

Improving inpatient early mobilisation without physiotherapy assessment amongst nursing staff

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1. Cabrini Health

Background

Hospitalised individuals often have lower levels of physical activity compared to their baseline and this has been associated with negative health outcomes including functional decline, increased length of stay, risk of institutionalisation and mortality. Nursing-lead early mobilisation in safe and medically stable patients is gaining recognition and encouraged by the #endPjparalysis and “Give it a go!” campaigns lead by Safer Care Victoria and the New South Wales Clinical Excellence Commission, respectively. One barrier that has been identified at Cabrini is reduced confidence among inpatient nurses to provide early mobilisation for patients who have not been assessment by physiotherapists.

Aim

To evaluate the effectiveness of an education program at improving nursing staff confidence with early mobilisation of patients without physiotherapy assessments. In addition, nursing staff awareness of assessment guidelines will improve to >75% and staff completion of Cabrini’s dynamic safe moves course will increase to >25% within six months after starting ward education sessions.

Method

Nursing staff were surveyed via a Microsoft Office Forms survey to determine baseline confidence to mobilise patients without physiotherapy input, barriers to early mobility and history of attendance to Cabrini’s dynamic risk assessment training. Interventions will include ward-based education session on mobility assessment, information materials on mobility assessment and mobility equipment, the implementation of a ward mobility champion and encouraging attendance to Cabrini’s dynamic risk assessment training. The Primary outcome measure will be the post-intervention confidence questionnaire. Secondary outcomes will include whether nursing staff awareness of assessment guidelines is >75% and whether completion of Cabrini’s dynamic safe moves course is >25%.

References

de Bie, RA. et al. Barriers and enablers to physical activity in patients during hospital stay: a scoping review. *Systematic Reviews*, Volume 10, 293 (2021).
Agmon M., et al. Association Between 900 Steps a Day and Functional Decline in Older Hospitalized Patients. *JAMA Internal Medicine*. Volume 177:2, 272–274 (2017).

Results

A total of 38 nurses (PCA, EN, RN) were surveyed across three medical wards (3W, 3S, 3C) at Cabrini Hospital, Malvern. Nursing staff confidence to mobilise a patient was significantly higher if a physiotherapist had already performed an assessment (39.5% extremely confident, 39.5% somewhat confident, 21% neutral) when compared to patients that have not had a physiotherapist assessment (2.5% extremely confident, 29% somewhat confident, 23.5% neutral, 29% somewhat not confident, 16% extremely not confident). The main barriers to mobilising a patient without physiotherapy review were poor mobility (19), cognitive impairment (16), high falls risk (14), unknown mobility requirements (14) and unavailability of mobility aids (10). Only 18% of nurses were aware of the Give it a go! Guide and 10.5% of nurses had attended Cabrini’s dynamic risk assessment training.

A mobility aid equipment poster and mobility level of assistance guides have been created with approval from the falls committee, placed in ward equipment storerooms and are available on Cabinet for viewing. The Give it a Go! Guide has also been provided to each ward. Consultation with education, nursing management and allied health has commenced, with physiotherapy-lead education to wards and encouragement to attend Safe Moves to follow.

5. How confident are you in mobilising a patient **without** a physiotherapist's review? (0 point)

[More Details](#)

Extremely confident	1
Somewhat confident	11
Neutral	9
Somewhat not confident	11
Extremely not confident	6



Conclusion

Medical nurses at Cabrini Hospital Malvern have reduced confidence to mobilise patients without a physiotherapy assessment, are not familiar with the Give it a go! guidelines and few have attended Cabrini’s dynamic risk assessment training. Formal outcomes will be evaluated after interventions are complete.