

Mobility Pause

Oregon Nursing Research & Quality Consortium

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Objectives

- Discuss the background of the “Mobility Pause”
- Share how the “Mobility Pause” was implemented at Salem Health
- Assess the results of the “Mobility Pause” on TOC units and discuss how the “Mobility Pause” contributes to improved patient outcomes

Background: where did it come from?

- Harmful falls initiative by Falls Committee in response to current trends
- 4SPS (Four-Step Problem Solving)
 - Direct cause: witnessed falls in the event of an unrecognized physiological change
 - Pursued fall prevention tool seeking to recognize changes before ambulating a patient
- A new innovative intervention → “Mobility Pause”
- Literature review:
 - Evaluation of patient’s current mobility prior to ambulation is evidence-based
 - Dizziness, syncopal events, and weakness can pre-meditate a fall
 - Patients who fall due to syncopal events are at an increased risk for harm or major injury



What is a “Mobility Pause”

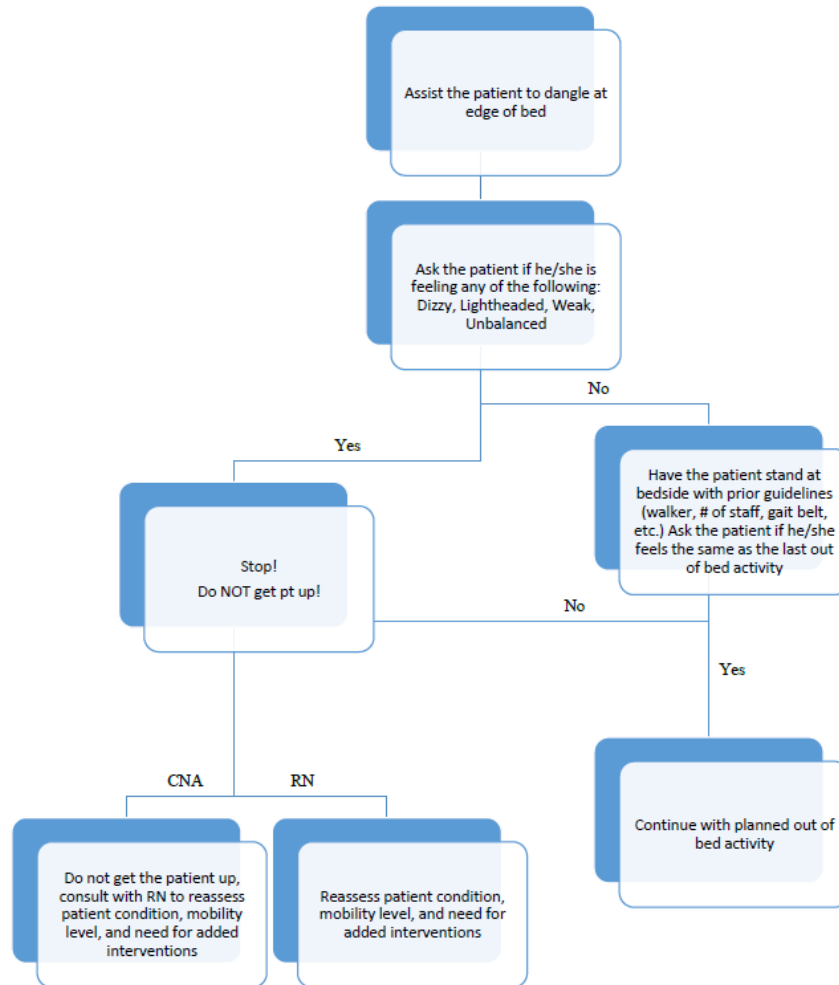
*A “Mobility Pause” is a quick check of the ambulatory patient’s ability to perform a planned out-of-bed activity. The “Mobility Pause” can be conducted by an RN or CNA who has received training following a prior Mobility Assessment by an RN or Physical Therapist



Mobility Pause Process

How to perform the “Mobility Pause”

**Please consider the patient’s cognition and ability to answer questions reliably*



Implementation

- Education via e-mails and huddles
- Auditing for compliance via self-report surveys each shift
- Reporting results of Mobility Pause
- Outcome measurements
 - Incidence of harmful falls



Results & Improved Patient Outcomes

- D5:
 - Prior year of data review: 11 harmful falls
 - Since beginning of TOC: 5 harmful falls
 - No patients who experienced “Mobility Pause” did fall**
 - Nurses felt like this was a good reminder for all patients, not just patients they “expected to fall”
 - Puts a name to something we should already be doing
 - The name increases our mindfulness of this patient safety practice
 - Promotes good nursing care

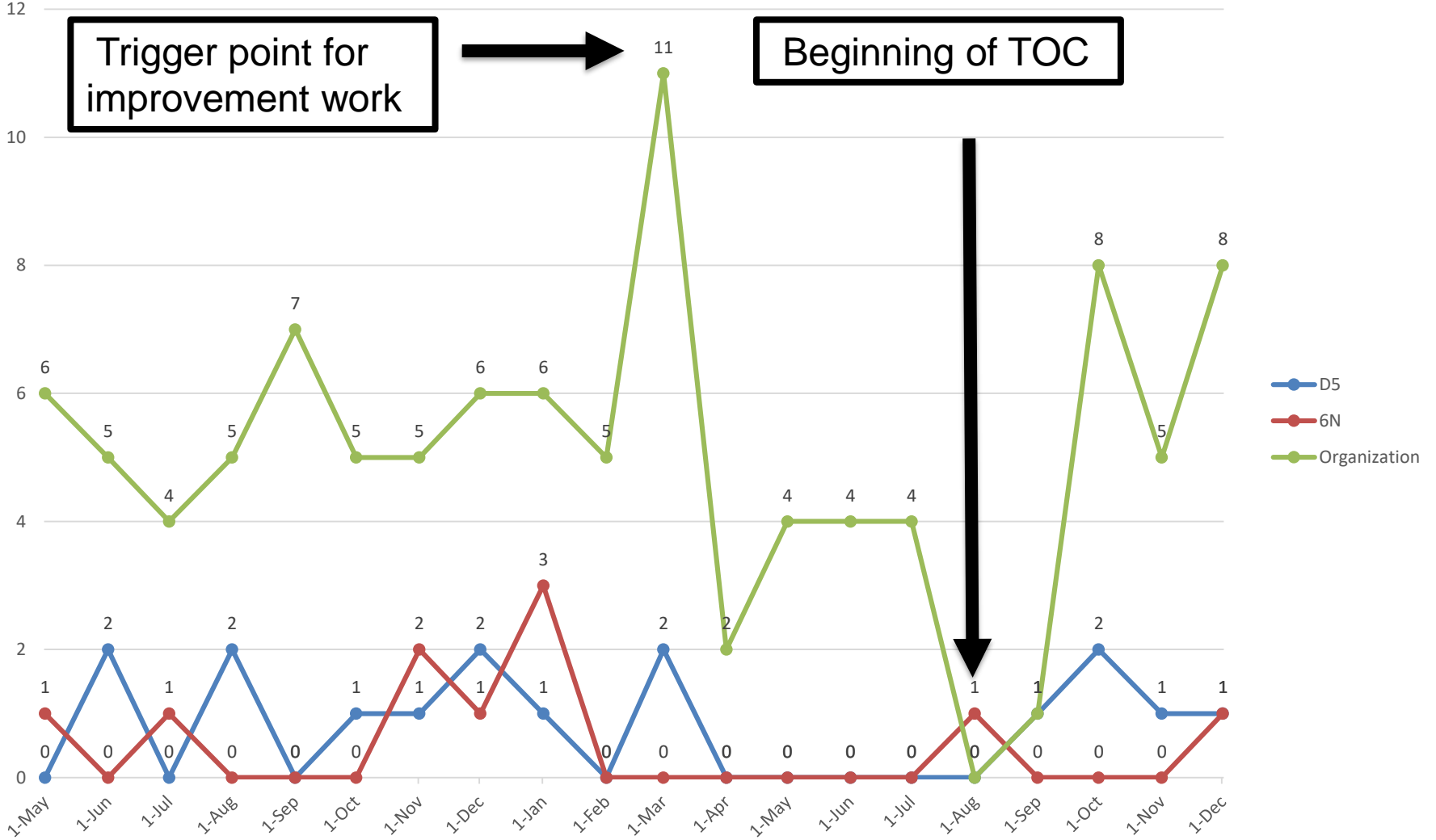


Results & Improved Patient Outcomes

- **6N:**
 - Prior year of data review: 8 harmful falls
 - Since beginning TOC: 2 harmful fall
 - **10-20% of the time, staff found that they were changing the mobilization plan after the Mobility Pause**
 - Utilization of the Mobility Pause promoted patient safety by potentially preventing a harmful fall



Harmful Falls at Salem Health Inpatient



Impact & Future Plans

- Plans to share at Salem Health Professional Governance Session to offer as a housewide best practice tool



References

- Chien, T., Goddard, M., Casey, J., Devitt, R., & Filinski, J. (2016). Evaluating Individualized Falls Prevention for Clients with Medically Complex Conditions. *Physical & Occupational Therapy In Geriatrics*, 34(2-3), 124-140. doi: 10.3109/02703181.2015.1136367
- Enos, L. & OHSU, Humanfit, LLC (2007-2019). OHSU Safe Patient Mobilization Program: Patient Mobility Assessment & Check.
- Kiel, D. P. (2019, June 20). Falls in older persons: Risk factors and patient evaluation. Retrieved March 3, 2020, from <https://www.uptodate.com/contents/falls-in-older-persons-risk-factors-and-patient-evaluation?csi=f1c385c6-ca16-498b-a8be-654d32e7301f&source=contentShare>
- Lippincott Procedures. (2019, June 19). Fall prevention and management, physical therapy. Retrieved from <https://procedures.lww.com/lnp/view.do?pld=2942238&hits=falls,falling,fall&a=false&ad=false>
- Quigley, P.A. (2016). Redesigned Fall and Injury Management of Patients With Stroke. *Stroke*, 47(6). doi:10.1161/strokeaha.116.012094
- Rheume, J. (2015). Retrospective Case Reviews of Adult Inpatient Falls in the Acute Care Setting. *MEDSURG Nursing*, 24(5), 318-324.
- Shen, W.-K. G., Benditt, D. E., Forman, D. P., Grubb, B. D., Krahn, A. W., Olshansky, B. undefined, ... Yancy, C. undefined. (2017). 2017 ACC/AHA/HRS guideline for the evaluation and management of patients with syncope. *Heart Rhythm*, 14(8), 155-217. doi: 10.1016/j.hrthm.2017.03.004