

Case Study 4:

'Eat, Drink, Move!' Supporting people to keep well during hospital admission.

Understanding the problem

Hospital inpatients often experience poor appetite and reduced food intake due to illness, anxiety, confusion and periods of 'nil by mouth'. Fluid intake can also be poor for similar reasons. This is well recognised and has been widely promoted for many years. Robust systems are in place at Heart of England NHS Foundation Trust (HEFT) to ensure effective nutritional screening takes place and active support is provided to improve food and fluid intake in those at risk. These measures are essential to reduce the impact of poor nutritional status and dehydration in hospitalised patients. It is less well recognised that physical activity levels can also be minimal in hospitalised patients and this also has significant clinical impact, increasing risk of pressure sores, blood clots, pneumonia and, particularly in frail older people, quickly reducing physical functional capacity and confidence to cope independently with activities of daily living.

Keeping patients mobile in hospital reduces risk of pressure ulcers, falls, blood clots, chest infections and length of stay, supporting harm free care, with significant benefits to clinical outcome and cost of patient care^{1,2}. Physical activity can be encouraged and increased in hospital using simple measures, even in those who need support to mobilise safely. There are natural links between measures to increase mobility and those used to promote good nutrition and hydration, supporting a wider focus on maintaining functional capacity in hospital, advocated by Therapy teams.

¹ Whitlock J. SSKIN bundle: preventing pressure damage across the health-care community. Surface, Skin inspection, Keep moving, Increased moisture management, Nutrition. Br J Community Nursing, 2013 Sep: Supplement: S32-9.

² Nolan J, Thomas S. Targeted individual exercise programmes for older medical patients are feasible, and may change hospital and patient outcomes: a service improvement project. BMC Health Serv Res. 2008;8:250. Epub 2008/12/11.

Aims and Objective

To develop and evaluate simple measures (a 'mobility bundle') to promote increased mobilisation of inpatients in an acute hospital setting. To promote the mobility bundle aligned to existing initiatives to promote good nutrition and hydration for inpatients as an overarching Therapy-led project 'Eat, Drink, Move!' The aim of the initiative was to support health, wellbeing and recovery from illness and to maintain physical functional capacity as far as possible during an acute hospital admission and to promote the benefits of keeping nourished, hydrated and mobile as part of a long term healthy lifestyle.

Method and approach

Development of resources:

A mobility bundle has been developed by the physiotherapy team. This consists of:

- Initial assessment of mobility, manual handling needs and falls risk as part of nursing assessment on admission and during a hospital stay.
- A mobility chart used by therapists to record clearly how a patient can safely mobilise as their therapy progresses.
- Promotion of simple measures to be used at ward level to encourage patients to mobilise more,

with support where needed, where this can be done safely. For example walking to the toilet instead of using the commode, walking to the food trolley to choose meals, walking to the door to meet visitors. Patients are also encouraged to dress in day clothes rather than pyjamas where possible so they are less inclined to feel they must stay in bed.

- A short information booklet for patients and carers promoting simple ways to eat, drink and move more in hospital.

Training for ward staff:

Therapy staff (physiotherapy, occupational therapy, dietetics and speech therapy) led, promoted and supported this initiative. The mobility bundle was developed in close collaboration with nursing staff and therapy teams; it was used on trial wards initially, and then later on other wards to support roll out. Training and promotion has been focussed at ward level to raise awareness and increase skills and confidence to use simple measures to increase mobilisation while maintaining patient safety. Training has been delivered day to day at ward level 'on the job by therapy staff, avoiding the need for nursing staff to be released from the ward.

Trialling of the mobility bundle

Promoting the results, roll out across the trust and ongoing promotion:

Positive clinical results were publicised to therapy, nursing and medical staff. This secured good engagement for roll out. Launched at a 'Harm free care' day focussed on 'Eat, Drink, Move!'

The approach of rolling out the mobility bundle linked with measures to promote nutrition and hydration, promoted as the wider initiative Eat, Drink, Move! has been taken to capitalise on the good staff engagement and robust monitoring systems that already support these well embedded aspects of care.

Ongoing and repeated ward level promotion and training supported by Therapy staff is embedding this initiative in routine ward practice. Inclusion of monitoring measures in routine ward metrics supports compliance. All opportunities are taken to promote Eat, Drink, Move to support trust priorities e.g. reducing falls risk, tissue viability, reducing length of stay, and admission avoidance by linking with community units and residential care settings. Promotion is linked to other events e.g. Nutrition and Hydration week, Falls Prevention week, National Older People's Day.

Results and evaluation

A trial carried out at HEFT demonstrated that introduction of a 'mobility bundle' consisting of simple measures to increase physical activity in inpatients was effective in increasing simple mobilisation and in our study reduced the incidence of hospital acquired pneumonia on intervention wards by 50 percent. The trial conducted with medical and nursing colleagues at HEFT in 2013³ implemented the 'mobility bundle' on 2 medical wards (n=678 patients), comparing activity and outcomes with 2 matched wards (n=501 patients). Patients on intervention wards showed increased activity (Intervention: 83.1(44.9) minutes per day, 1103(103.8) steps count/day. Control: 40.5 (26.8) minutes per day, 388 (90.5) steps count/day), halved incidence of hospital acquired pneumonia (HAP) (p<0.0001) and were more likely to have a length of stay in the shortest quartile.

³ M Stolbrink, L McGowan, H Saman et al, The Early Mobility Bundle: a simple enhancement of therapy which may reduce incidence of hospital acquired pneumonia and length of hospital stay. J Hosp Infect 2014 Sep;vol 88;issue1;p34-39

Key learning points

Simple measures to increase mobilisation in hospitalised patients can improve clinical outcome, reduce risks associated with inactivity in hospital, and reduce length of stay.



System changes can be achieved more easily by linking onto already successful approaches. Longstanding promotion and ongoing training had already ensured good awareness amongst ward staff of the need to maintain good nutrition, hydration. There was less focus on the importance of maintaining mobility and perceived risks and lack of nursing time were potential barriers to implementation. Linking nutrition, hydration and mobilisation as part of a wider approach to help patients keep well in hospital delivered good interest and engagement. Ward level training and promotion has been used to raise awareness and increase engagement, skills and confidence to use simple measures to increase mobilisation while maintaining patient safety.

The workforce leading the project were registered physiotherapists, occupational therapists dietitians, and speech therapists with good understanding of the benefits of the project and the skills to train and support ward staff. High levels of engagement were secured from corporate nursing and monitoring of compliance was measured using robust nurse-led metrics.

Critical success factors for this project were;

- demonstrating the clinical benefit of increased mobilisation
- aligning the project to other successful initiatives and working methods
- taking training to ward level and delivering and promoting repeatedly 'on the job' not depending on release of staff for one off training
- building in to robust monitoring methods to secure compliance and sustained high profile.

Plans for Spread

Poster presentations given at professional conferences in 2014 (British Association of Parenteral and Enteral Nutrition and at CSP)

Local sharing across the trust including more recently sharing with community units as the same messages are highly applicable in nursing and residential care.

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Case Study 5:

An NHS workforce 'fit' for purpose: influencing physical activity through social media.

Understanding the problem

It is well known, [despite compelling evidence for the benefits of physical activity on the health of the workforce](#), that achieving uptake and sustained activity across the global population is complex. The #WeActiveChallenge has shown that social media can be a useful tool to support networks of individuals who, through their own efforts, motivate others to do more than they did before and role model healthy lifestyles.