

Safe Mobilisation

Safe mobilisation is everyone's business

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Safe Mobilisation

- **CEC Falls & Mobility Working group – January 2017**
 - **Representatives from Local Health Districts**
- **Looking to enable rather than disable**

Safe mobilisation is everyone's business

Key issues identified and discussed:

Staff

- Knowledge
- Confidence
- Terminology
- Adequate staffing levels
- Lack of PT to undertake formal mobility assessments

Communication

- Standardised/common language
- Transfer of mobility information
- Handover
- NESB patient/family and patients with cognitive impairment

Other

- Patient/family understanding of safe mobility and need for appropriate mobility
- Equipment availability and storage
- Access to AH staff (especially on weekends and after hours)

**NSW FALLS PREVENTION
PROGRAM**



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**STANDARDISED MOBILITY TERMINOLOGY
A GUIDE FOR USE ACROSS NSW**

Adapted with permission from the South Eastern Sydney Local Health District
Guideline: Standardised mobility terminology for use across South Eastern Sydney Local Health District (SES LHD)
SESLHDGL/047

MOBILITY GUIDE

ASSISTANCE

MINIMAL

The patient requires some 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 hands on help. Some lifting by assistant(s) required but within safe lifting limits.

Consider use of a transfer belt +/- other 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 require 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 must remain within view of, but not necessarily close to the person supervising. The patient may require verbal prompting.

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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CEC Mobility Terminology Guide

MOBILITY TERMINOLOGY GUIDE

ASSISTANCE

The patient requires hands-on assistance from one or two staff, guiding, touching, and/or slight lifting in order to move safely.

STAND-BY ASSISTANCE

Stand directly next to the patient at all times and be ready to assist.

SUPERVISION

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

INDEPENDENT

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

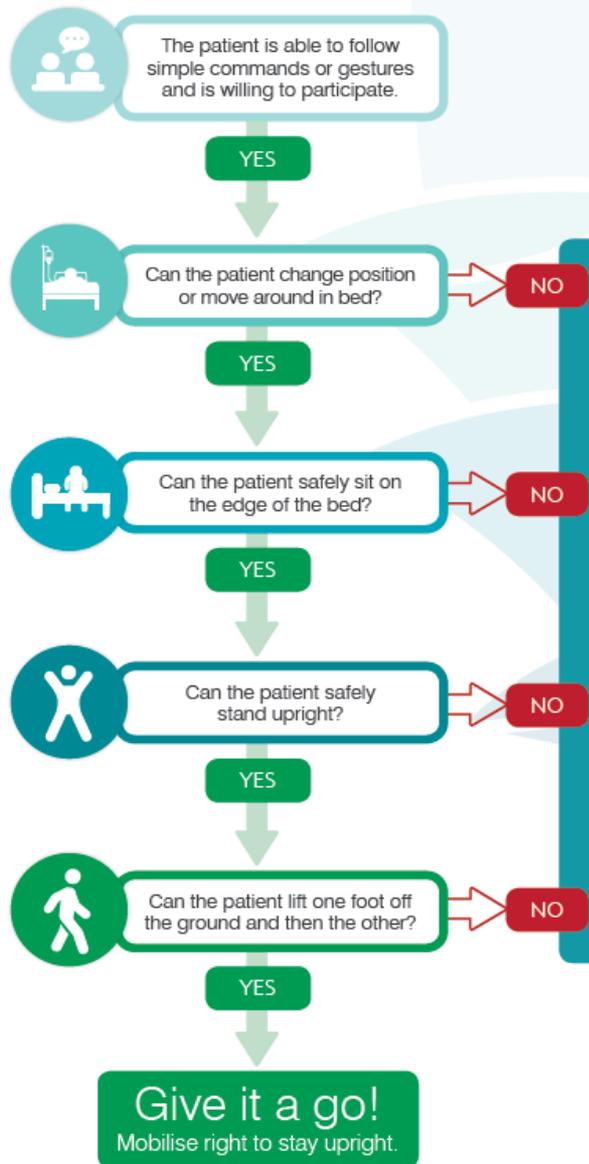


Adapted with permission from Auckland District Health Board (ADHB), NZ.

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

GIVE IT A GO! GUIDE

HELP YOUR PATIENTS TO MOBILISE SAFELY



CONSIDERATIONS

- The patient's pain and need for analgesia.
- If progression is still not possible, reposition the patient in bed.
- Transfer for toileting and sitting out of bed may be possible using an appropriate mechanical device.
- Referral to physiotherapy and pressure relieving devices – seek advice.

These steps should not replace your own clinical reasoning or judgement.

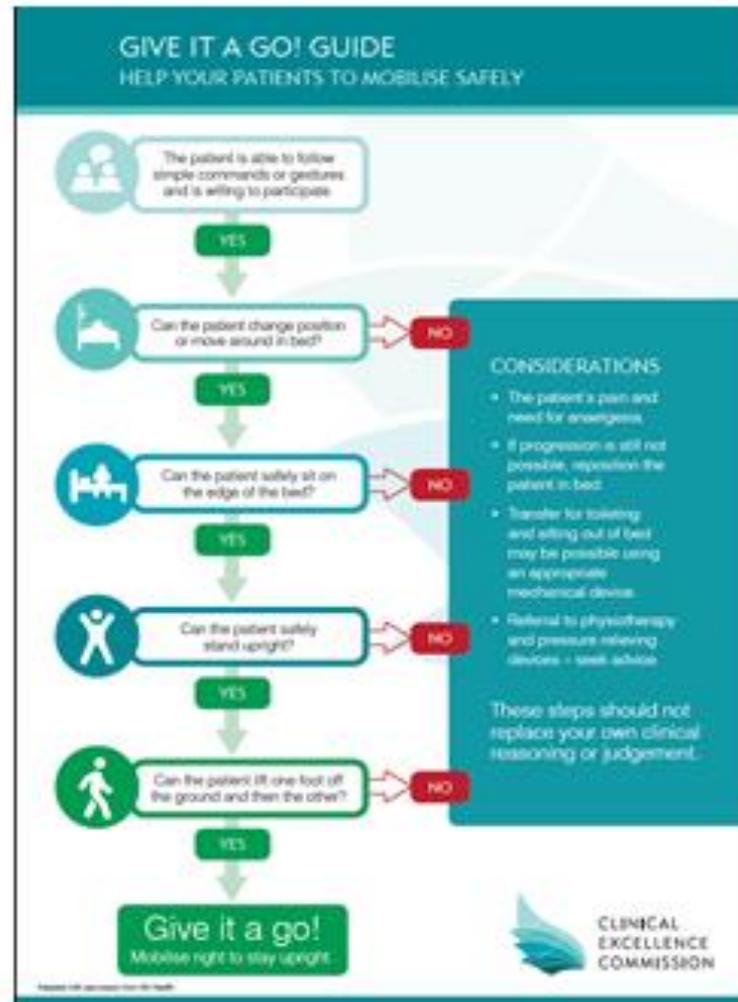


Adapted with permission from SA Health.

Give it a go - Power Point Presentation

Give it a Go! GUIDE

Help your
patients to
mobilise safely



Mobility Resources

Balance & strength tests

Incident Management Knowledge & Resources Topics Get Involved

 **Introduction to balance & strength testing**
[YouTube video](#) (high resolution)
Length 1:29

 **5 x sit to stand**
[YouTube video](#) (high resolution)
Length 2:45

 **10 walk test**
[YouTube video](#) (high resolution)
Length 4:02

Safe use of mobilising equipment

 **Rollator Frames**
[YouTube video](#) (high resolution)
Length 4:57

 **Forearm Support Frame**
[YouTube video](#) (high resolution)
Length 4:41

 **Walking Stick**
[YouTube video](#) (high resolution)
Length 5:33

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/other-settings>

CEC Resources

MOVING AROUND SAFELY IN HOSPITAL

INFORMATION FOR PATIENTS, FAMILIES AND CARERS

We want you to be as safe as possible in hospital

During your stay, staff will talk to you about:

- your risk of falling
- how much assistance you need when you are moving around
- ways to prevent falls in hospital.

Falls in hospital

There are many reasons you may be at risk of falling in hospital:

- Being unwell and in an unfamiliar place
- Poor mobility and balance (unsafe when walking)
- Badly fitting footwear and clothing
- Poor eyesight
- Urgent need to go to the toilet
- Medications that cause drowsiness or dizziness.

Most falls in hospital happen when people are moving around, including:

- Getting out of bed
- Walking, especially to the toilet
- In bathrooms and toilets
- Bending over or reaching for personal items.

Please tell a staff member if:

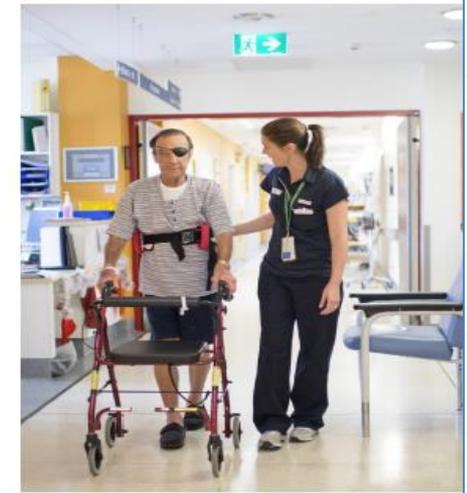
- You are worried about falling
- You have had a recent fall or have had a fall in hospital before
- You feel dizzy or unwell
- You need help walking or with things like showering and dressing
- You have problems with your balance
- You need to go to the toilet urgently
- You don't feel safe or comfortable moving around.

Tips for getting around safely:

- Check with a staff member if it is safe to move around on your own
- Use your call bell and keep it in easy reach
- Use a walking stick or frame if this has been recommended for you
- Wear supportive, non-slip shoes or slippers
- Get up slowly from sitting or lying down
- Be alert for any spills or obstacles.

Bathroom safety tips:

- A staff member may need to stay with you for your safety.
- Sit down to shower and use the rails to get up off the chair or toilet.
- Remain seated in the bathroom and use the call bell if you need help moving around.



<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/falls-prevention-hospitals>