



Encouraging Safe Active Mobilization in a Pilot Ward to Reduce Patient Falls

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Singapore Healthcare Management 2024

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Introduction

We know that immobility during inpatient stay does not aid in a patient's recovery. Between physiotherapists and nursing staff, we play a big part in getting patient to move. However, there is a breakdown in getting the mobility information from physiotherapy notes in Sunrise Clinical Manager (SCM) to the nurses.

Our problem

"There is no time!"

- Each 5 minutes spent on finding mobility status in SCM for each patient could easily add up to significant amount of time. Time that nursing staff do not have.

"Where is the information?"

- Different physiotherapists write their mobility information in different areas of the notes.

"Is my minimal assist the same as yours?"

- Discrepancy in knowledge of patient's current mobility status could potentially result in unsafe mobilization of patients thereby increasing risk of patient falls.

What did we do?

Step 1: We designed a mobility signage with concise information of patient's functional mobility and pictograms of the transfers and walking aids to be hung at the patient's bedside:

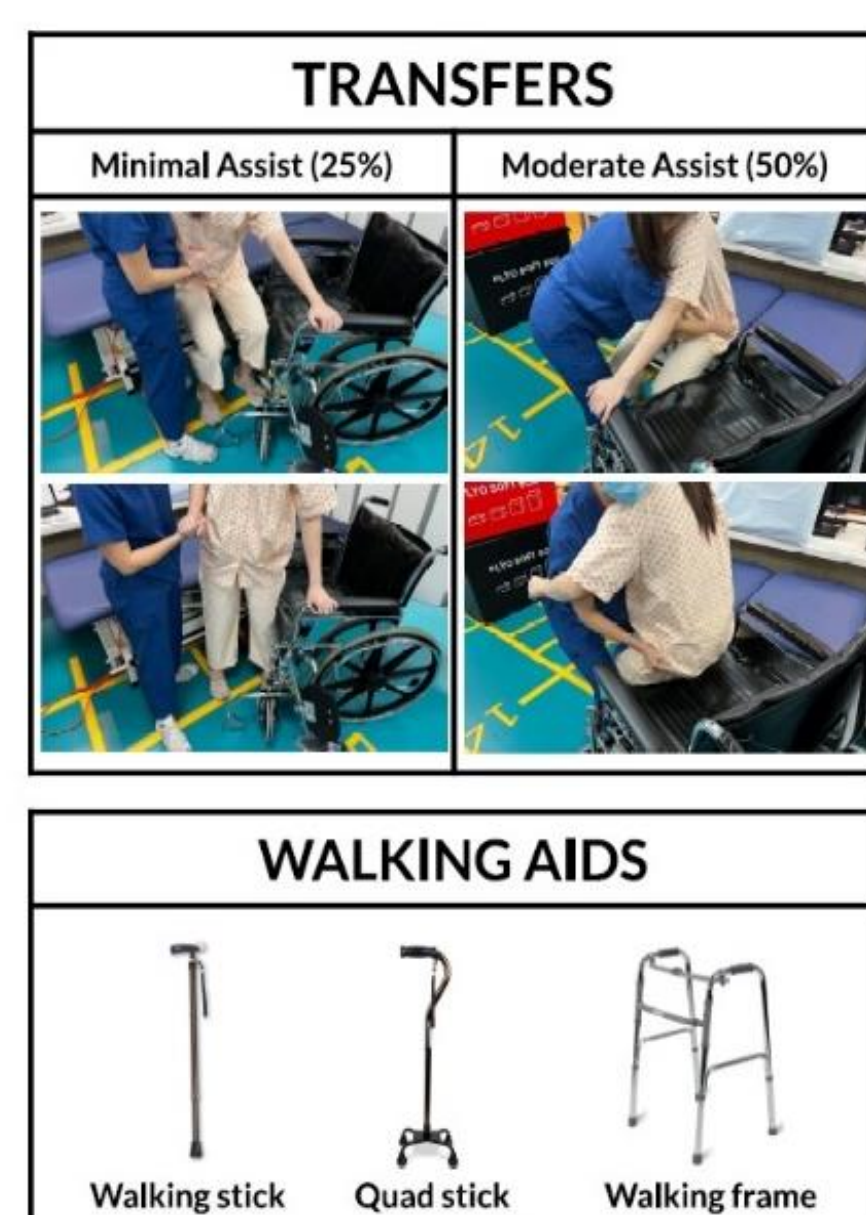
Ward/Bed: _____ Date of assessment by PT: _____
Initials: _____

Please tick the boxes as appropriate:

MOBILITY		
Level of Assistance	Transfers	Walking
Independent		
Minimal Assist (25%)		
Moderate Assist (50%)		
Maximum Assist	(Do not mobilize)	
Mobilize only with PT/OT		

WALKING AIDS	
Handhold	
Walking Stick	
Narrow Based Quad Stick	
Broad Based Quad Stick	
Walking/Rollator Frame	

Other comments: _____



Step 2: We briefed our Physiotherapists on how to fill up mobility signage after functional assessment.

Step 3: Orientated our nurses in pilot ward to mobility signage and explained the mobility terms used during their roll call.

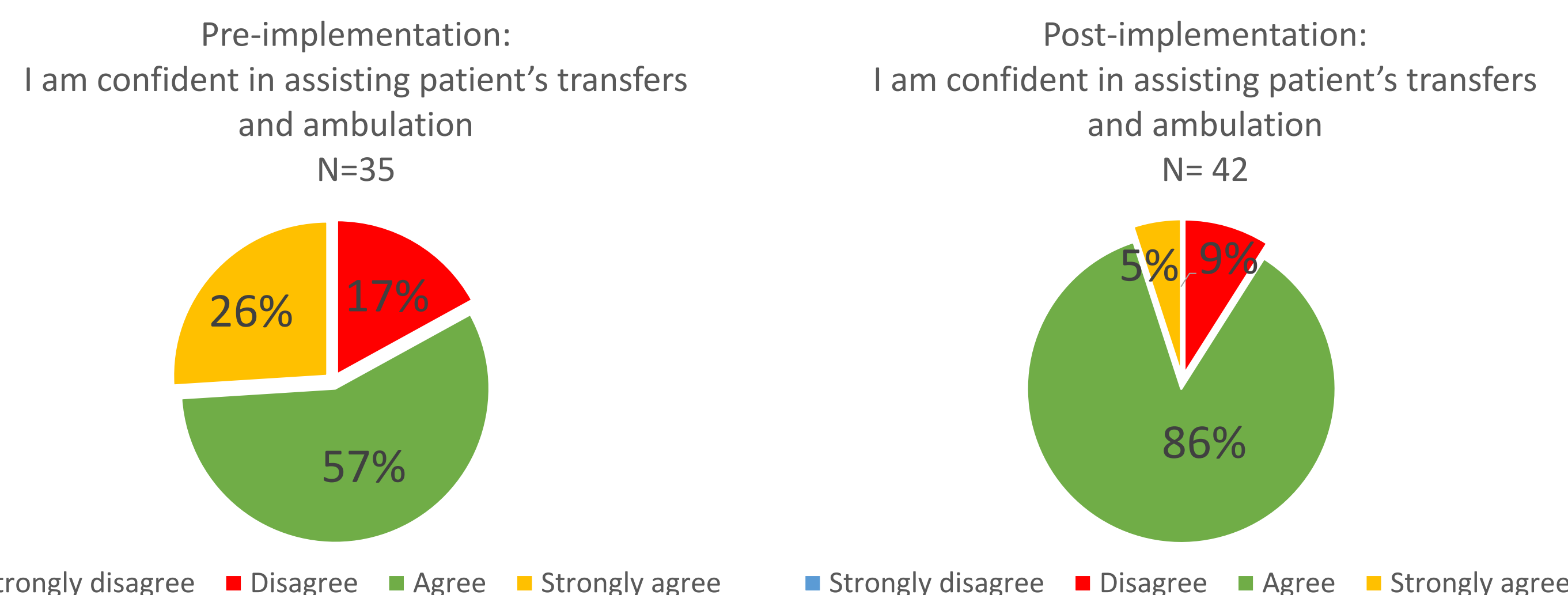
Step 4: Monthly follow up surveys completed by ward staff and nursing students, and collection of patient fall statistics during period of pilot study. (*Follow up surveys conducted every month from Oct 2022 to Dec 2022)

Our aim

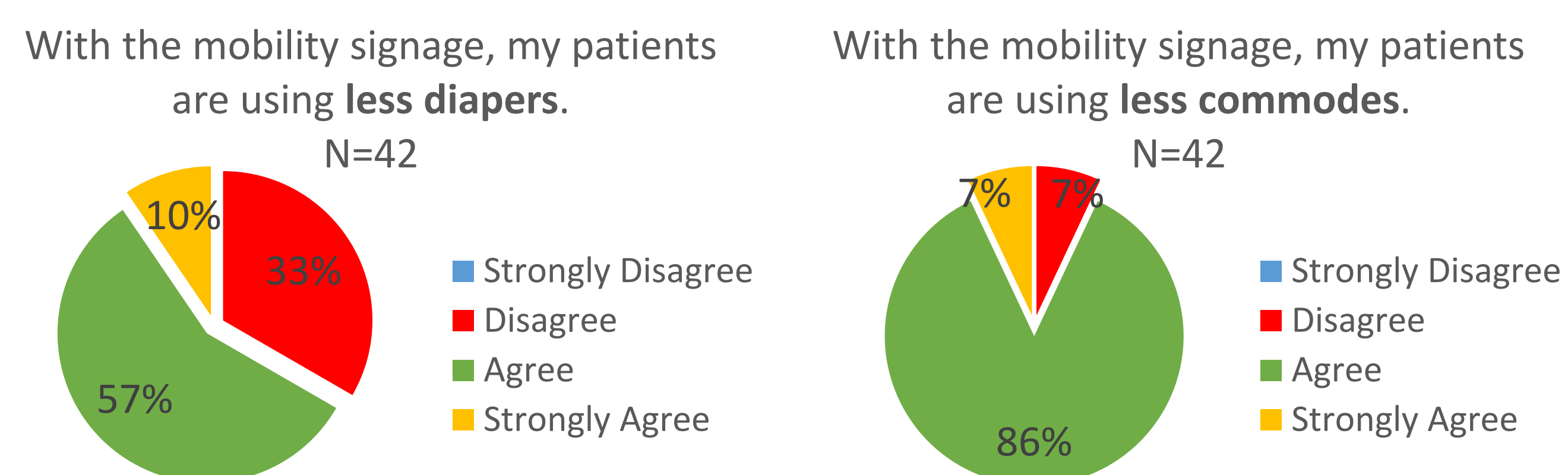
To encourage safe and active mobilization through improving confidence level of ward staff with mobilizing and transferring patients by 30% within 6 months in the pilot general medicine ward (W310) without increasing patient fall rate.

Results

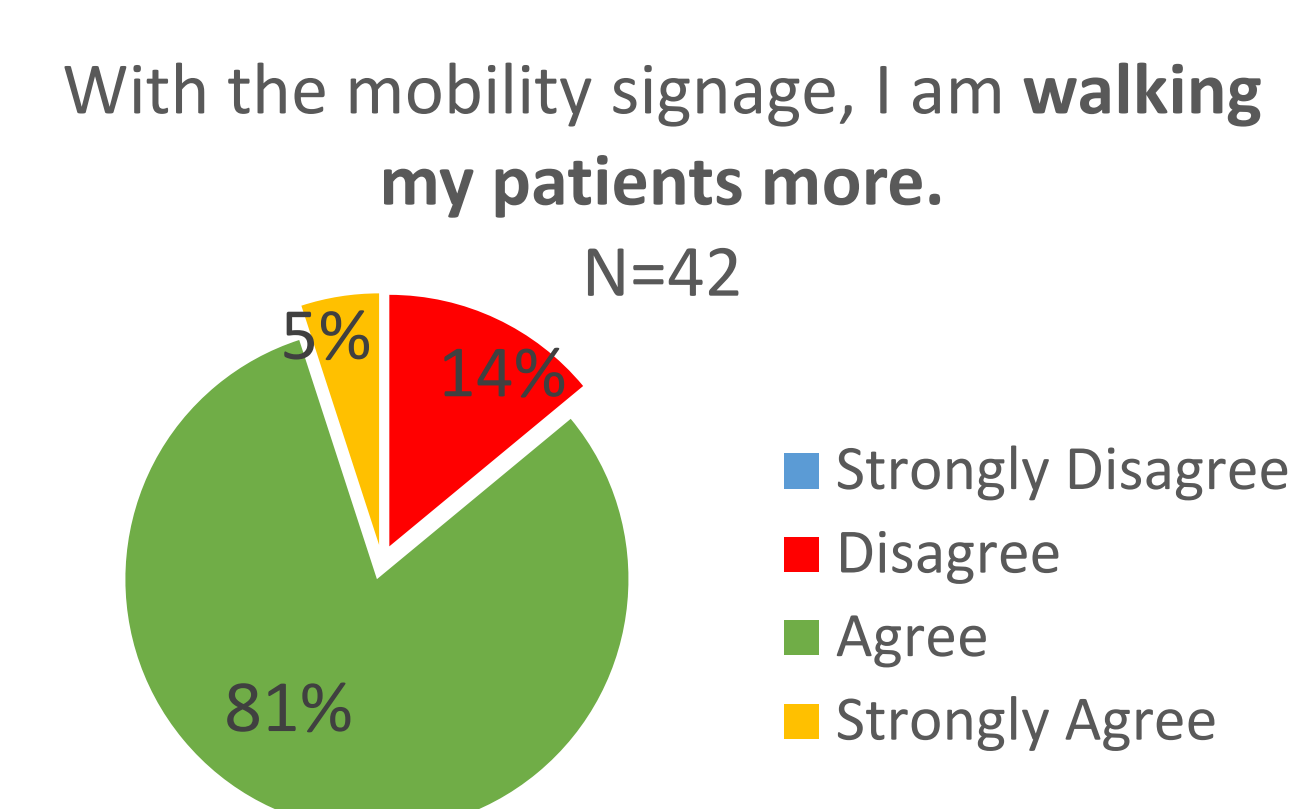
1. As our starting confidence level is already high, our increment at the end while did not hit our 30%, did showed an 8% improvement. (See below) Therefore, we decided to looked at the other positive impact that the signages brought e.g. increased mobility and lesser use of diapers and commodes.



From the responses, **67% of nursing staff reported reduction in use of diapers, 93% reduction in use of commodes and 86% of the respondents were ambulating patients more often in the ward. (See below)**



Of note, between April 2022 and Mar 2023, none of the fall cases occurred when mobilizing patients out of bed, ambulating toilet or transferring between bed and geriatric chair.



Conclusion

Overall, response to implementation of signages were favorable. As the signages are easily administered at low-cost, there is interest to implement it to rest of SKH wards. With fast access to patient's mobility status, there is quicker and safer decision-making by ward staff as the time saved can easily be up to 5 mins for each patient.

Therefore, we conclude that mobility signage is a simple and effective communication tool between physiotherapists and ward staff allowing for patients to be mobilize with the correct level of assistance.