Get Moving Team: A Model to Promote Early Functional Mobility of Stroke Survivors in Acute Care



2024

↑ The James Beach Health Care Centre Childbirth Centre Main Entrance

Differential of



Kim Fitzpatrick OT Reg. (Ont.) Queensway Carleton Hospital



PRESENTER DISCLOSURE

- **Presenter:** Kim Fitzpatrick
- Relationships with commercial interests: None

MITIGATING POTENTIAL BIAS

- **Presenter:** Kim Fitzpatrick
- Mitigation of conflict: None



LEARNING OBJECTIVES

Learning Objective 1

- Gain insight into the Get Moving Team (GMT) program Learning Objective 2
- Describe how GMT supports functional mobility in acute care

Learning Objective 3

Identify how GMT promotes stroke best practice in acute care



Background

- Functional decline common in patients due to immobility in acute care
- Early and consistent mobility challenging in acute care
- The Get Moving Team (early mobility program) was successfully implemented November 2022 on med/surg units at QCH
- Inpatient stroke team identified the need for Get Moving Team to support early mobilization of stroke survivors in acute care





Get Moving Team (GMT)

- High intensity short duration functional mobility program in inpatient medicine & surgery units
- Structured treatment protocol
- 7 day care model
- Members of team: Care Transition Coordinator, Rehab Assistants (RA) and Personal Care Aides (PCA).
- Unit Nurses, Physiotherapists and Occupational Therapists refer patients based on established criteria for safe participation.



GMT Goals and Interventions

- · GOALS
- Early and consistent functional mobility to prevent deconditioning
- Return to preadmission living environment
- Shorter length of hospital stay and avoid alternate level of care (ALC) status

INTERVENTIONS

- Up in chair for meals
- Mobilization to bathroom
- Engagement in basic ADLs such as toileting and grooming
- Surface transfer practice
- Ambulation training 2x/day



Program Evaluation and Results

- Phase 1: 280 patients (inpatient medicine and surgery units) during 20 weeks of program implementation
- Metrics Used: Timed Up and Go (TUG) test, Functional Independence Measure (FIM) score subscales, Get Moving Team Length of Stay, Discharge Destination, Patient survey
- Outcomes:
 - Improved functional mobility
 - Reduced length of stay
 - Supported return to preadmission home environment
 - High patient satisfaction and positive feedback



GMT Benefits for Stroke Survivors

- GMT program expanded to Acute Medicine/Stroke Unit in Spring 2024
- Aligns with Stroke Best Practice Recommendations:
 - Early mobilization and engagement in functional activities (including ADLs)
 - 7 days/week of therapy
 - Frequent and short therapy sessions throughout the day
- Improved staff resources for acute stroke interventions
- GMT is a bridge between acute stroke care and outpatient stroke rehab
- Prevents deconditioning for patients waiting for stroke rehab



Questions?





For further details regarding GMT, please contact:

- Robyn Maxwell Manager <u>rmaxwell@qch.on.ca</u>
- and/or
- Samantha Samonte-Brown GMT Care Transition Coordinator

ssamonte-brown@qch.on.ca





THANK YOU