

## ABSTRACT

### BACKGROUND

The Safe Mobility Champion (SMC) role was developed after the COVID pandemic, to merge two existing roles, safe patient handling (SPH) and falls champion. The SMC group includes a variety of members from the health care team, creating a multidisciplinary team. SMC's include; nurses, personal care assistant, occupational/physical therapy, transporters, and many other individuals responsible for patient care/safety. Creating a multidisciplinary team has been helpful in achieving the goal of decreasing patient and employee injury rates.

## OBJECTIVES

### LEARNING OBJECTIVES

Discuss development of SMC roles, responsibilities, and required training.

Explore challenges that peri anesthesia care providers have faced involving employee injuries and patient safety concerns.

Review event components and training that allows SMC's to receive the latest evidence-based practices.

## METHODS

### ROLES AND RESPONSIBILITIES

Safe mobility leaders created a list of roles and responsibilities for SMC members. Specific training was also required to become a SMC, which included hands on training on lifts and transfers used in specific work areas. (See Roles and Responsibilities handout)

### PERIANESTHESIA EDUCATION

Perianesthesia faces multiple challenges when it comes to safe mobility and patient safety issues. To begin with, lateral transfers are one of the leading causes in employee injuries due to the pull force needed to complete transfer

Learning proper body mechanics and using equipment correctly helps decrease this risk.

In the peri anesthesia setting patients are at an increased risk for injury. SMC's are working to develop ways to decrease these risks using "walk with me," encouraging wheelchairs, and educating patient and staff.

### SMC EVENTS/TRAINING

SMC events are held quarterly to ensure members receive support and education. The event provides members with the latest changes in charting, patient transfers, and multiple resources. The knowledge gained at these events is expected to be brought back to each unit/area. At the end of each event SMC's are allowed one-hour to get hands on training Mayo Clinic is utilizing.

## RESULTS 2

The SMC leaders have done an excellent job of creating a multidisciplinary group to ensure effective change campus wide.

Since implementation of SMC's Mayo has seen a decrease in employee injuries (Figure 1).

In the last year we have seen improvement in patient fall rates in the inpatients and ambulatory settings (Figure 2&3).

Hands on training has allowed staff to fully understand how and when to use important safe mobility devices. .

FIGURE 1

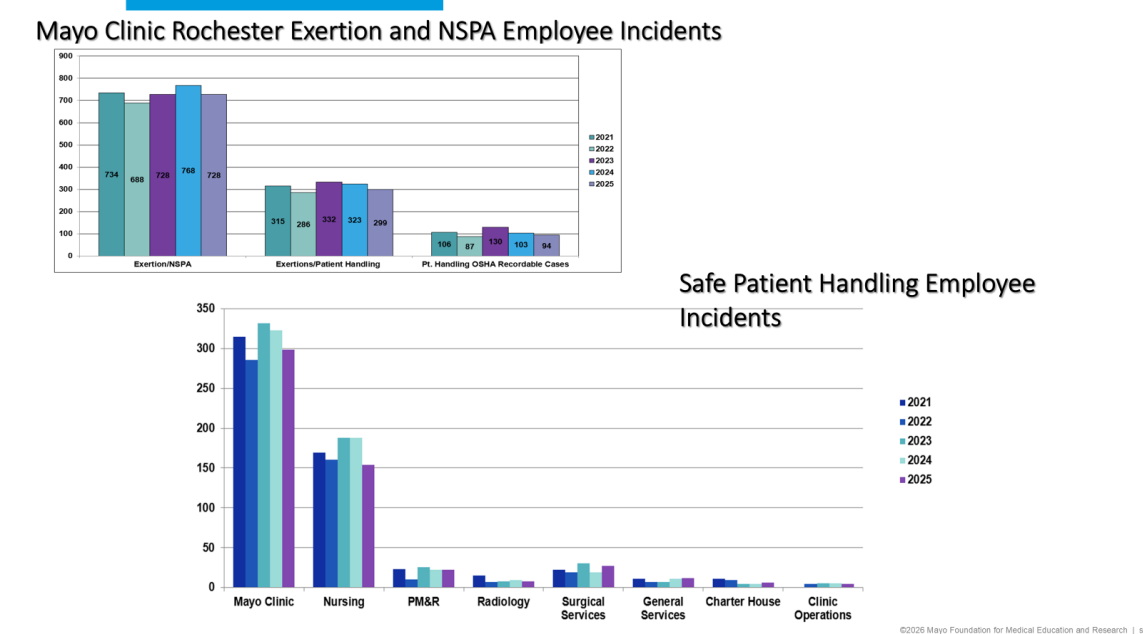
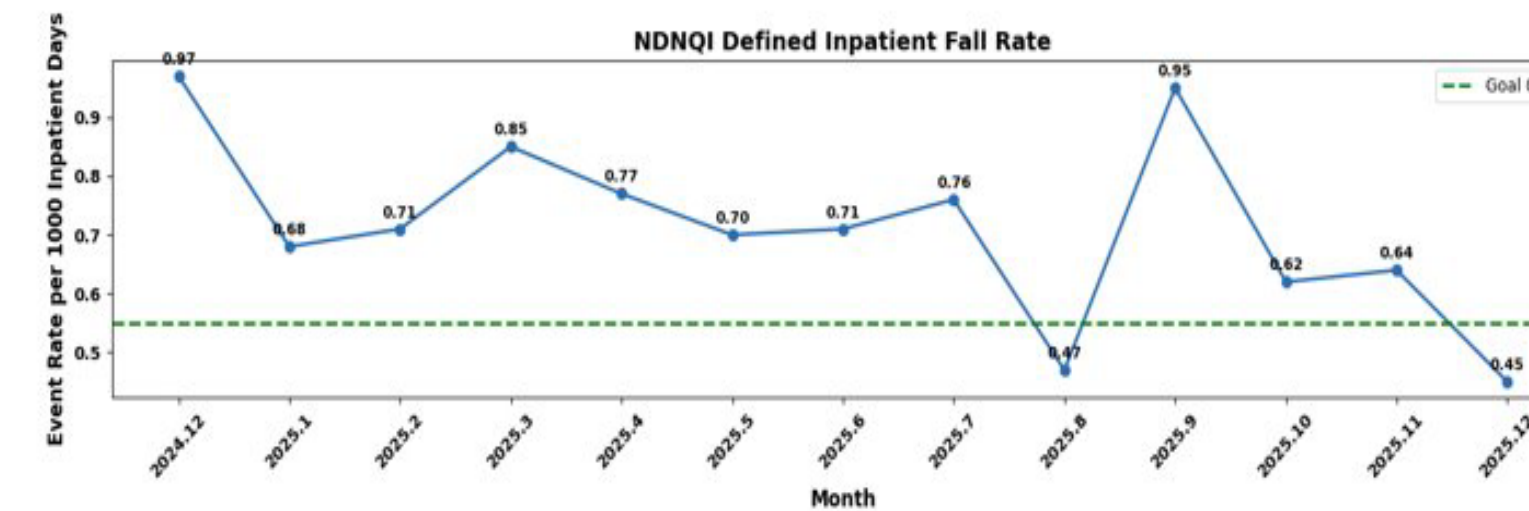


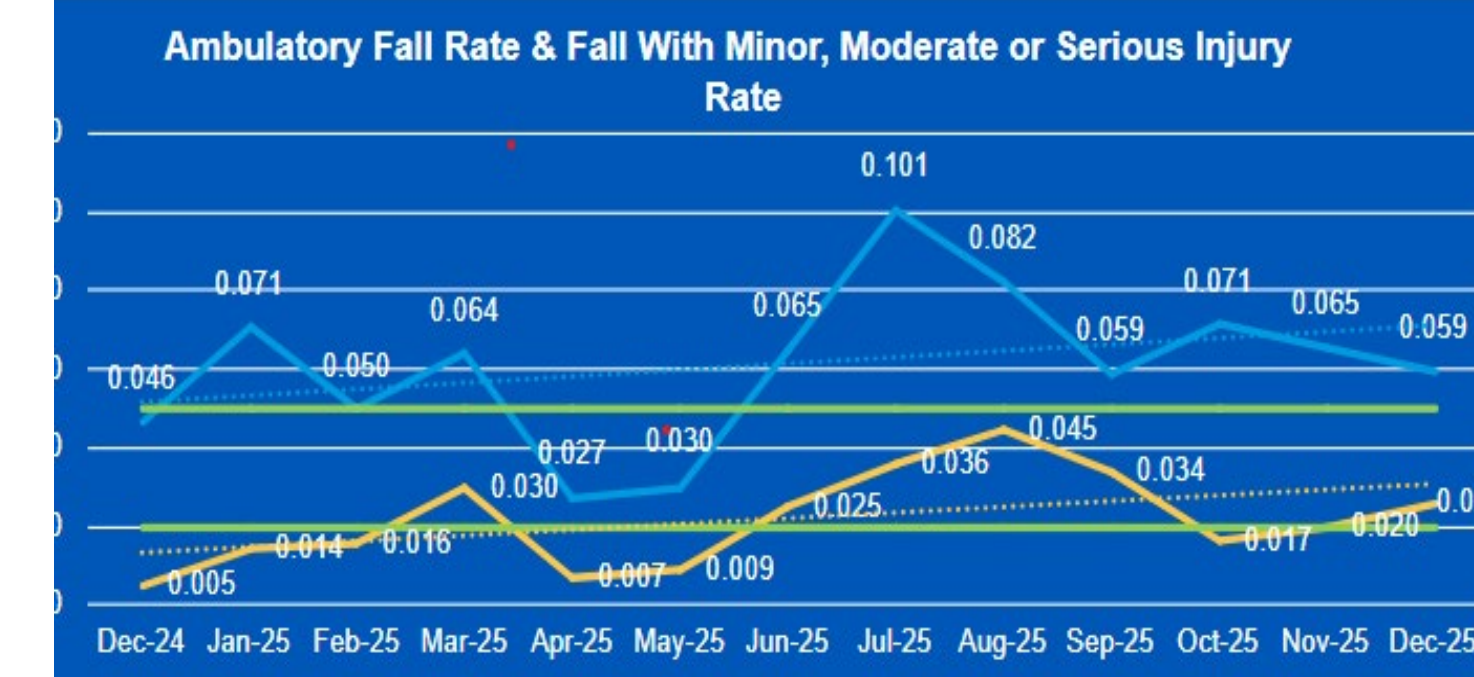
FIGURE 2

Inpatient Falls Location Class  
Rate of Falls with minor, moderate or serious injury  
Fall with injury rate goal =  $\leq 0.55$  per 1000 pt days



Represents events reported in Patient Safety Reporting System. Data Source: Inpatient Patient Safety Reporting System Rates Dashboard. Reported date is used to join Patient Safety Reporting Events to Epic Patient Days. Goal line added with Copilot

FIGURE 3



Blue line – All Ambulatory falls, Goal < 0.05 (top green line)  
Orange line – falls with injury, goal < 0.02 (bottom green line)

## CONCLUSIONS

The Safe Mobility Champion (SMC) role was created to help decrease patient and employee injury rates. The role was created making sure to encompass a multidisciplinary group. This group meets quarterly to review action items, new evidence-based practices and receive hands on training. There are specific roles and responsibilities for SMC members to follow to ensure reporting areas receive information and educations about safe mobility items. Perianesthesia is an area that sees higher rates of employee injury due to lateral transfers. Patients are at I higher risk to fall after receiving anesthesia. SMCs are important team members in perianesthesia because they can help advocate for safe mobility practices. SMC's receive education and hands on training at quarterly events. This training ensures SMC's have knowledge and ability to provide to their reporting work environments.

## REFERENCES

1. Waters, T., Baptiste, A., Short, M., Plante-Mallon, L., & Nelson, A. (2011). AORN ergonomic tool 1: Lateral transfer of a patient from a stretcher to an OR bed...first in a series of seven articles. *AORN Journal*, 93(3), 334–339. <https://doi.org/10.1016/j.aorn.2010.08.025>