

Strategies to Improve Mobility and Decrease Injuries

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Problem: Safe patient handling remains a leading concern for healthcare. Research demonstrates increased injury rate for both patients and staff when evidence-based patient mobility protocols are not implemented (Nelson & Bapiste, 2006; Waters, Collins Galinsky & Caruso, 2006; de Castro, 2006). Altered patient mobility can impact patient's length of stay, increased fall risk with and without injury, the development of co-morbid physical and psychosocial problems and the potential for discharge to a higher level of care.

Evidence: A review of the literature identified supporting evidence to suggest common nursing strategies did not decrease occupational acquired musculoskeletal disorders. Nursing staff assists debilitated patients in activities of daily living (ADL). These activities can be an underlying factor in the development of occupational injury. Patients experience negative sequelae from prolonged bedrest include deconditioning, fall risk, and altered physiologic and psychosocial functioning (King, 2006; Waters, Collins Galinsky & Caruso, 2006).

Strategy: Three separate programs addressing fall prevention, mobility and safe patient handling merged into a well defined program to improve patient mobility while avoiding patient and staff injuries.

Practice Change: Implementation of a fall risk assessment, interventions to promote patient activity (Move to Improve) and education and policy development for a no lift environment were developed over the course of a three year period.

Evaluation: 1) Hospital fall rate with and without injury; 2) incidence of non-ventilator associated hospital acquired pneumonia and laxative use; 3) patient and staff injury rate related to patient handling.

Results: Hospital fall rates w/wo injury have decreased to below the standardize norm of 4 falls per 1000 patient day. Data collection for patient mobility and patient and staff injury are in process.

Recommendations: A patient handling program, including fall risk assessment and a mobility assessment combined with evidence-based interventions to maintain patient and staff safety are important hospital programs.

References

- De Castro, A. B. (2006). Handle with Care®: The American Nurses Association's campaign to address work-related musculoskeletal disorders. *Orthopaedic Nursing, 25*(6), 356-365.
- King, B. D. (2006). Functional decline in hospitalized elders. *MEDSURG Nursing, 15*(5), 265-271.
- Nelson, A., & Baptiste, A. S. (2006). Evidence-based practices for safe patient handling and movement. *Orthopaedic Nursing, 25*(6), 366-379.
- Waters, T., Collins, J., Galinsky, T. & Caruso C. (2006). NIOSH research efforts to prevent musculoskeletal disorders in the healthcare industry. *Orthopaedic Nursing, 25*(6), 380-389.