

### What is the MOVE Program?

**Mobilization of Vulnerable Elders (MOVE)** is an initiative to promote early mobilization practices for vulnerable seniors admitted to hospitals. This initiative is appropriately aligned with provincial senior-friendly strategies and focuses on implementing three key messages into practice:

- Mobilize patients at least three times a day;
- Use progressive, scaled mobilization, and;
- Assess mobility within 24 hours of the decision to admit.

### What are the benefits?

Evaluations of early mobilization strategies such as MOVE show that these strategies can effectively:

- Decrease acute care length of stay;
- Shorten duration of delirium;
- Improve return to independent functional status;
- Decrease risk of depression;
- Increase rates of discharge to home; and,
- Decrease hospital costs by \$300/patient/day.

Across the 14 sites that participated in MOVE ON (Ontario) in 2012 – 2013, there was an average overall increase in patients documented as “out of bed,” accompanied by an average decrease in hospital length of stay during the study period. Participating sites reported increasing unit staff’s positive attitudes toward early mobilization.

### What is involved?

MOVE is an inter-professional approach that focuses on early and consistent mobilization of older patients throughout hospitalization. This strategy shifts mobilization from being a designated task assigned to a single professional group to a shared team responsibility, with each team member having complementary roles. If you implement the MOVE project:

- You will design a multicomponent intervention that aligns with the context of participating units and is targeted to unit staff and patients/family members. “Designing” the intervention involves selecting strategies to deliver the three key mobilization messages.
- You should have the support of senior leadership and administrators, as well as unit staff, to implement MOVE.
- Some dedicated time will have to be provided to carry out activities. Although MOVE is a low- resource intervention, each site requires the time of a person to act as a champion/lead, an educator to help plan and deliver the intervention, additional champions to participate in the site implementation team, and minimal time from unit staff to take part in education initiatives.