**THE UP CAMPAIGN: BRIEF**

**Problem**

> Front-line staff are implementing multiple worthy approaches to reduce harm and improve care, which can make it difficult to prioritize and execute interventions.

> With ever-increasing numbers of safe practices to implement, clinicians become overwhelmed with new tasks and responsibilities.

> Clinician burnout levels are increasing due to greater demands and rapid changes in workflow.

> Mistakes could be made simply trying to comply with new practices, demands and expectations.

**Solution**

Simplify safe care and streamline interventions. Reduce multiple forms of harm with simple easy-to-accomplish activities and consolidate basic interventions that cut across several topics to decrease harm.

**THE UP CAMPAIGN**

A campaign to spread basic interventions while simultaneously supporting the reduction of patient harm.

> **WAKE UP** — Reducing unnecessary sleepiness and sedation.

> **GET UP** — Mobilizing patients to return to function more quickly.

> **SOAP UP** — Appropriate hand hygiene to reduce the spread of infection.

Begin to focus on two simple questions:

> Is my patient awake enough to get up? If so, get him or her up.

> Have I protected my patient from infection?
After implementing the UP Campaign, you and your patients can anticipate:

> Front-line staff optimizing their professional skills.
> Faster recovery with fewer complications.
> Safer medication use, especially narcotics, opiates and sedatives.
> Fewer falls and pressure ulcers/injuries.
> Reductions in hospital-acquired infections.
> Patients transitioning home sooner, stronger and better able to adapt.
> Partnerships with patients and families to prevent harm.

For more information about the HRET HIIN project and the UP Campaign, please visit www.HRET-HIIN.org

Acknowledgments

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PREPARING THE UP CAMPAIGN: 
SET UP TOOL

USE THIS TOOL TO ASSESS YOUR ORGANIZATION’S READINESS TO IMPLEMENT THE UP CAMPAIGN. DOES YOUR ORGANIZATION HAVE THESE PRACTICES IN PLACE? If not, click on the links for more information.

WAKE UP

To reduce: ADE, airway safety events, delirium, falls, VAE and VTE

☐ Are the dangers of over sedation known?
☐ Is there a strong desire to keep sedation to a minimum?
☐ Have you selected evidence-based assessment tools such as:
  ☐ STOP BANG (identifies patients at risk for obstructive sleep apnea)
  ☐ PASERO OPIOID-INDUCED SEDATION SCALE (POSS)
  ☐ RICHMOND AGITATION SEDATION SCALE (RASS)
☐ Have staff been educated on the use of the selected assessment tool(s) and performance expectations?
☐ Is there a place to document the results of the assessment(s)?
☐ Are assessment targets established for each patient?
☐ Are the results from assessment(s) used to modify sedation levels?
☐ Is there a protocol in place to adjust sedation levels?

GET UP

To reduce: CAUTI, delirium, falls, HAPU/I, readmissions, VAE and VTE

☐ Are the negative effects of immobility known?
☐ Is there a strong desire to mobilize every patient to his or her highest ability?
☐ Do you have a mobility safety screen to determine when it is safe to mobilize the patient?
☐ Do you have a mobility protocol that emphasizes progressive mobility with a preference towards full mobility?
☐ Do you have the required resources, both human and equipment, to mobilize patients?
☐ Have staff been educated regarding performance expectations and the use of the safety screen and progressive mobility protocol?
☐ Is there a place to document the mobility safety screen results and the actual type and duration of mobility accomplished?
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SOAP UP

To reduce: CAUTI, CDI, CLABSI, sepsis, SSI and VAE

☐ Are the harms associated with inadequate hand hygiene known?
☐ Is there a strong desire to improve hand hygiene?
☐ Do you have a hand hygiene policy and procedure?
☐ Have the staff been educated regarding performance expectations and the policy and procedure specifics?
☐ Do you have adequate supplies available to perform hand hygiene?
THE UP CAMPAIGN: LEADERSHIP FOCUS

A campaign to spread basic interventions while simultaneously reducing patient harm

WHY WAKE UP?

> Reduces unnecessary sleepiness and sedation.
> Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.
> Over sedation is a common adverse drug event.

WHY GET UP?

> Early progressive mobility allows patients to return to function more quickly.
> Progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity and reduces length of stay.

WHY SOAP UP?

> Appropriate hand hygiene reduces the spread of infection.
> Hand hygiene is the single most effective way to reduce the transmission of health care-acquired infections.

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# THE UP CAMPAIGN: PHYSICIAN FOCUS

**A campaign to spread basic interventions while simultaneously reducing patient harm**

## WHY WAKE UP?

> Use as little sedation as possible.
> Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.
> Over sedation is a common adverse drug event.

## WHY GET UP?

> Get the patient moving!
> Progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity and reduces length of stay.

## WHY SOAP UP?

> Wash your hands!
> Hand hygiene is the single most effective way to reduce the transmission of health care-acquired infections.
> Hand hygiene can help prevent a secondary infection.

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THE UP CAMPAIGN: QUALITY LEADERS FOCUS

A campaign to spread basic interventions while simultaneously reducing patient harm

<table>
<thead>
<tr>
<th>WHY WAKE UP?</th>
<th>WAKE UP</th>
<th>APPROPRIATESEDATION MANAGEMENT</th>
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<tr>
<td>&gt; Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.</td>
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<td>&gt; Over sedation is a common adverse drug event.</td>
<td></td>
<td>AIRWAY SAFETY • VTE • VAE</td>
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<tr>
<td>&gt; Monitoring reversal agents and maintaining a continued emphasis on minimal sedation can assist in the prevention of several harm events: ADE, FTR, delirium, falls, VAE, VTE, as well as airway safety.</td>
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<thead>
<tr>
<th>WHY GET UP?</th>
<th>GET UP</th>
<th>PROGRESSIVE MOBILITY</th>
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<td>&gt; Progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity and reduces length of stay.</td>
<td></td>
<td>FALLS • HAPU/I • DELIRIUM • CAUTI</td>
</tr>
<tr>
<td>&gt; Opportunity to collaborate with all disciplines to decrease harm to patients.</td>
<td></td>
<td>VAE • VTE • READMISSIONS</td>
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<tr>
<td>&gt; A focus on progressive mobility and ambulation can impact falls, pressure ulcers/injuries (HAPU/I), CAUTI, VAE, VTE, readmissions and delirium.</td>
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<th>WHY SOAP UP?</th>
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<th>APPROPRIATE HAND HYGIENE</th>
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<td>&gt; Hand-washing is the single most effective way to reduce the transmission of health care-acquired infections.</td>
<td></td>
<td>CAUTI • SSI • VAE</td>
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<tr>
<td>&gt; Effective hand-washing cuts across all infection related topics.</td>
<td></td>
<td>CLABSI • SEPSIS • CDI</td>
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**THE UP CAMPAIGN: NURSING STAFF FOCUS**

A campaign to spread basic interventions while simultaneously reducing patient harm

### WHY WAKE UP?

- Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.
- Over-sedation is a common adverse drug event that can increase harm and prolong length of stay, due to respiratory atelectasis, weakness and immobility.
- Impacts six core topics: ADE, delirium, falls, airway safety, VTE and VAE.

### WHY GET UP?

- Progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity and reduces length of stay.
- Lack of mobility is most dangerous for the elderly, but healthier patients who are not mobilized are at risk as well.
- Impacts six core topics: VAE, VTE, delirium, falls, pressure ulcers and readmissions.

### WHY SOAP UP?

- It is the single most effective way to reduce the transmission of health care-associated infections.
- Hand hygiene is not a new strategy, but remains a critical one.
- Impacts seven core topics: SSI, CLABSI, CDI, CAUTI, VAE, VTE and readmissions.

**Acknowledgments**

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THE UP CAMPAIGN: STATE LEADERS

A campaign to spread basic interventions while simultaneously reducing patient harm

WHY WAKE UP?

> Impacts six core topics: ADE, airway safety, delirium, falls, VAE and VTE.
> Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.
> Over sedation is a common adverse drug event that increases harm and prolongs length of stay due to respiratory atelectasis, weakness and immobility.

WHY GET UP?

> Impacts seven core topics: CAUTI, delirium, falls, pressure ulcers/injuries (HAPU/I), readmissions, VAE and VTE.
> Progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity and reduces length of stay.
> Lack of mobility is most dangerous for the elderly, but all patients who are not mobilized are at risk as well.

WHY SOAP UP?

> Impacts five core topics: CAUTI, CLABSI, CDI, Sepsis and VAE.
> It is the single most effective way to reduce the transmission of health care-associated infections.
> Hand hygiene is not a new strategy, but it is a critical one.

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THE UP CAMPAIGN:
PERFORMANCE MONITORING TOOL

Instructions

> When implementing the UP Campaign, it is helpful to monitor your performance on a weekly basis. This tool helps to do so.
> Randomly select five applicable patients that have been in the hospital for more than 24 hours. If you start on a pilot unit, select patients only on that unit but rapidly spread house-wide. Review each record for the past day and answer each question with “yes,” “no” or “N/A”.
> Use real-time hand hygiene observations for SOAP UP.

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>SOAP UP</th>
<th>WAKE UP</th>
<th>GET UP</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hand hygiene performed per policy</td>
<td>Least possible amount of sedation used to obtain goal POSS or RASS</td>
<td>Patient mobilized to highest level of mobility per protocol</td>
<td></td>
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<td></td>
<td>/5</td>
<td>/5</td>
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**ACTIONS:** WHAT WILL YOU DO DIFFERENTLY NEXT WEEK IF ALL ANSWERS WERE NOT YES?

Review HRET change packages and other resources for specific ideas to support reducing patient harm: www.hret-hiin.org.

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