



Building a
Better Health
Service



Get up Get dressed Get moving Implementation Guide

During an acute stay patients remain in bed 83% of the time and in a chair the other 12%. 68% of patients are discharged below their pre-hospital functional level and are 61 times more likely to struggle with their activities of daily living on discharge. We can prevent this deconditioning by encouraging basic movement.

The purpose of this 60 day challenge is to raise awareness of the benefits of getting patients up, dressed and moving in hospital. The following steps outline the process for joining the 60 day challenge. Once completed the HSE Business Information Unit (BIU) will use the data you capture and link the number of patients up, dressed and moving to the data on falls, lengths of stay (LOS), discharge destinations and 30 day readmission rates. This will enable us to determine the impact of the initiative on those metrics. Each ward will have access to an app or web-link where they will capture metrics listed at step 8 of this guide.

Thank you for your support for this challenge. We look forward to working with you.

Step 1

Ensure senior management support. A control ward should be identified to participate in the challenge. Further information on the control ward is below.

Step 2

Set up your MDT Local Implementation Group.

Step 3

Agree the ward(s) that will participate in the 60 day challenge and introduce Get up get dressed Get moving

Step 4

Register the following details:

- Name of the Hospital
- Name of the ward(s) introducing Get up Get dressed Get moving
- HIPE code (where available)
- Name of Control Ward (see definition)
- HIPE code (where available)

- Name and contact details of team lead/s
- Names, professions and email addresses of the MDT local implementation team. *A link to the webinar will be forwarded to everyone who submits their email address and they will be registered to receive access to app.*

Email the above information to deirdre.lang@hse.ie and catherine.devaney1@hse.ie

We would ask you not to inform this ward that they are the control as this may impact on the outcomes (Hawthorn effect)

Step 5

Download the App. A number of resources will be shared via the app including a patient information leaflet.

Step 6

Attend the webinars. The start-up webinars will held on 22nd or 29th September @ 11am for a half hour <https://www.healthservice360.co.uk/GUGDGMWebinars>. These webinars are similar in content, so you only need to attend one.

A further 4 webinars will be held over the 60days to support you. These will be run by Professor Brian Dolan and Lynda Holt (#endpjaralysis). They will be joined by colleagues who have previously participated and who will share their experience and learnings. All the webinars and other resources will be available on the app.

Step 7

Complete the pre challenge survey. A link will be sent to all participating site team leads.

Step 8

Nominate the people who will collect the following data on the app. *Data will not be collected for the control ward.* Some wards who have previously participated in the challenge have found it useful to rotate this role among MDT members.

- 1 Up to midday, how many patients (will we say clients instead of patients?) have mobilised (around the bed, to the shower etc.)
- 2 How many patients are dressed by midday?
- 3 How many patients have had a fall in the 24 hours up to midday?

Assign administrators (see definition)

Step 9

Collect data for 60 days from 4th Oct to 3rd December Monday to Sunday inclusive

Step 10:

A post challenge survey will be circulated after the 60 days to gather feedback from participating sites.

Definitions

Control ward

The control ward should be a ward that is comparable to the ward(s) participating in the challenge .ie.it should have a similar cohort of patients e.g medical/surgical. The control ward will not introduce Get up Get dressed Get moving and will not collect any data. The Control ward should not be aware that it is the control ward as this may introduce the Hawthorn affect

The Healthcare Pricing Office will collect data on falls, LOS, discharge destinations and 30 day re-admission rates for the control ward so that it can make comparisons between the data. If you do not have the HIPE codes for the wards we will ask the Healthcare Pricing Office to locate it when they are undertaking data analysis.

Administrator

It is possible for each ward to nominate a number of members of the MDT to have admin access (max 2). This will allow data to be reviewed over the 60 day challenge and to observe any trends –such as an increase in the percentage of patients sitting out of bed. On a weekly basis it may be useful to review this data, and to reflect as a team on the impact of this initiative and on any unexpected barriers or enablers which are affecting the percentage of patients dressed and moving by midday.