Health
South Eastern Sydney
Local Health District

Talking about walking

Standardising mobility terminology in SESLHD

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Background

- Review of all inpatient SAC 2 falls (n=54) in 2014
  - Admitting specialty
  - Injuries sustained
  - Fracture type
  - Demographics
  - Time since admission to unit
  - Time of day fall occurred
  - Risk factors identified
  - Contributing factors

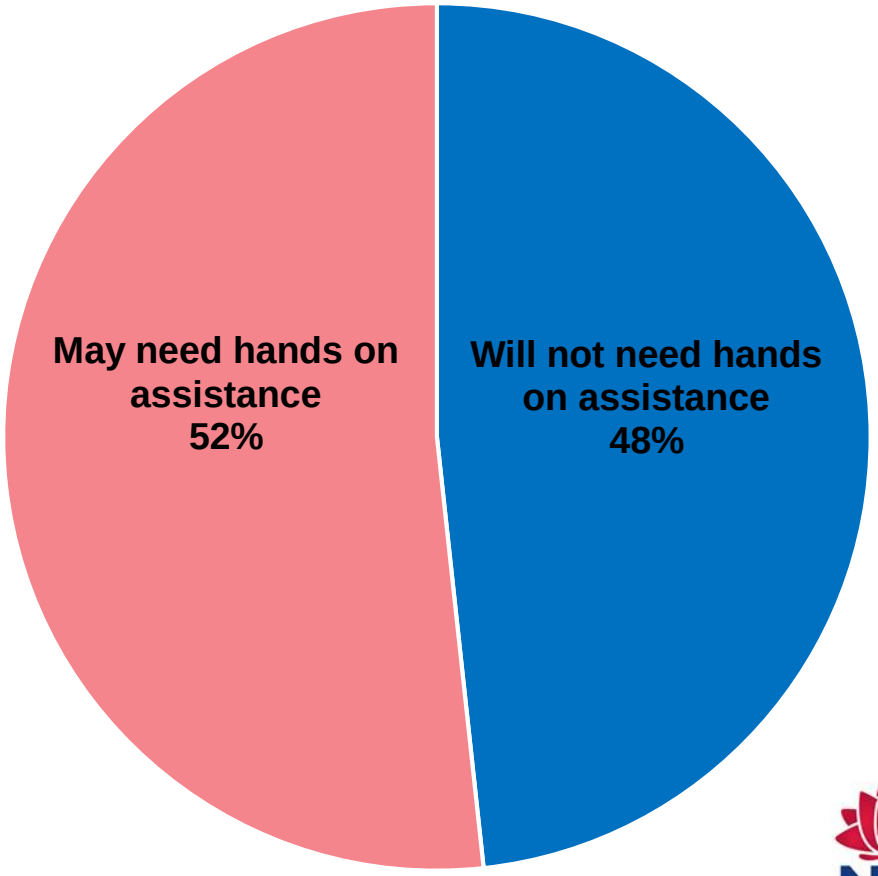
Contributing factors: Main themes

- **Risk factors**
- **Risk screening**
- **Management plan**
  - Lack of clarity around mobility recommendations particularly terms such as supervision and stand by assist
- **Post fall management**

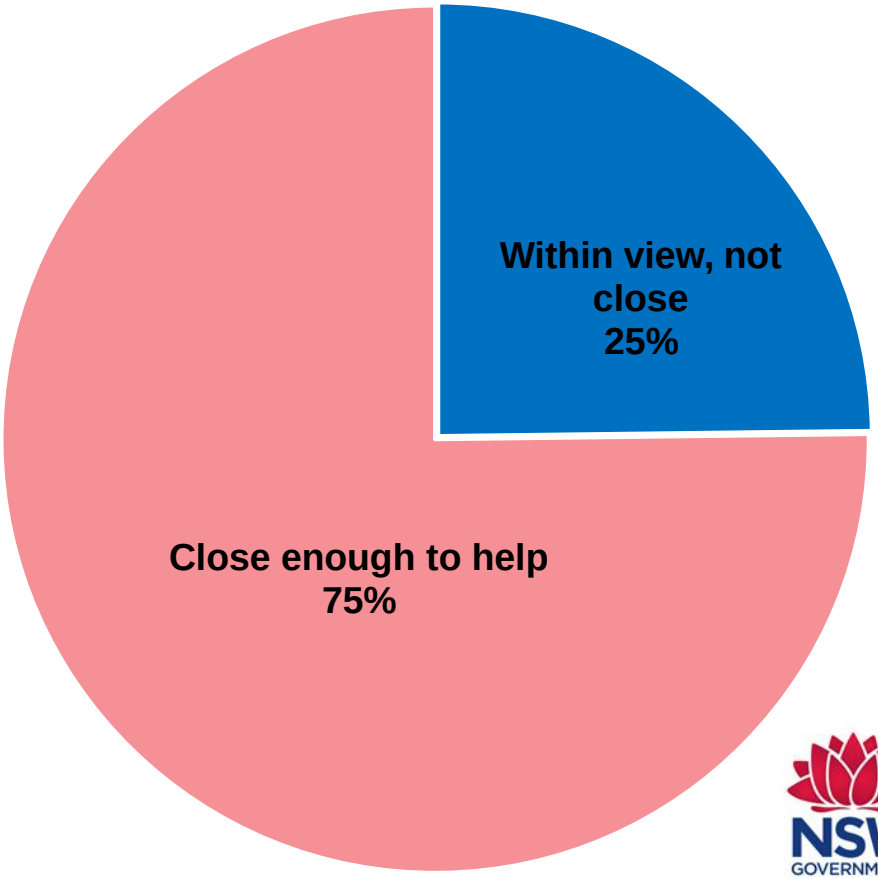
Examining mobility terminology

- Allied health working group
- Survey designed and distributed to find out:
  - Is there a consensus on the meaning of terms such as supervision and standby assist?
  - Is there a difference within and across professions?
  - How do people learn this information?
  - Are abbreviations understood?
  - Is there support for a standardised approach?
- 794 complete responses from diverse professions

Hands on assist with supervision?



Position relative to patient with supervision?



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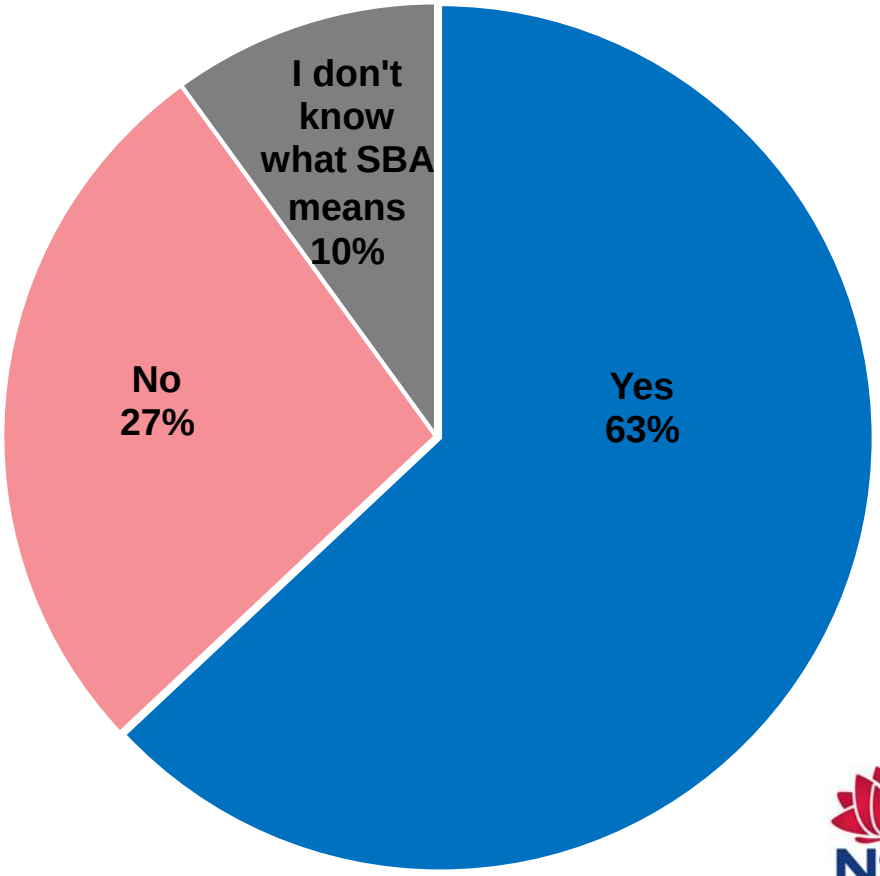
Is supervision different to stand by assist (SBA)?



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Conclusions from survey

- There is not consensus around the meaning of the terms supervision and stand by assistance
- The comments received about the terms suggest they are ambiguous and staff are unclear about their meaning
- Potentially compromises patient safety
- Support for a standardised approach

Looking to the literature

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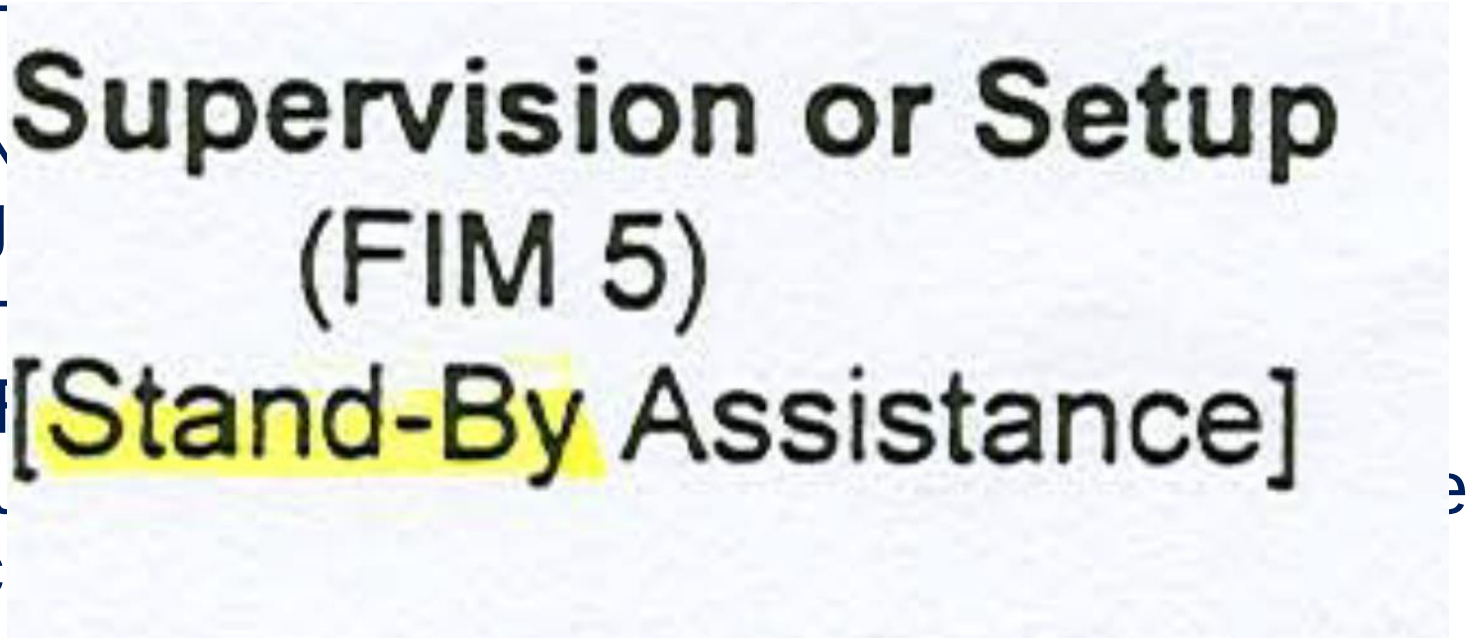
- Standby assistance and supervision are not defined within the FIM™



SESLHD Guideline

- Approval granted to develop SESLHDGL/047 Standardised mobility terminology for use across SESLHD
- Published February 2017
- Education and resources rolled out across the LHD Feb-April 2017

SESLHD GUIDELINE
COVER SHEET

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

NAME OF DOCUMENT	Standardised mobility terminology for use across SESLHD
TYPE OF DOCUMENT	GUIDELINE
DOCUMENT NUMBER	SESLHDGL/047
DATE OF PUBLICATION	February 2017
RISK RATING	Low
LEVEL OF EVIDENCE	National Standards
REVIEW DATE	February 2022
FORMER REFERENCE(S)	Nil
EXECUTIVE SPONSOR	Julie Dixon Director, Directorate of Planning, Population Health and Equity
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POSITION RESPONSIBLE FOR DOCUMENT	Falls Prevention Program Coordinator 9540 8119 or Jamie.Hallen@health.nsw.gov.au
KEY TERMS	Mobility terminology, transfers, safe mobilisation, supervision, standby assistance, falls prevention
SUMMARY	The purpose of this document is to improve the safety of staff, patients and carers by outlining the approved terminology to describe patient transfers and mobility in South Eastern Sydney Local Health District (SESLHD) and the meaning of these terms. Consistent language is vital so all members of the healthcare team who provide patient care are aware of the level of supervision and/or assistance that a patient requires when mobilising and carrying out daily tasks.

Principles

- Consistent language is vital so all members of the health care team who provide patient care are aware of the recommended level of supervision and/or assistance that a patient requires when
  - Transferring
  - Mobilising
  - Carrying out daily tasks such as toileting and showering

- The purpose of the document is to
  - Minimise the risk to staff, patients and carer
  - Define the terminology that should be used across SESLHD to describe the level of assistance a patient needs with transfers, mobility and functional tasks

Principles

- There may be fluctuations in the amount of assistance required for some patients e.g. throughout the day and/or from day to day.
  - The judgement of the clinician who is involved at the point of care overrides the documented required level of assistance
- Deviations from recommended levels of assistance or a change in condition should be included in clinical handover and discussed with relevant members of the team
- Consideration should also be given to the diverse nature of the health workforce
  - Professional skills
  - Level of experience
  - Physical build

SESLHD MOBILITY TERMINOLOGY

INDEPENDENT: I

- **No supervision or assistance**, either physical or set-up, is required. A walking aid may be used.

SUPERVISION: S/V

- Patient is **not likely** to need any hands on assistance
- They are steady when mobilising but **have an impairment** e.g. cognitive or visual, **or an attachment** that requires them to have someone there for **verbal cues and/or to ensure a safe environment**
- The patient **must remain in view**. Proximity to the patient should be determined by the task and the individual patient requirements

STAND BY ASSISTANCE: SBA

- **Stand directly next to the patient** at all times **and be ready to assist**
- The patient demonstrates inconsistent performance and/or can be unsteady e.g. impulsive, weak legs, poor balance
- The patient **may need hands on assistance** in the event of loss of balance

DO NOT LEAVE PATIENTS AT RISK OF FALLS ALONE IN THE BATHROOM

SESLHD MOBILITY TERMINOLOGY

MINIMAL ASSISTANCE: MIN. (A)

- The patient requires a **small amount of hands on assistance**
- The patient is able to assume all of his/her body weight but requires guidance for initiation, balance and/or stability during the activity

MODERATE ASSISTANCE: MOD. (A)

- The patient requires **more help than guidance/touching**
- Some lifting by assistant(s) required but within the safe lifting limits
- The patient can assume part of their body weight when initiating and performing the activity

MAXIMAL ASSISTANCE: MAX. (A)

- The patient **contributes little or nothing** toward the execution of the activity
- For transfers and mobility, **consider mechanical lifter/hoist**

DO NOT LEAVE PATIENTS AT RISK OF FALLS ALONE IN THE BATHROOM

Please refer to SESLHDGL/047 Standardised mobility terminology for use across SESLHD

The guideline also includes:

- Documentation
- Handover
- Staff responsibilities
- Images and descriptions of commonly used mobility aids
- Link to CEC videos - safe use of mobility aids
- Relevant approved clinical abbreviations
- Case scenarios and self-assessment
- Suggested responses to case scenarios and rationale

CEC: Mobility working party

- State-wide working group formed by the CEC to address issues around safe mobility in hospital
- Recognised as key to safe patient care
- SESLHD guideline being adapted as a State-wide guide
- Further resources being developed

CLINICAL EXCELLENCE COMMISSION

	Assistance	Stand-By Assistance	Supervision	Independent
	The patient **requires hands on assistance** - guiding, touching, and/or slight lifting by staff in order to move safely.	Stand directly next to the patient **at all times** and be ready to assist.	The patient is not likely to require any hands on help but may require prompting.	The patient requires no supervision or assistance, either physical or set-up to perform tasks safely on their own. A walking aid may be used.
Bed Mobility				
Sit-to-Stand				
Walking				
Personal Care and Toileting				

Don't leave the patient alone in the bathroom including toileting and showering. Clinical judgement is required.

Adapted with permission from Auckland District Health Board (ADHB), NZ.

Mobility Guide

Assistance

Minimal

The patient requires hands on assistance for initiation, balance and/or stability during the activity e.g. standing, walking, toileting, showering.

Consider use of a transfer belt +/- equipment.

Moderate

The patient requires more help than guidance/touching.

Some lifting by assistant(s) required but within safe lifting limits.

Always use a transfer belt +/- equipment.

Maximal

The patient contributes little or nothing towards the execution for transfers and mobility.

This is a manual handling risk and appropriate equipment should be used such as lifter/hoist or transfer belt with assistance (2 staff) to foster patient improvement with transfers.

Stand-By Assistance

The patient demonstrates inconsistent performance and/or can be unsteady e.g. impulsive, lower limb weakness, poor balance.

The patient demonstrates inconsistent performance and/or can be unsteady e.g. impulsive, lower limb weakness, poor balance.

The patient may need hands-on assistance in the event of loss of balance.

Supervision

The patient is not likely to require any hands-on help but may require prompting.

The patient is steady when mobilising but may have cognitive and visual impairment and require some prompting or set-up.

Equipment to mobilise is in place, attachments safely secured (drips, drains, catheter).

The patient to remain in view but proximity to the patient should be determined by the task and the individual patient requirements.

Independent

The patient requires no supervision or assistance, either physical or set-up to perform tasks safely on their own.

Equipment to mobilise is in place, attachments safely secured (drips, drains, catheter.

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CLINICAL EXCELLENCE COMMISSION

Acknowledgements

Briony Chasle: Physiotherapy Unit Head, Calvary Health Care

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