

Active Hospitals

Dr Christopher Speers
Sport and Exercise Medicine Consultant
Oxford University Hospitals Foundation Trust

Oxford University Hospitals 
NHS Foundation Trust



Faculty of Sport
and Exercise
Medicine UK



SPORT
ENGLAND

LOTTERY FUNDED



Office for Health
Improvement
& Disparities



@movingmedicine
#movingmedicine



@movingmedicineuk

Active Hospitals



- The problem
 - Why moving matters
 - How can we tackle this?
 - Moving Healthcare Professionals
 - Secondary care?
 - Active Hospital Pilot
 - What we did
 - Approach in Oxford
 - Evaluation findings
 - Active Hospital toolkit
 - Next steps
-

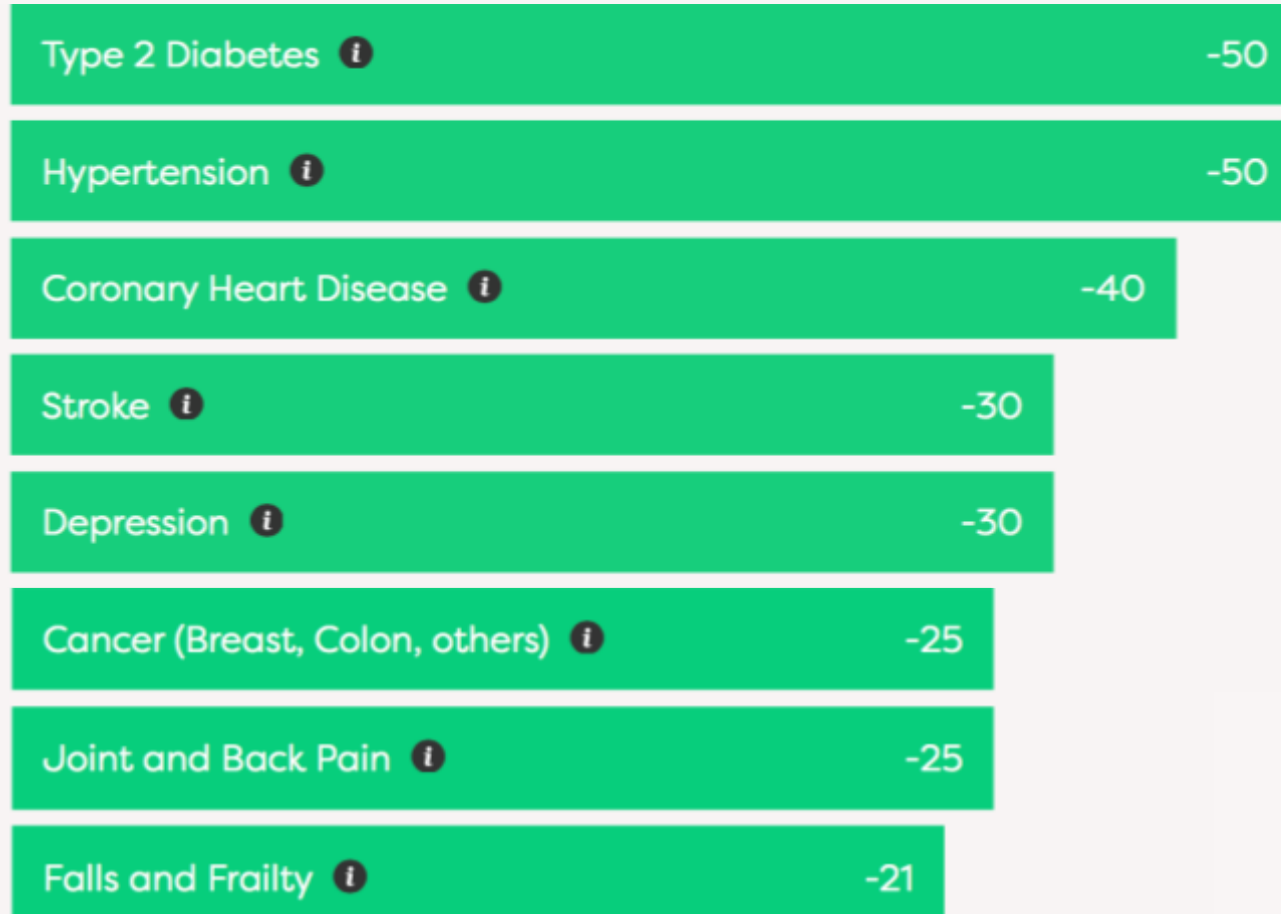
Why moving matters

**One person dies of
inactivity every 15
minutes in the UK**

**This is more than
cigarettes**



Regular activity reduces the risk major diseases

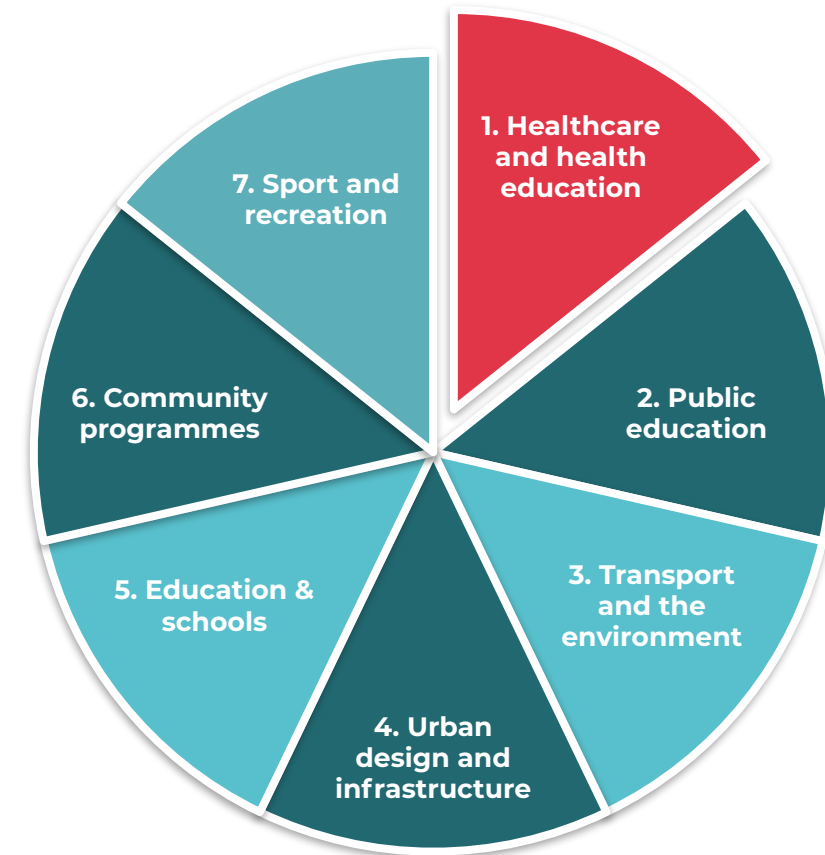


Inactivity carries a heavy burden



Healthcare is a vital piece of the puzzle

- Healthcare is one of the 7 **best investments** in tackling population inactivity
- NICE advise physical activity promotion with inactive and across conditions



How can we tackle this?



OHID Moving Healthcare Professionals

Increase the awareness, skills and change clinical practice of health professionals in the promotion of physical activity to patients at risk of or with health conditions

1. Upskilling:

- PA Clinical champions
- e-learning resources
- Physical activity in clinical care resources
- Chief Medical Officers' infographics

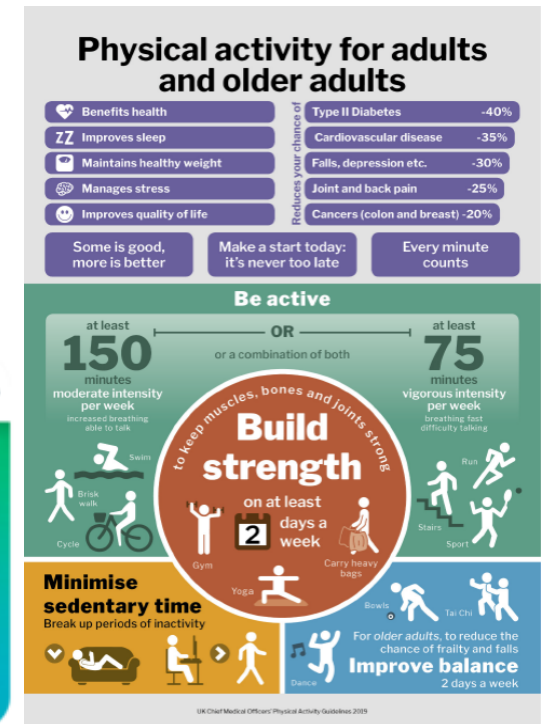
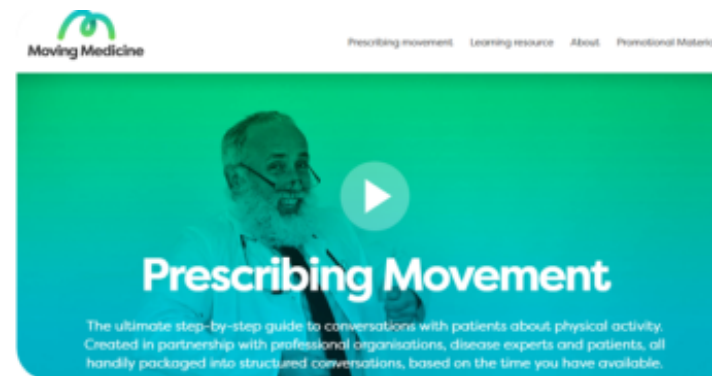
2. Upskilling the next generation:

- Undergraduate curriculum

3. Piloting clinical interventions:

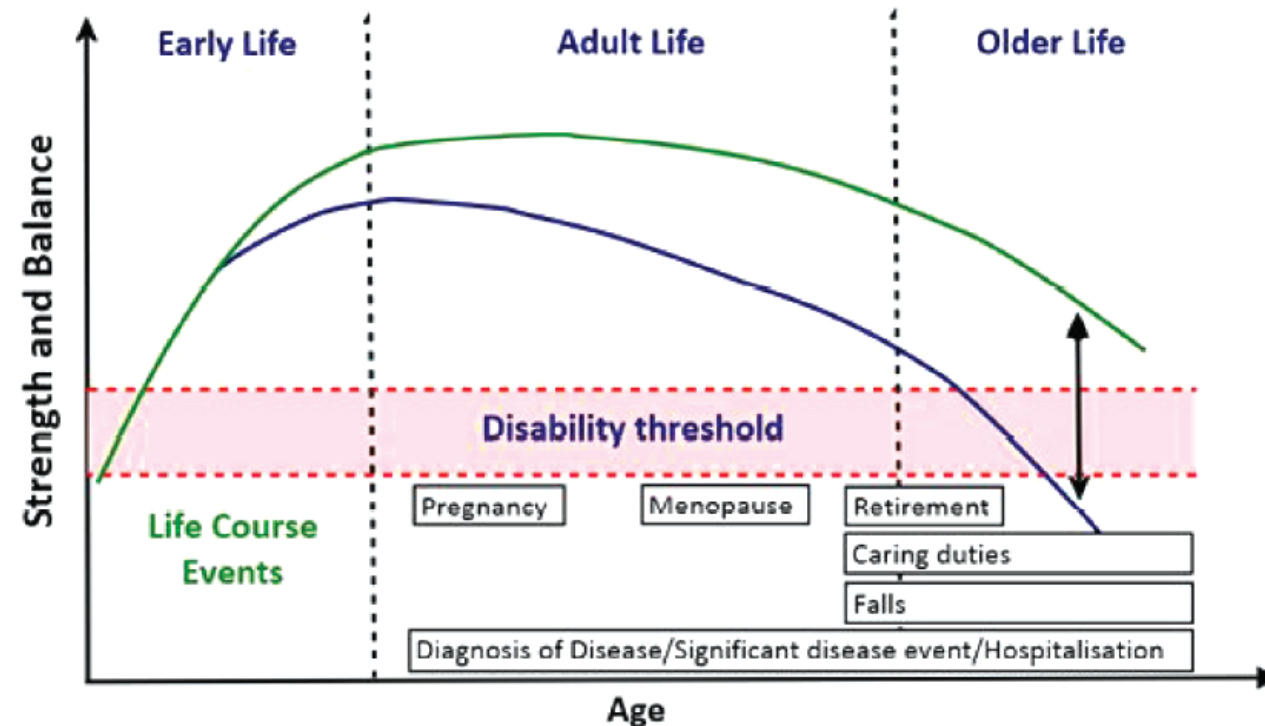
- Physical activity clinical advice pad
- **Sport and Exercise Medicine in secondary care**

4. Developing cross-sector leadership

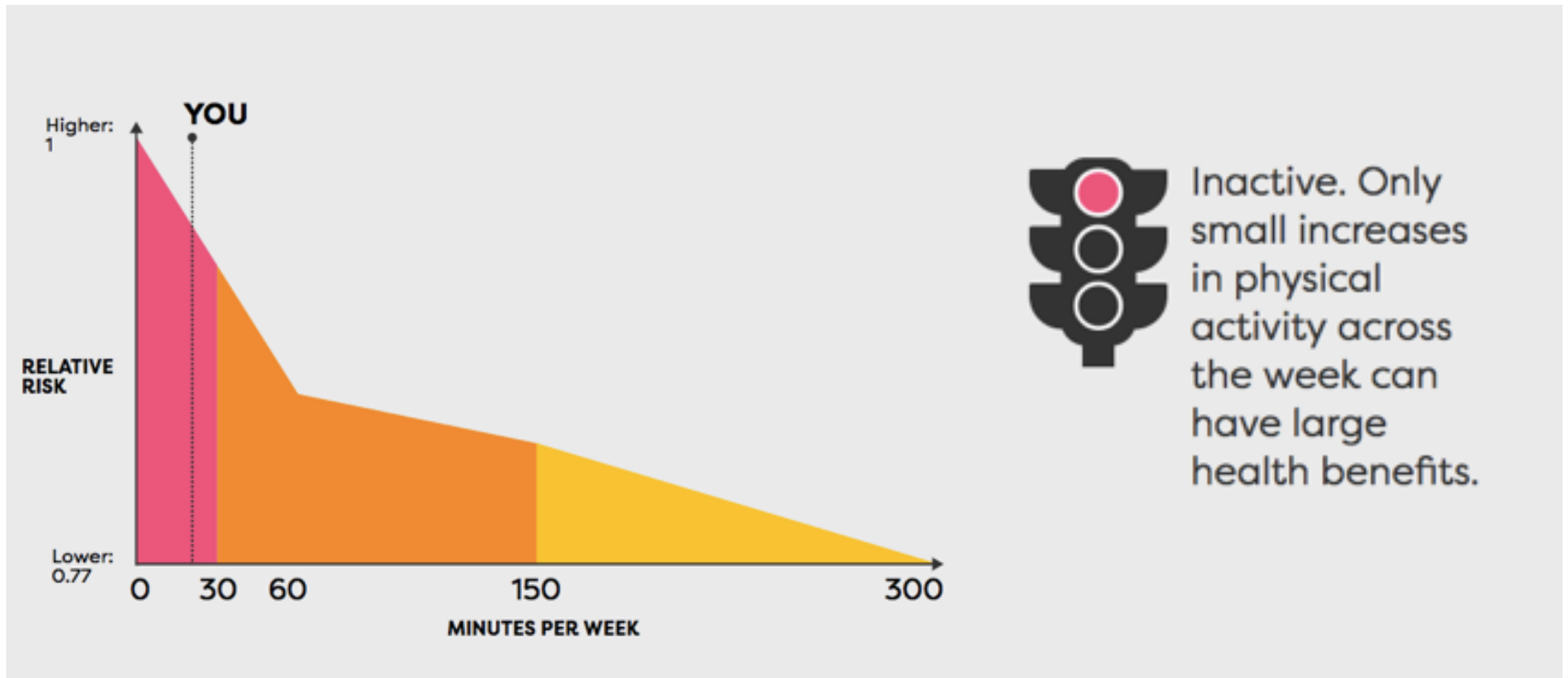


Why Secondary care?

- Teachable moment for behaviour change
 - Major diagnosis
 - Pregnancy
 - Starting treatment
 - Becoming a carer
 - Hospitalisation
- Trust and acceptability of advice
 - 93% of people trust advice from hospital doctors
 - 91% of people would accept advice from hospital doctors



HCPs have unique access to the highest risk groups



The legacy of rest



Hospital Acquired Deconditioning




Inpatient physical activity

- 13 studies
- 2,703 participants
- Reduced length of stay
- No increase in falls rate
- Reduced complication rate eg. Pulmonary Embolism
- Improved functional ability
 - Retaining or improving physical function could improve QoL and maintain independence post-discharge

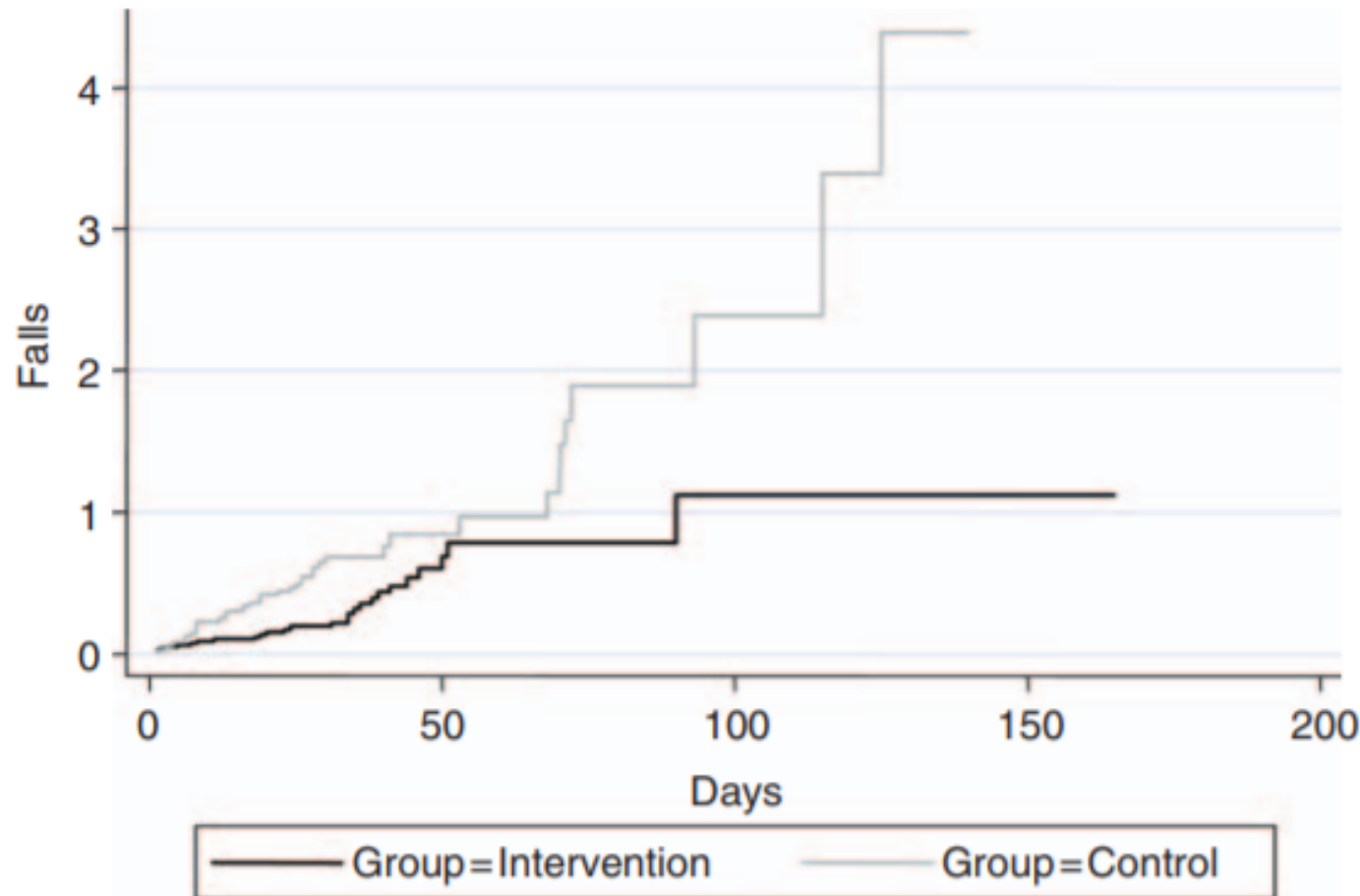
REVIEW PAPER

JAN  WILEY
Leading Global Nursing Research

**Systematic review and meta-analysis of experimental studies:
In-hospital mobilization for patients admitted for medical
treatment**

Olga L. Cortes¹  | Sandra Delgado² | Maribel Esparza³

Reducing risk of falls



What we did



The Approach in Oxford

Principles

Evidence based

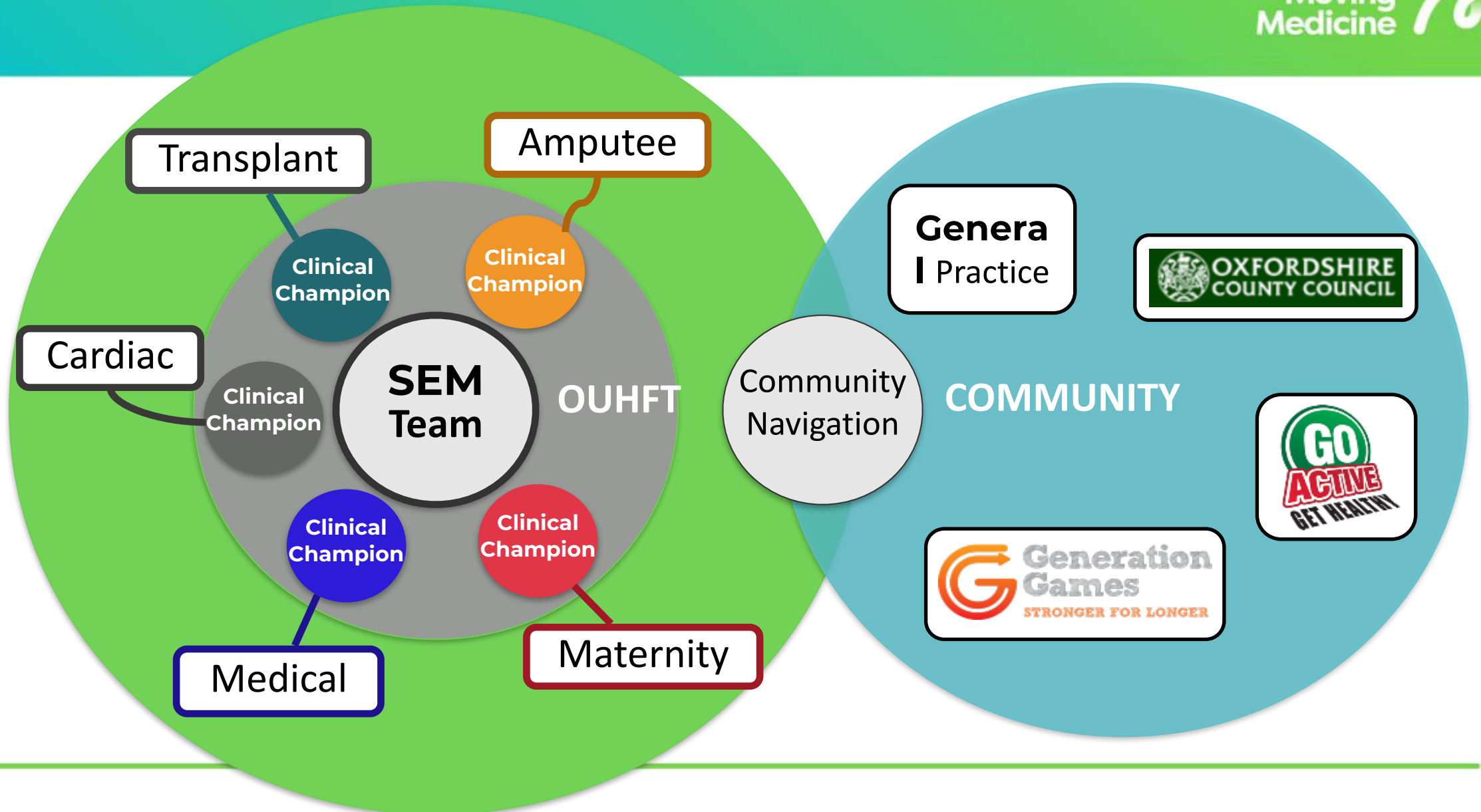
Actions



- Sources of behaviour
- Intervention functions
- Policy categories



OUHFT Active Hospitals



Active wards



New ARSW role on ward

Bed-Based Exercise Programme
Name: _____

Chair-Based Exercise Programme
Name: _____

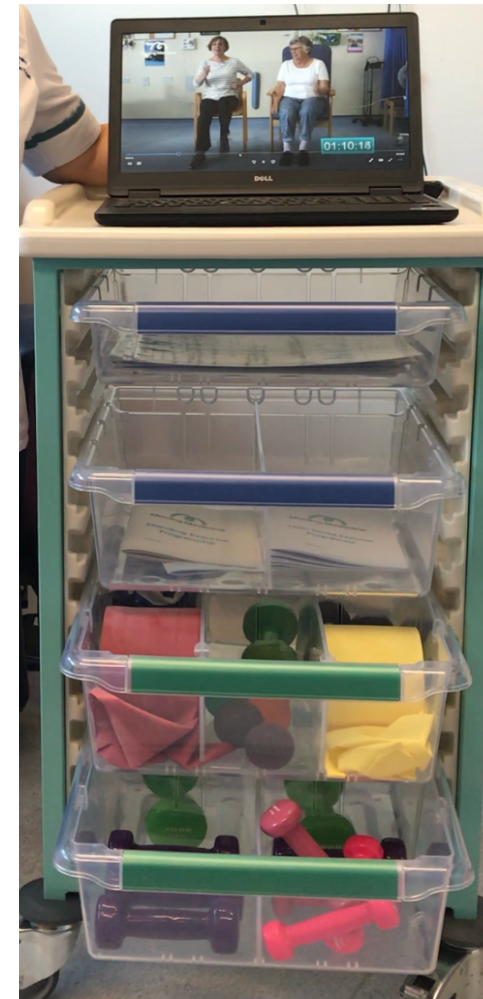
Standing Exercise Programme
Name: _____

Sit to stand
Move towards the front of the chair. Your feet should be flat on the floor, slightly behind your knees. Bring your upper chest forward and, with your hands on the sides of the chair, push up through your feet and hands into a standing position. Repeat 5 times.

Not quite there yet?
 ✓ Start by lifting your bottom just a small distance, pushing through your arms.
 ✓ Make it easier by starting in a higher seat.
Need more?
 ✓ Rely less on your arms, using the strength in your legs more.
 ✓ Do more repetitions.



Try practising this exercise once every hour.





Mobility Assessment

Ask your patient ...how he/she was getting about prior to their hospital admission:
 ✓ Use of aid and level of supervision required
 ✓ Ability to get up /down stairs – explore use of handrails, stairlift, etc
 ✓ What sort of distance were they walking?
 ✓ Ability to walk outdoors, over uneven surfaces, on/off pavements
 ✓ Issues with reduced BP on standing

Assess the patient
 ✓ Check SEND for fitness to get out of bed. If in doubt, speak with a more senior colleague before working through the step-by-step process below:

Can your patient...? If able, move to the next step. If unable, follow the arrow.

	Sit up over the edge of the bed with minimal assistance? Balance in sitting independently not holding on for 2 minutes?	Unable? →	Use full sling hoist into a fully supporting chair if well enough, or use slide sheets on the bed	Bed exercises
	Fully straighten either knee and hold for 5 seconds whilst sitting on edge of bed? Bend ankle backwards and forwards?	Unable? →	Full sling hoist transfer into chair	Bed or chair exercises
	Stand up and balance			



Date: _____ Initials: _____

Moving Medicine

I CAN

● Move around using: No aid Frame Stick
 Standing Hoist Full hoist Rotastand
 Other _____

With: help of 2 help of 1 independent
 And a distance of: less than 1m 1-5m 5-10m 10m+

● Get washed and dressed:
 Independently Top half only With help

● Clean teeth: With help Independently

● Practise exercises:
 Bed exercises Chair exercises Standing exercises

● I use: Hearing Aid Glasses

● Ly/st BP complete

#movingmedicine



Active Conversations training

Community Navigator



Independent External Evaluation

- 1 Clinical Champion training
- 2 Current culture
- 3 Peer to peer support feasibility
- 4 Impact on HCP PA behaviour
- 5 Acceptability of an Active Ward
- 6 Experience of PA prescription
- 7 Consultant experience

Feasibility

Sustainability

Transferability

Scalability

- Three key mechanisms crucial to the setup phase of the SEM pilot:
 1. A **supportive context** prior to implementation that includes the backing from a departmental lead/senior clinician.
 2. **Dedicated resource** working directly in the pathway to champion the pilot and deliver the interventions
 3. A senior SEM consultant with gravitas, long-standing and trusted relationships within an NHS Trust, that can **navigate the local system politically and culturally.**

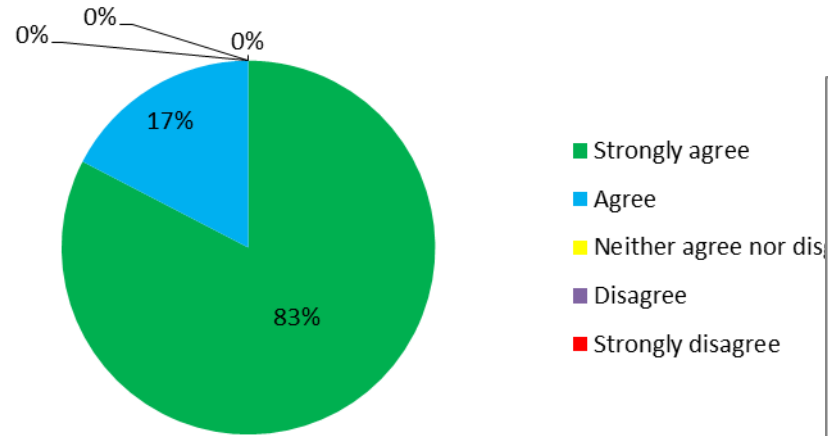


**Sheffield
Hallam
University**

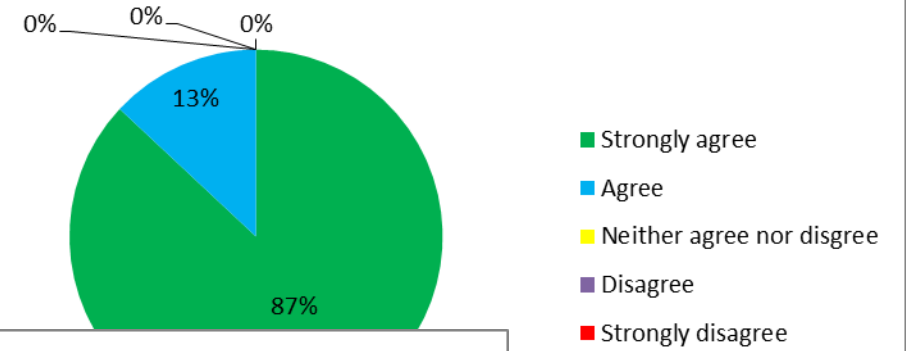
Centre for Sport
and Exercise
Science

What our patients say

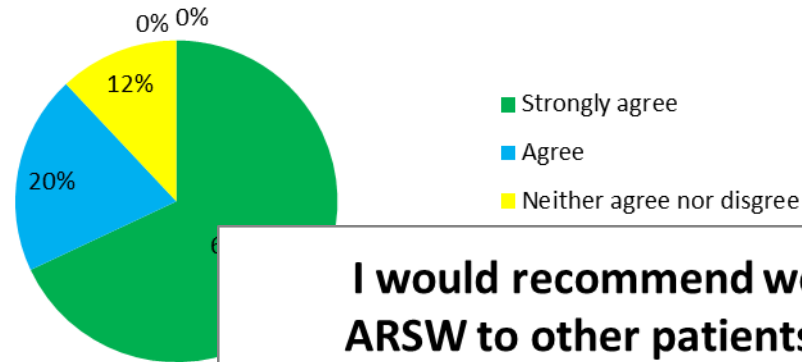
I found the exercises useful



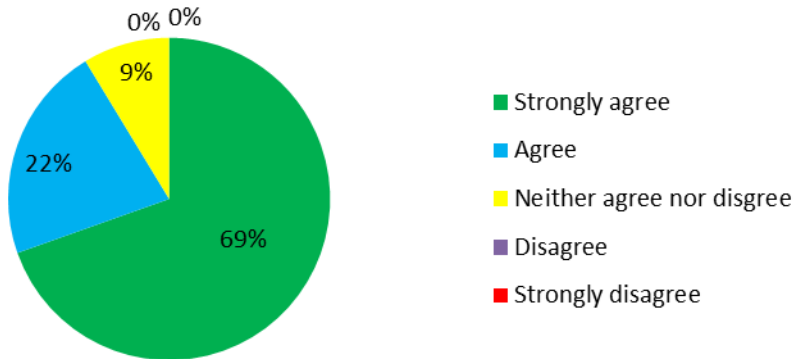
I enjoyed working with the ARSWs



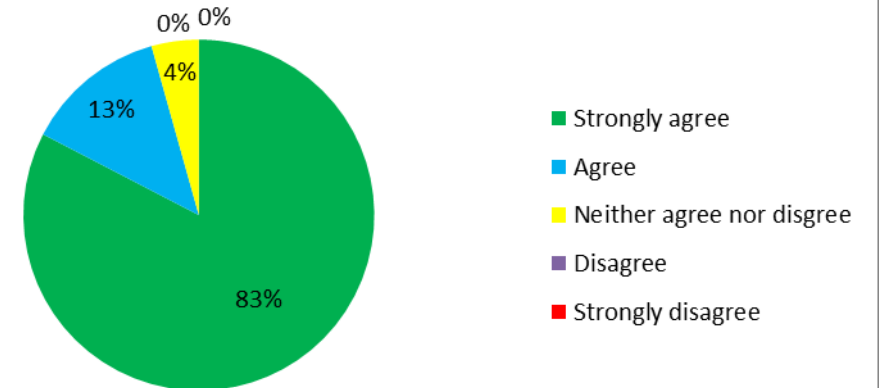
I feel that working with the ARSW helped me get better quicker



I will continue to use the exercises when I get back home



I would recommend working with the ARSW to other patients in the hospital



And their comments....

The most useful
piece of NHS
I've come across

Presented
sympathetically
and with
empathy

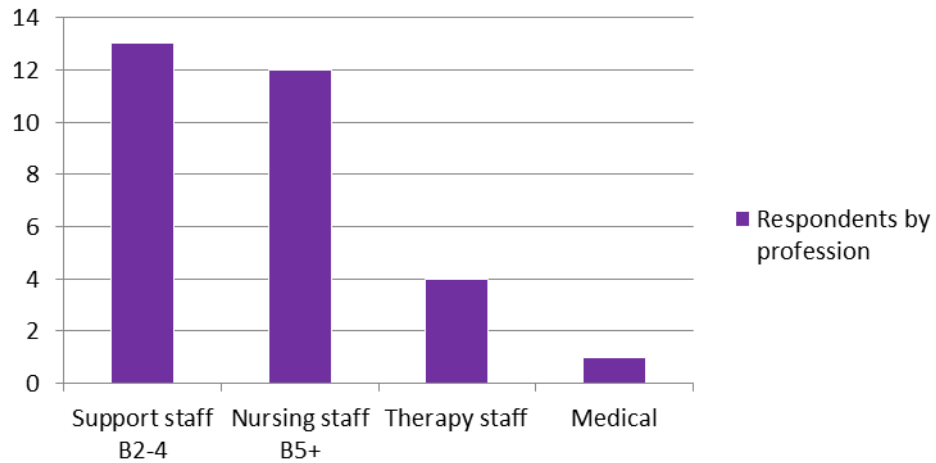
Although my movement is very
limited at the moment I managed
to do the exercises at some level.
The rehab workers really helped
support me and made sure I had
everything I need to make me
become more mobile

The initiative of this exercise and
introduction is brilliant and should be
in other hospitals. I have had two
sessions and found them extremely
helpful and will certainly continue. I
found [my ARSW] sincere, caring and
extremely confident. Well done. Keep
up this important work. 10/10

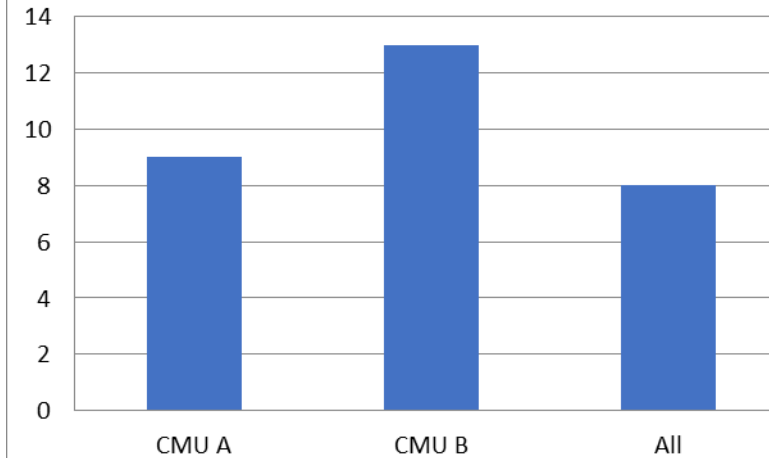
I am so impressed
and enjoying it and
improving my
fitness

What our staff said.....

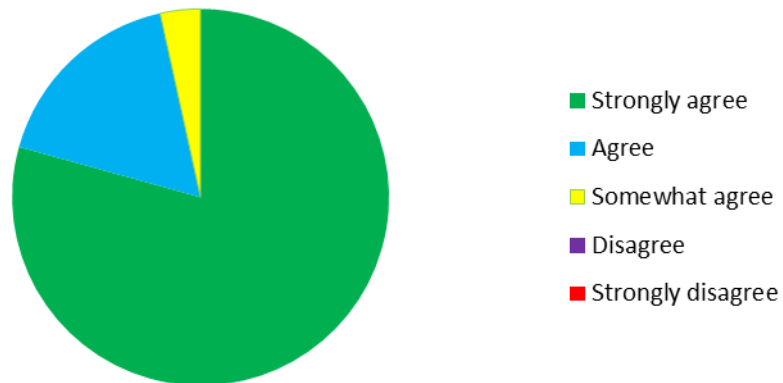
Respondents by profession



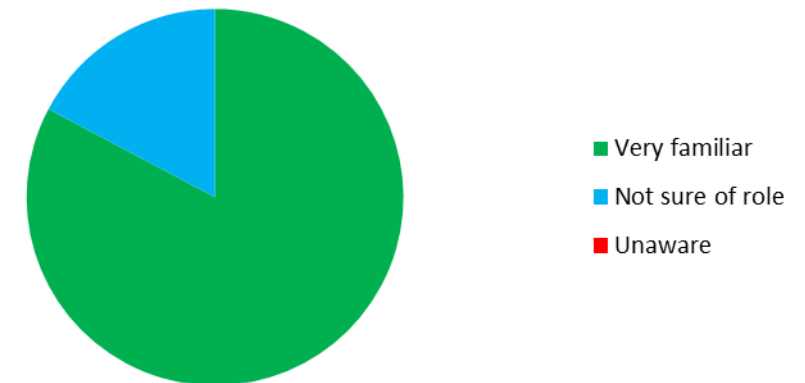
Respondents by location



"I think the ARSWs have benefited patient care on the ward."



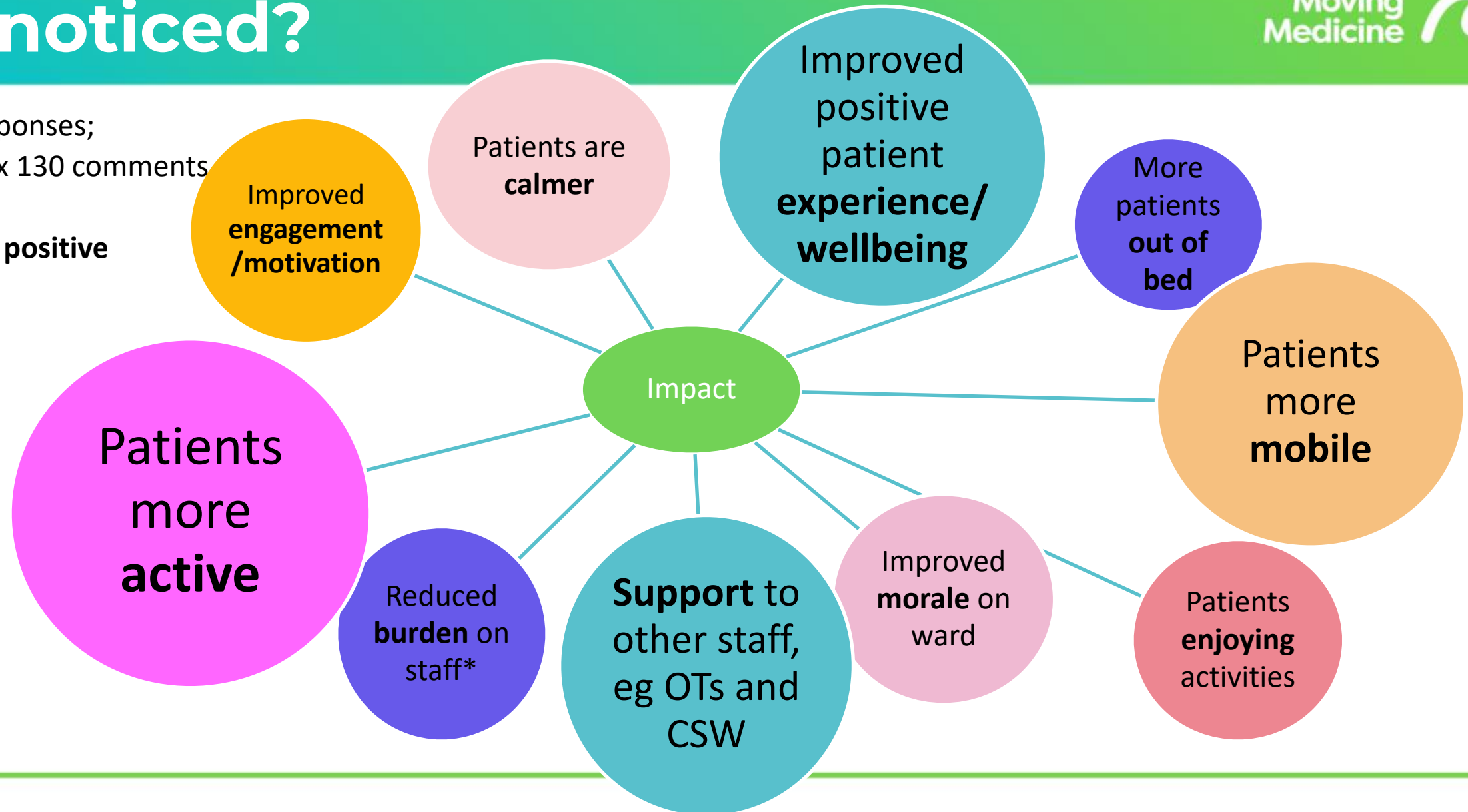
To what extent do you understand the role of the ARSW on the ward?



What differences have staff noticed?

30 responses;
Approx 130 comments

94.6% positive



Outcomes; maternity

Booking appointment PAC

32,570 women assessed between April '18-
January '22

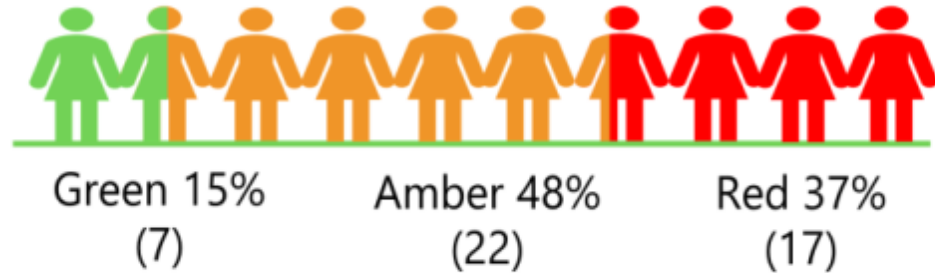


59.7% >150 mins/week 28.1% 30-150 12.2% <30

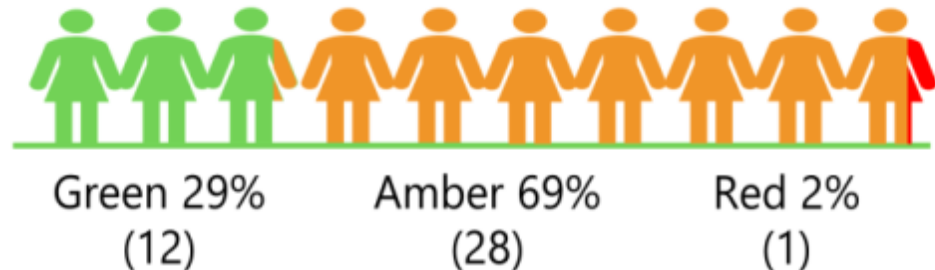
Significant association between BMI > 30 and <30
mins of self-reported activity per week

Active conversations in the Gestational Diabetes Clinic

Reported Physical Activity levels at baseline



Reported Physical Activity levels at two-weeks post-MI



Active Hospitals toolkit

“develop an Active Hospital Toolkit to support the transfer of ideas and resources generated in this project to other hospitals and trusts across the UK”



Subject

Additional resources

Business case & funding

Campaign materials

Governance

Patient materials

Hospital Resource

Bed exercise program

PDF

Bedside Mobility Assessment Tool (BMAT)
Modified version of the Banner Mobility Assessment Tool

PDF

Chair exercise program

PDF

Contraindications checklist

PDF

Creating a new Patient Information Leaflet
Here is a guide to creating a new patient information leaflet to be used as part of an Active Hospital. Adapted from OUHFT guidance.

PDF

I CAN enablement tool

PDF

I CAN user guide

PDF

Next Steps

- Active Hospitals programme
 - 4 new Pilot sites
 - Community of practice
 - NHS Futures website

Built in change

Culture

Supporting staff

Education

MECC

Balloon tennis and seated cycling get patients moving on North Tyneside hospital ward

TYNE TEES | HEALTH | NORTH TYNESIDE | Sunday 22 May 2022, 10:42am



Helen Ford
Health Correspondent, ITV News Tyne Tees



TRANSFORMATION UNIT



Office for Health
Improvement
& Disparities



LOTTERY FUNDED

Thanks & contributors

- Huge team in Oxford made this happen
- Special thanks to SEM team:
 - Dr Natasha Jones
 - Dr Hamish Reid
 - Dr Ralph Smith
 - Prof Stefan Kluzek
 - Tracy Barnett
 - Dr Julia Newton
 - Dr James Baldock
 - Dr Ashleigh Ridout
 - Dr Rebecca Gould
 - Dr Helen MacMullen
 - Dr Sam Botchy
- Pathway teams and Clinical Champions in TAVI, prosthetics, maternity, renal transplant & complex medical wards
- Teams in renal dialysis, neurorehabilitation, paediatric oncology, oncology in Churchill
- Admin team
- Oxford Brookes University
- Sheffield Hallam University