The Purpose of a Mobility Team

- To help train the nursing staff (RNs and NCTs) on proper techniques of transfers and ambulation of patients
- To encourage early and frequent ambulation of patients

Implications for Preventing Falls in the Elderly

- A 2010 Cochrane Review found three trials supporting exercise as an effective intervention for elderly persons in subacute hospital settings (Cameron, Murray, & Gillespie, Robertson, Hill, Cumming, & Karas). However there is little supportive evidence stating that mobility programs prevent falls in acute care settings (Gray-Miceli & Quigley, 2012; Kagan & Puppione, 2011).

- Mobility helps prevent functional decline in elderly persons who are hospitalized, as evidenced by the randomized control trial of Jones, Lowe, MacGregor, Brand, Tweddle, & Russell (2006). Functional decline is a significant risk factor for falls (Panula, Osaron, Rappolu, Rappolu, Rappolu, Fortorny, & Hughes, 2011). Therefore it is likely that mobility programs decrease falls in the acute care setting (Kagan & Puppione, 2011).

During May to Sept. 2011, there were 700 Mobility Team encounters

- The availability of a Mobility Team is another fall reduction tool resulting in decreased patient falls, as well as additional benefits of early mobilization, such as increased cost savings and patient satisfaction.

The Some Mobility Team Q & A for our site:

Q: What is a Mobility Team?
A: Consists of 2 rehab aides who have had at least 6 months experience in their role

Q: What is mobilization?
A: Out of bed activity, up to chair, ambulate in room or in the hall

Q: What is needed for Mobility Team intervention?
A: Written activity order by the physician

Falls and study fall-related outcomes

- The study demonstrated that increasing mobilization does not contribute to falls.

- Fall reduction may have resulted from patient understanding of:
  1. Awareness of the need for assistance with mobility
  2. Learned expectation that the Mobility Team was coming to help them get out of bed
  3. Increased mobility

- Research is needed to determine if availability of a Mobility Team is useful in decreasing falls hospital-wide and also contributes to an increase in patient and physician satisfaction, and decrease in pain, delirium, VTE occurrence, nosocomial pressure ulcers at the end of stay.

References:


Our Questions for Mobility Team Outcomes:

- Does increased mobilization lead to a decreased occurrence of falls?
- Does assisting a person to get out of bed reduce the likelihood that they would attempt to get out of bed on their own?
- Is the amount of dollars saved by decreased fall rate greater than the cost in the FTEs of Mobility Team members

Method:

- Patients (n=543) on 3 units were seen by 2 members of the mobility team, Oct. 2011 through March 2012
- The team then focused on a neuro-stroke unit from April through May 2012 (n=406). This coincided with a new nursing patient mobilization protocol being implemented.