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INTRODUCTION

- Having a patient “up-to-chair” earlier and often during their hospital stay is linked with a decrease in thrombus formation, decrease in inappropriate PT consultations, and decrease in long-term comorbidities associated with inactivity.
- Increase in cardiovascular, neurological, pulmonary, and gastrointestinal function.
- Increase in overall perceived hospital experience by the patient with increased patient autonomy and independence, while optimizing discharge planning.

OBJECTIVES

- Current hospital rates of “order” and “execution” of the order by nursing staff is around 8% as recorded by the EMR data we collected.
- Our goal was to increase the number of “up-to-chair” orders and to increase the execution of those orders by nursing staff from 8% to 75%.

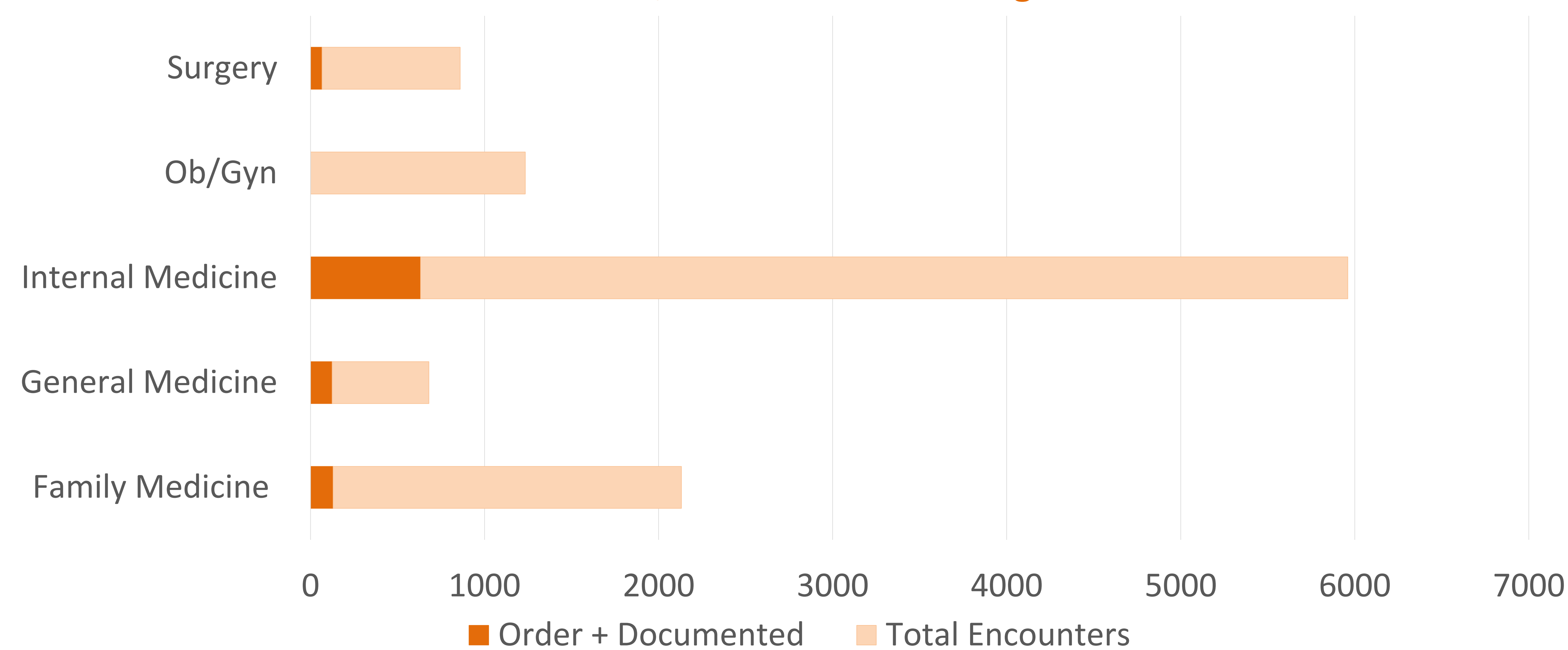
METHODS

- Data was gathered for all hospital encounters for the year of 2021 and separated by specialty regarding the “up-to-chair” order and completion of that order as recorded by the nursing staff.
- Presentation was given to Nursing staff, PT/OT, OB-Gyn, Surgery, IM and FM teams in order to increase awareness of our goals as stated above with our clearly defined terms of measurement.
- Physicians were asked to order “up to chair” or “up to chair with meals” on every patient, as indicated
- Nursing was requested to carry out order above and record status in flowsheets..
- PT/OT was asked to coordinate with Physicians and Nursing to maximize “Up to chair” order when working with patients that are progressing
- Data regarding the “up-to-chair” order was collected from February 1 st to April 15th to measure any changes or improvements in the above-stated goals.

RESULTS

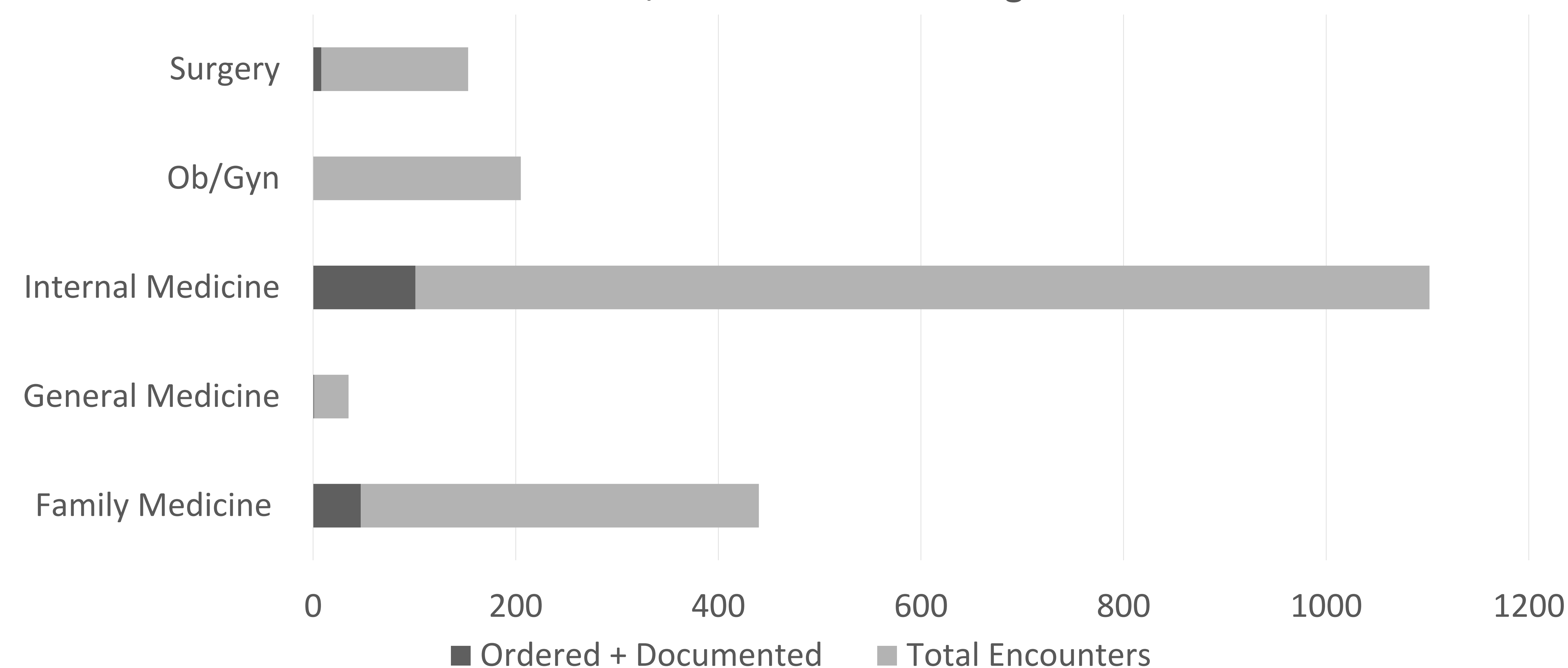
Results for January 2021 – December 2021

Total Order/Encounter Percentage: 8%



Results for February 2022 – April 2022

Total Order/Encounter Percentage: 8%



CONCLUSION

- There was no recorded increase in “up to chair” orders for the study period following presentations to staff and specialties.
- To increase the rate of execution of “up to chair” additional means may be required:
 - Utilizing the AMPAC scoring system for mobility
 - Require a “hard stop” in the EMR to promote mobility orders for all patients
 - Defaulting “up to chair with meals” order in the general admit order set.

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