



# Implementation of a Mobility Program for Fall Prevention in Patients with a Cognitive Impairment



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## Purpose

- ❑ Implement evidence based interventions to reduce falls in patients with a cognitive impairment admitted to an Acute Care for Elders Unit (ACE).

## Background

- ❑ Greater than 50% of falls occurring on an ACE unit were in patients with a cognitive impairment (dementia or delirium).
- ❑ Delirium and cognitive impairment are both risk factors for falls.
- ❑ Implementing interventions to reduce delirium can potentially reduce falls.
- ❑ Nearly 30-50% of falls in hospitals in general, are related to the act of toileting.
- ❑ Literature supports timed toileting as a fall prevention measure as well as an intervention to reduce incontinent episodes in persons with dementia.

## Methods

- ❑ Implementation of a “Purple Leaf Mobility Program” in November of 2023
- ❑ Mobility program included:
  - Identification of cognitively vulnerable patients (Positive for Delirium/ NuDESC positive or Dementia Diagnosis).
  - Rooms marked with magnetic signage of a Purple Leaf.
  - Mobilization goals:
    - Out of bed by 10am.
    - Ambulate in halls TID
    - Up to chair for all meals
  - Timed toileting schedule
- ❑ Incentivize patients to mobilize and create destinations of interest to make mobility fun.
  - Walking Bingo
  - Interactive digital screen
  - Pet board
  - Staff baby pictures
- ❑ Auditing of compliance with feedback of ambulation and out of bed by 10am.

## Outcome/Results

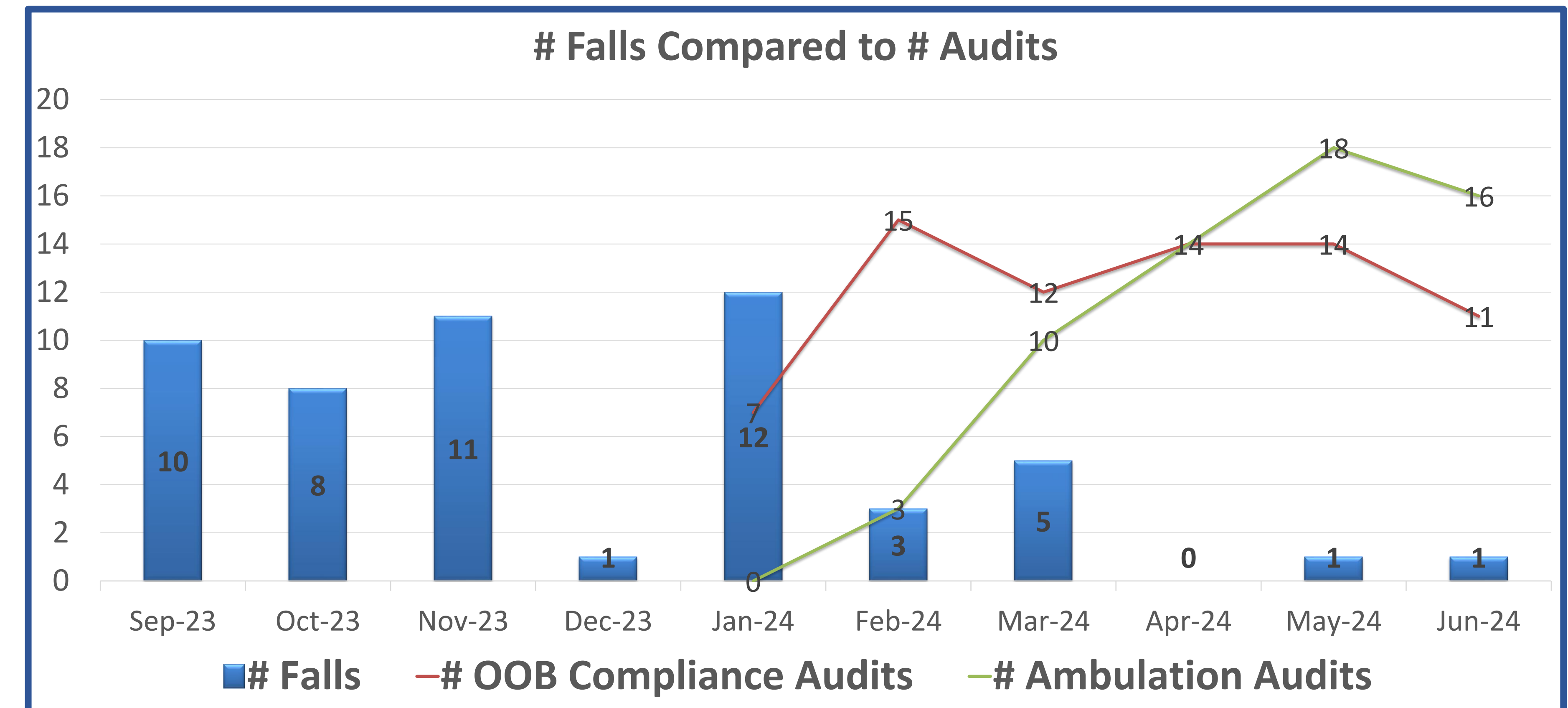
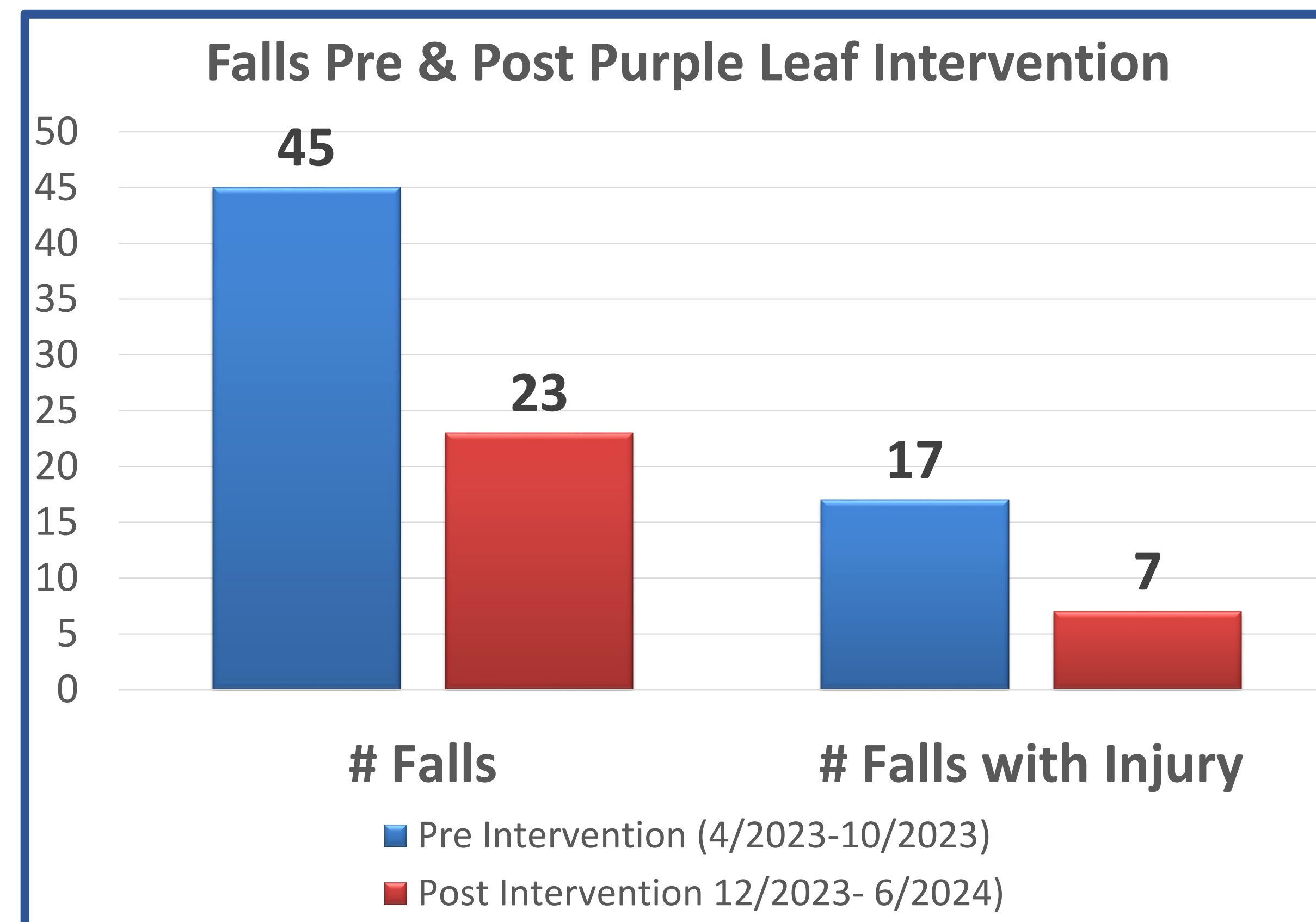
- ❑ Significant reduction in falls comparing 7 months prior to implementation of intervention and 7 months following implementation.
  - 49% reduction in total falls
  - 70% reduction in injurious falls
- ❑ Inverse correlation identified with the number of audits completed compared to the number of falls that occurred each month.

## Conclusion

- ❑ Improving mobilization and implementing timed toileting schedules in hospitalized older adults with a cognitive impairment can contribute to a reduction in falls.
- ❑ Auditing programs and providing in the moment feedback improves compliance with processes.

## Next Steps/Future Research

- ❑ Review non-pharmacological interventions to improve sleep and further reduce / prevent delirium as well as reduce falls in hospitalized patients.



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## References

