rest has detrimental effects resulting in muscle wasting and deconditioning leading to functional decline. Functional decline is defined as a new loss of independence in activities of daily living (ADLs).

Aim:
MOOB (Mobilisation Out Of Bed) aims to change the default status of bed rest and keep patients active out of bed and in turn prevent in hospital functional decline.

Analyse

Baseline Data
Quantitative Data: Point prevalence data revealed 51% (52/102) of patients were not mobilized out of bed even when they were medially fit and pre-morbidly independent.
Qualitative Data : Theme evolved from bed side interview with nurses, not sure about patients mobility status of and the default practice is to manage everything in bed or use commode to push to toilet for showering.
Analysis:
Driver diagram was used to identify primary and secondary drivers to mobilise patients out of bed. (Figure a)

Figure a



Ideate

4 ideas from Driver Diagram to improve mobilisation out of bed

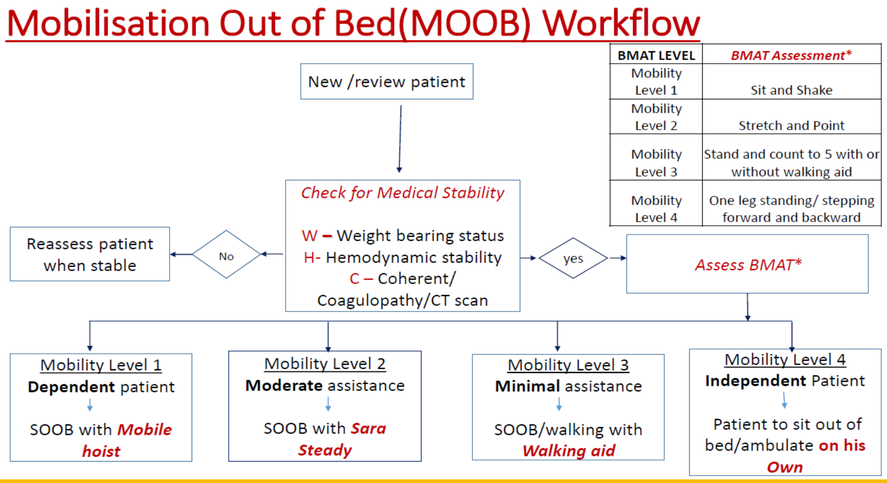
1st idea : MOOB workflow (Figure b)
A MOOB workflow with screening criteria to identify eligible patients, combined with mobility assessment with BMAT (bedside mobility assessment tool) was developed.

2nd Idea : Creating awareness about mobilisation
Roadshows about dangers of bed rest and how keeping patients active for ADL's can help the patient retain their functional status was shared with nurses

3rd idea : Training health care workers for mobilisation
Training to use MOOB workflow and walking aids was conducted for the ground staffs.

4th idea : Patient orientation
Importance of mobilisation was included as part of routine patient orientation during ward admission.

Figure b Mobilisation Out of Bed(MOOB) Workflow

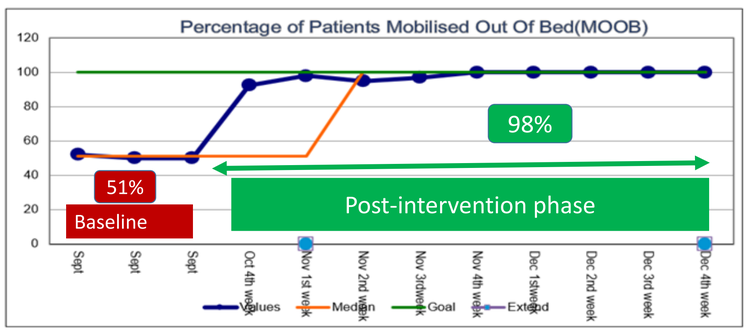


BMAT LEVEL	BMAT Assessment*
Mobility Level 1	Sit and Shake
Mobility Level 2	Stretch and Point
Mobility Level 3	Stand and count to 5 with or without walking aid
Mobility Level 4	One leg standing/ stepping forward and backward

Test / Prototype

PDSA Testing and implementation
PDSA 1 : Testing IDEA 1, 2 and 3.
Plan : Training :MOOB workflow and mobilisation with walking aid
Prediction : Nurses will screen and mobilise patients accordingly
Do : Tested on 26th October 2020 for 2 cubicles (ward 68). Data was collected for 1 week.
Study : 94.87%(74/78) of eligible patients were mobilised to sit out in chair.
Only 4 patients were not mobilised, due to staff not clear with the eligibility criteria
Act : Data collection sheet was modified and eligibility criteria was included for easy access.

Results : Mobilisation out of bed improved from baseline 51% to 98%.



Pts mobilised	18	17	17	74	54	19	114	136	56	37	63	47
Eligible patients	34	34	34	78	55	20	118	136	56	37	63	47
Month/ Year(2020)	Sept	Sept	Sept	Oct 4wk	Nov 1 wk	Nov 2 wk	Nov 3 wk	Nov 4 wk	Dec 1wk	Dec 2wk	Dec 3wk	Dec 4wk

Sustainability / Follow-up

Challenges to Implement MOOB
1st challenge : Consensus for MOOB workflow (September 2020)
Multiple iterative cycles(PDSA) to get consensus for MOOB workflow.

2nd Challenge :Empowering ground staff (October 2020)
Multiple training session to train all ground staff with MOOB workflow and mobilisation with equipment's.

3rd Challenge : Compliance to MOOB workflow and mobilising patient.(November 2020)
Regular walkabouts to get compliance for mobilisation.

Sustainability strategies
1. HCA (Health care assistants) championing the project on the floor.
2. Indicating BMAT on headboard for easy reference and
3. Incorporated patients mobility status (BMAT) as part of routine nursing hand-over.
4. Regular audits to monitor performance and share with the ward.

Deployability
MOOB awareness was deployed using different platforms like nursing training, daily ward huddle and inter-professional collaboration conference.

The project is successfully implemented in ward 68 and is currently rolled out to other WHC pre-ops wards(Ward 56/77/88). The MOOB project was rolled out on 26th April 2021 to all WHC pre-op wards.

Conclusion / Discussion

Project Impact
MOOB team has made a difference to the mobility of patients during their hospital stay. MOOB team managed to overcome the default bedrest status for patients. Patients are now not only siting out in chair, but also ambulating with/without their walking aids to toilets on their own or with assistance from nursing staff. Patients who are independent, no longer wait for the nurses, their cot sides are down and they can walk to the toilet on their own. Most of the daily activities for patient, like eating, toileting is carried out of bed. This is a big transformation, compared to patients being nursed in bed and waiting for the physiotherapist to mobilise

Lessons Learned
Lesson 1 : Interdisciplinary team work is important to get every body on the same page and everybody talks the same language to the patient, in our context emphasising mobilisation to patient.
Lesson 2 : Having a simple and clear workflow for everybody to follow.
Lesson 3 : Having a champion system on the ground to have more ownership for the project, in our context we choose health care assistant.
Lesson 4 : Incorporating project workflow as part of routine work for sustainability

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4. MS Lily Ng, Assistant Director Of Nursing
5. Ms Tim Hwee Mein , Senior Nurse Clinician

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