



Be a Safety Hero with *Mobility Mentions*

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Abstract

Falls are a leading cause of preventable injury in hospitals which include serious injuries and even death. Most fall prevention strategies have targeted environmental modifications and assistive devices. These strategies have been shown to reduce these falls, but there is emerging evidence that empowering patients will reduce the risk of falling while in the hospital. *Mobility Mentions* is a nurse-driven tool that focuses on patient engagement.

This prevention model was validated and modified to suit specific lift equipment and workflows of the unit. It was then piloted in January 2022 on an acute care unit with a 42-bed capacity. After assessing results and evaluating feedback, improvements were implemented. *Mobility Mentions* is user friendly and supported by well-designed, peer-reviewed studies. The data clearly exhibits a reduction in falls, especially those unwitnessed.

Theory

- A patient care team partnership appears to be beneficial for prevention of falls and fall-related injuries.
- Fall interventions must be tailored to the patient's needs, the uniqueness of the care environment, and the available assistive devices.
- The person responding to alarms and call lights may not be part of a patient's primary care team.
- Those assisting patients must have basic knowledge of a patient's mobility needs to prevent falls.

Design

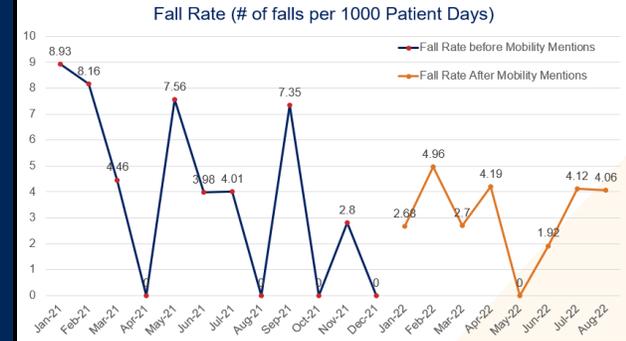
- Completed a Literature Review including 43 articles addressing interventions to prevent patient falls and resulting injury.
- Other institutions have developed their own evidence-based fall prevention program, but none felt like the perfect fit to best meet the unique needs of patients within our facility.
- Formed a committee specifically focused on fall prevention.
- Designed a visual tool to allow improved communication amongst the interdisciplinary care team and the patient.

Implementation

- Sought and received approval in October 2021 from Manager of Nursing Research to pilot program.
- Education rolled out to staff in November 2021.
- Initiated *Mobility Mentions* January 1, 2022.
- Initial issues with non-compliance.
 - Addressed with education and support during bedside report and leadership rounds.
- Staff engaged to name our falls tool.
 - *Mobility Mentions* won by a landslide.
- Poster made bigger and easier to read and write on.
- Additional Educational flyer developed and distributed.

Results

- Improvement in falls per 1000 patient days trend.
 - 2021 average falls per 1000 patient days = 3.94
 - 2022 (through August) average falls per 1000 Patient days = 3.08
- Nearly 16.4% decrease in unwitnessed falls (through August) despite drastic increase in patient days between 2021 and 2022.



Conclusion

Mobility Mentions is improving our patient outcomes by allowing staff to promptly address patients' needs while being cognizant of their unique mobility requisites.

References

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