Increased Mobility and Fall Reduction

An interdisciplinary approach on a hematology-oncology and stem cell transplantation unit

Tia Wheatley, DNP, RN, AOCNS®; BMTCN®; EBPC; Michael Desrosiers, COTA/L; Denise Specchierla, PT, MPT; Elisa K. Lynn, BSN, RN, CCRN-K; and Stephanie Jackson, MSN, RN, AOCNS®; BMTCN®

Patients in the hematology-oncology and stem cell transplantation (SCT) setting are at high risk for functional decline during inpatient treatment. After underperforming on the Press Ganey National Database of Nursing Quality Indicators benchmark for falls in 2018, staff on a hematology-oncology and SCT unit implemented a practical and evidence-based fall prevention program. Fall rates from 2018 to 2019 ranged from 3.4 to 4.8 falls per 1,000 patient days. After the introduction of the unit-based gym program, early mobility increased and falls decreased to 2.57 per 1,000 patient days.

AT A GLANCE
• Interprofessional collaboration and communication supported by evidence-based approaches are essential to reduce falls on an inpatient hematology-oncology unit.
• Activity and exercise can be safely performed by older adult patients with hematology-oncology diagnoses, including those receiving complex cellular therapies.
• An innovative gym program is one intervention to promote early mobilization and activity on hematology-oncology inpatient units, despite limited space and social distancing requirements.

Evidence-Based Approach
The unit-based nursing practice council first conducted a literature review to identify best practice interventions to reduce falls for patients treated in the hematology-oncology and SCT setting. Several themes emerged from the evidence:
• The role of multidisciplinary rounds (Bell et al., 2021; Black et al., 2018; Blackburn et al., 2016; McElroy & Schaffner, 2016)
• Early consultation with physical therapy and occupational therapy (Bell et al., 2021; Blackburn et al., 2016; Dermody et al., 2020; Lizarondo, 2020; McElroy & Schaffner, 2016)
• Dedicated mobility coordinators (Dermody et al., 2020; Jones et al., 2019; Lizarondo, 2020; Wood et al., 2014)
• Adoption of a culture that includes ambulation and mobility as a patient care standard (Bell et al., 2021; Black et al., 2018; Czaplijski et al., 2014; Dermody et al., 2020; Jones et al., 2020)

Organizations that incorporate these best practices experienced an increase in patient adherence with activity and mobilization during hospitalization, which led to a reduction in patient falls and readmission rates. For example, after implementation of an early mobility program on an acute care unit, fall rates reduced by an average of 1.9 falls per month (Lizarondo, 2020; Wood et al., 2014).

Historically, there was hesitation to create a formal mobility program among some interdisciplinary team members.