

# Evaluation of Safety related to Current Patient Mobility Practices



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#### Abstract

A major practice that may be overlooked in the nursing field is how to move patients. Since nurses care for a diverse patient group, some patients may have limited to no mobility. In these cases, the nursing team must decide how to move the patient to provide care while still maintaining a safe environment. The purpose of this project is to evaluate current evidence on the safest ways to move and ambulate patients, while still maintaining the effectiveness that must be present in the medical environment. Hopefully, through this research, effective and safe ambulating practices can be determined.

#### **Evidence-Based Question Statement**

Are there improvements to be made on the methods used to move patients safely or are the methods in practice today adequate in advocating for the safety of our patients?

Overall, there are always improvements to be made to assure patient safety. Some of the methods are adequate but there are certain interventions and procedures that could be improved upon within reasonable and achievable means.

Activity observed	Distinct tasks observed, No. (%)	Time required, min (%)
Patient care	115 (59)	305 (47)
Provider communication	47 (24)	166 (25)
Documentation	27 (14)	116 (18)
Down time	5 (3)	68 (10)
Total	194 (100)	655 (100)

Figure 1. Time spent by nurses completing various activities throughout the day (Young, 2018). Retrieved from <a href="https://doi-org.proxy.longwood.edu/10.4037/ajcc2018368">https://doi-org.proxy.longwood.edu/10.4037/ajcc2018368</a>

# **Summary of Data**

- \* Most unsafe movement scenarios involved a nurse who was unable to move an immobilized patient independently, or experienced complications using a lift device (Dennerlein & O'day, 2017).
- \* Complications can arise due to patient physique, physical disabilities, impaired mental status, or lack of cooperation (Noble & Sweeney, 2018).
- ❖ Banner Mobility Assessment Tool (BMAT), shown in **Table 1**, is helpful when identifying potential complications and deciding which device would be most beneficial for the patient (Boynton & Kelly, 2014).
- \* Assessment tools have helped nurses to identify that these devices could easily be improved upon to make them more compatible with other devices, and lessen the potential strain on the healthcare workers using the device (Monaghan, 2018).
- \* By assessing patients early on, nurses can help identify how patients can assist in their movements and encourage any and all involvement in mobility (Young, 2018).
- Time can become a complication, as nurses may not have the proper time to facilitate movement as shown in Figure 1 (Young, 2018).
- Larger focus on early patient mobility in order to promote healing and earlier rehabilitation of patients to achieve a decrease in loss of muscle mass for patients with limited mobility (Dennerlein & O'day, 2017).

Assessment Level	Description
Level One	Sit and Shake
Level Two	Stretch and Point
Level Three	Stand
Level Four	Walk (in place)

## **Analysis of Data**

- Lifts have significantly decreased the amount of patient mobilityrelated injuries amongst the healthcare professionals and has also increased safety for the patients (Dennerlein & O'day, 2017).
- A nurse needs to identify a patient's mobility status using the Banner Mobility Assessment Tool in order to identify how a patient could assist in movement, as well as what devices they require for safe and efficient movement (Boynton & Kelly, 2014, pg. 90).
- \*By combining earlier patient involvement during mobility and the use of updated lifting devices, patient safety drastically increases.
- This will decrease injuries among nurses as well as other healthcare professionals, and assure the safety of the patients.

#### Discussion

- Advantages to Lifts:
  - Promotes rehabilitation
  - Provides patient with confidence
  - Can be used by single caregiver (sit-to-stand lifts)
  - Engages patient as active participant
- Disadvantages to Lifts:
  - Some models not compatible for all patients
  - Can be challenging on certain surfaces, i.e. carpet
  - Could cause pain and discomfort
  - Some need to be charged
  - ❖ Difficult to store in hospitals or in homes

**Best Practice Solution** 

The best practice for mobility is teamwork and collaboration among all healthcare workers involved in mobility. Patient safety is best achieved with more than one caretaker during mobility to assure that there is no risk for injury to the healthcare professional or the patient. Lift devices are great tools in mobility but should be assessed properly prior to use.

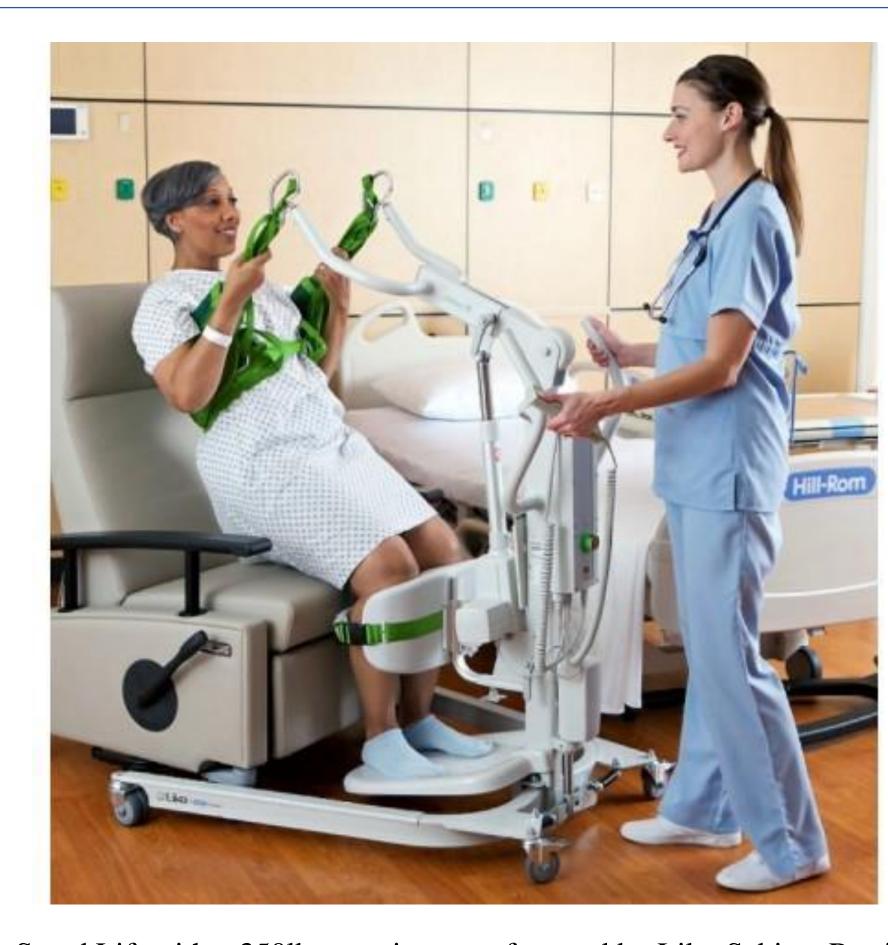


Figure 1. Sit-to-Stand Lift with a 350lb capacity manufactured by Liko Sabina. Retrieved from https://mass-media.s3.us-west-1.amazonaws.com/137c631fe2234829a931b9183e4280a7/md/liko-sabina-200-electric-sit-to-stand-lift-2.jpg

Table 1. Banner Mobility Assessment Tool (BMAT). Retrieved from

https://login.proxy.longwood.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=103907616&site=ehost-live&scope=site

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