

# Increase Resident Mobility

## Probing Questions

November 21, 2016



### Why are our mobility rates low?

- Are our observations borne out by changes to MDS scores on mobility?

### Which groups are affected?

- Are we getting more individuals moving in who weren't ambulating before? Were they using walkers and wheelchairs already?
- What kinds of people aren't going to activities anymore?
- Have there been changes in the staffing and scheduling of meals or bathing?
- Are we seeing more residents with diminished capacity?
- Is this problem occurring throughout the home or is it in just one unit, hallway or floor?
- Are the declines in mobility seen where we have new staff assigned?
- Are we seeing patterns related to time of day or shift?
- Have there been changes in who's ambulating and how?
- Has the decline we've noticed been in a certain type of residents – for example, residents whose restorative programs were recently stopped?
- Is what we're seeing related to family pressure to keep relatives "safe" from falls and hence not up and about?
- Do we tend to put residents in wheelchairs because it is faster to transport them?

### Processes and Resources to Consider

#### What assistive devices are we using?

- Are residents getting the correct assistance device - for example, canes are adjusted to the correct height?
- Are assistive devices in good working condition?
- Are there gait belts routinely available or does each resident have a gait belt?

#### How do we monitor mobility?

- Is there a structured way for staff to communicate with each other about a resident's mobility status?
- Is there a process in place that alerts staff members to a change in the mobility status of a resident?
- Do we have any specific tools we're using to help in our observations about mobility?
- Has there been some sort of external change that has impacted mobility – for example, it is the middle of winter?



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### What techniques are we using to support maximum mobility?

- Are we allowing enough time for personal mobility?
- Are our ambulation programs sufficient to maintain/promote mobility?
- Are we encouraging our residents to ambulate?
- Could lighting be playing a role in our problem?
- Is there a place outside the nursing home where residents can go and is it easy for them to access it?
- Are there places along the hallways where residents can sit?
- How do we know if a person has lost their shoes?
- Are residents getting proper foot care?
- Are residents moved to a chair and out of their wheelchair during meals and activities?

### Is mobility an organizational priority?

- Are we making it a priority to help get all residents to activities?
- Do staff feel a sense of responsibility for maintaining mobility?
- Are staff held accountable for supporting mobility?
- Who is responsible for mobility?
- Is mobility seen as being primarily the responsibility of the therapy department?
- What is the role and expectation of front-line staff in improving and maintaining mobility?

### What type of education are we providing to support staff?

- Do we emphasize the importance of mobility in our training for caregivers?
- Is staff educated on how to assist residents?

