‘Bed rest’ as a treatment is now considered outdated, but people still spend long periods of time lying in hospital beds and trolleys between episodes of care. Muscle strength can rapidly decline in as little as a few days (Kortebein et al, 2008).

Ambulance and emergency department (ED) professionals have a key role in maintaining mobility and independence from first contact. Patients benefit regardless of who challenges their ability to mobilise. Both ambulance and acute trust staff can undertake mobility challenges independently; trusts are not dependent on each others’ policies to achieve this.

However, a joined up approach to challenging patients’ ability to mobilise will be far more effective in reducing the deconditioning of frail patients and in maximising streaming options, and therefore improve turnaround, discharge and clinical outcomes for patients.

Fit2Sit – the compelling story
Principles of Fit2Sit

- Challenging colleagues’ perceptions of patients’ mobility will reduce deconditioning
- Improving patients’ freedom by reducing unnecessary trolley use
- Improving quality of triage at ED by reducing cognitive bias
- Improving access to pathways at the point of streaming and triage
- Encouraging front-door streaming options
- Encouraging a home first attitude to hospital attendance among patients and staff
- Providing a healthy framework to challenge ambulance conveyance
- Reducing length of hospital stay by improving access to pathways and therefore:
  - improve general hospital flow to ease ED back door
  - reduce ambulance delays
Ambulance trust staff

✓ Be aware of the risks of deconditioning
✓ Encourage patients to get dressed or bring day clothes with them
✓ Encourage patients to walk if clinically safe to do so
✓ Think wheelchair before trolley
✓ Think alternative care pathway before ED
✓ Take mobility aides if possible
✓ Note the time the patient was placed on a trolley
✓ Think about what is needed to get the patient mobile and home, and highlight this at handover
✓ Gather and hand over information about their preincident frailty
✓ Use a recognised frailty score
✓ Make sure the patient knows what needs to happen
✓ Challenge own biases and start the ‘what matters to you?’ conversation
ED staff

✓ Identify patients with sufficient mobility to allow them to move from chair to stretcher and stretcher to chair
✓ Identify patients with a NEWS <4 (or make a decision based on clinical acuity)
✓ Provide an ED majors Fit2Sit area for patients who would normally be managed in a majors cubicle
✓ Check if patients are ambulant at every point of contact or have a plan and exercise it
✓ Consider a SOP for frail and vulnerable patients
✓ Provide visible seating areas (high-backed chairs with side supports – not low seats)
✓ Provide alternative streaming options
✓ Ensure wheelchair accessibility
✓ Provide a step-up or assessment area
✓ Provide early therapy intervention and consider falls assessment needs
✓ Ensure patients understand their plan and steps to get them home
Further information

Safer, faster better: good practice in delivering urgent and emergency care

Good practice guide: Focus on improving patient flow

Ambulance handover: tactical advice to hospitals and ambulance services

Addressing ambulance handover delays: actions for local A&E delivery boards

Addressing ambulance handover delays: Letter from Professor Keith Willett

Are your patients fit to sit?

Functional impact of 10 days of bed rest in healthy older adults.

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