

## **Point-of-care Mobility Status Check (PACE)**

### **Introduction**

A patient's mobility status can vary significantly over time. There are numerous reasons for this including increased or decreased pain, side effects of medication, and changes in medical status. Patients requiring assistance with transfers and repositioning need a detailed patient-risk profile and Safe Patient-Handling and Movement Plan with controls (e.g., equipment) linked to specific high-risk movement and repositioning tasks.

Due to the potential for change in a patient's mobility status, it is important that before every patient handling and/or movement task the health care worker should complete the mobility status check to ensure no changes are required to the mobilization plan.

### **Who Should do the Mobility Status Check?**

Any health care worker who is involved in a patient transfer should perform the mobility status check or ensure that it is performed and be informed of the results. This could include doctors, nurses, care assistants, PTs/OTs, porters, diagnostic imaging, radiation technologists and others.

If more than one health care provider is assisting with the patient handling or movement task, only one person need complete the mobility status check, but must share the results with the entire team involved in the transfer or repositioning.

### **When Should the Mobility Status Check be Completed?**

The Check should be completed prior to every patient handling and/or movement task.

### **How Long does it Take to Complete?**

The time to administer the mobility status check will vary based on the presentation of the patient and the environment. For example, when checking a patient who has already been identified as needing a lift, many items in the physical section will not be needed and/or appropriate to test.

### **How is the Test Structured?**

The mobility status check is presented here as a series of sections to assist in learning, recalling and documenting the specific items of the mobility status check; however, it is important to note that, many of the items in each section can be tested simultaneously and may be observed during normal care activities.

The mobility status check is divided into four sections that health care workers need to consider prior to making the decision to engage in any patient handling and movement activity:

**Physical**

**Agitation/Aggression**

Communication

Environment

or

**PACE**

**What to do with the Results?**

The results of the mobility status check (**PACE**) should be put into the context of the safe patient handling and movement plan. If section items suggest a more conservative approach is appropriate (e.g., choosing a lift rather than standby assist), it is likely that further investigation may be required to identify the best approach. Health care workers should assess only within their scope and training. A different member of the health care team may be required for further investigation depending on the scope and training of the health care worker administering the mobility status check.

The **PACE** should not be used to move to less-conservative approaches for patient handling and movement; however, it may be used to trigger a review of the patient’s risk profile if it appears the patient’s mobility status may have improved.

**Completing the PACE Assessment**

The steps below are presented in the order of the acronym; however, the actual administration of the PACE will occur in a different order. Refer to Appendix 2.4.1 for an example of the order a mobility status check usually takes.

Step/activity	Tools
1) Check Physical Status	Appendix 2.4.1 – Sample order of PACE items  Appendix 2.4.2 – Pocket Guide (To be cross referenced with training material when created)
2) Check Agitation/Aggression	
3) Check Communication Ability	
4) Check Environment	
5) Analyze Results	
6) Make Changes as Needed/Complete Further Investigations	
7) Complete the Patient-handling and/or Movement Activity	

**Step 1 – Check Physical Status**

Health care workers need to think about what the patient handling or movement activity involves and what the patient’s risk profile indicates.

- If the activity will never require the patient to sit up, it may be appropriate to stop the physical section after seeing if the patient can roll to their side.

- If the activity will require the patient to sit, but not stand, the PACE could end after the sitting balance item.
- If the patient handling or movement task requires the patient to stand and/or walk, the entire physical section should be considered.

In addition, if the patient’s risk profile already stipulates that they are unable to perform an activity (e.g., sitting balance), then that activity should not be reviewed during the PACE. The PACE should include the activities leading up to, but not including the specific activity the risk profile has determined the patient is unable to perform.

Patients may use a gait aid while performing the activities if required as indicated by a more comprehensive risk profile or as assessed by a physical therapist, occupational therapist, or registered nurse.

The physical section should be completed, from least-risky to more-risky activities. If at any point the patient is unable to safely complete an activity, the physical section should be stopped immediately.

Refer to Appendix 2.4.2 (*to be created in future version*) for sample forms that may be printed and copied for use.

**How to Assess Physical Status**

Physical <sup>1</sup>				
What Is Being Assessed	Client’s Position	How to Assess	Is the patient able with no/minimal physical assistance?	
			Yes	No
Turn to their side in bed	Lying on their back	1. Face the patient standing at their shoulder level. 2. Ask the patient to bend their knees so that their feet are flat on the bed. 3. Ask the patient to roll towards you, then roll onto their back. 4. Repeat this procedure from the other side.	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Adapted from HCHSA (2004)



Stand up	Sitting on the edge of the bed	<ol style="list-style-type: none"> <li>1. Face the patient and stand closely in front or slightly off to the side</li> <li>2. Ask the patient to move forward towards the edge of the bed so that they can put their feet flat on the floor.</li> <li>3. Ask the patient to lean forward and to push up from the bed with their hands while they move to a standing position.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>
Stability and weight-bearing ability while standing	Standing	<ol style="list-style-type: none"> <li>1. Ask the patient to stand. (Assess their ability to stand up first).</li> <li>2. Ask the patient to take a small step away from the bed to ensure they are not leaning back on the bed.</li> <li>3. See if they can hold the position for 5 seconds.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>INDEPENDENT:</b> The patient is able to complete all of the above activities without assistance.</p> <p><b>MINIMAL ASSISTANCE:</b> The patient requires some assistance to push themselves off of the bed, but has good balance and once in position is able to bear their own weight.</p> <p><b>MODERATE ASSISTANCE:</b> The patient requires assistance to get off of the bed, and is not completely stable or able to bear their entire weight while standing. The patient is unable to complete at least one of the above tasks independently.</p> <p><b>MAXIMUM ASSISTANCE:</b> The patient is unable to provide any assistance.</p>				<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

In the independent category (i.e., **GREEN**), although it has been determined that the patient is able to move without assistance, it is still critical that the patient be supervised during the activity.

In the minimal and moderate assistance categories (i.e., **YELLOW**), health care workers can assist the patient to move if necessary. However, health care workers should never be handling more than 35 lbs. of the patient’s weight. A full water cooler jug weighs a little over 35 lbs. Health care workers may need to call for additional assistance or use equipment to ensure they are not handling more than this amount of the patient’s weight.

If the patient is assessed as requiring moderate or maximum assistance (i.e., **RED**), this indicates that they are unable to bear any of their own weight. These patients should not be handled without first consulting with other professionals to devise a plan for patient-handling in the safest manner.

For more information on determining the appropriate equipment and techniques for a patient, refer to “Section 2.3 – Patient Risk Profile.”

**Step 2 – Assess Agitation/Aggression**

<b>Agitation/Aggression<sup>2</sup></b>	
<b>Questions</b>	
Does the patient have clipped or angry speech?	
Does the patient have a history of agitated/aggressive behaviour?	
Is the patient using angry facial expressions (e.g., furrowed brow)?	
Is the patient refusing to communicate?	
Is the patient using threats or threatening gestures?	
<p><b>NON-AGGRESSIVE:</b> All agitation/aggression questions are answered with a “no”. The patient does not appear agitated/aggressive, does not have a history of agitated/aggressive behaviour, and the health care worker does not expect this to change during patient handling.</p>	<input type="checkbox"/>
<p><b>UNPREDICTABLE::</b> All agitation/aggression questions are answered with a “no”, except for the question pertaining to the patient having a history of agitated/aggressive behaviour. The patient does not appear agitated/aggressive; however, they have a history of agitated/aggressive behaviour, and the health care worker is unsure if the patient’s behaviour will change during patient handling.</p>	<input type="checkbox"/>
<p><b>MODERATE:</b> Any of the agitation/aggression questions are answered with a “yes”. The patient shows signs of aggressive behaviour at the time of assessment.</p>	<input type="checkbox"/>

If the patient is known to have been aggressive in the past, health care workers should always work in a team for a patient-handling activity and during the assessment.

If the patient is assessed as being aggressive (**RED**), health care workers should not handle the patient without consulting existing policies in their organization that address handling agitated/aggressive patients. If such policies do not exist, health care workers should consult with other professionals to devise a plan on how to go about the patient-handling activity in the safest manner. Health care workers can use the following suggestions for verbal de-escalation while waiting for assistance (from NSW Health, 2009):

- Only one health care worker should speak to the patient at a time.
- Approach the patient calmly and confidently while avoiding sudden movements.
- Keep your stance relaxed.
- Avoid holding eye contact; this can be seen as aggressive.
- Offer the patient time to share their concerns and react in a non-judgmental way.
- Offer the patient a glass of water, if appropriate.
- Do not touch the patient without their express permission to do so.

<sup>2</sup> Adapted from NSW Health Department (2009)

**Step 3 – Assess Communication Ability**

<b>Communication</b>	
<b>How to Assess</b>	
Communication is assessed as the health care worker interacts with the patient to complete the rest of the PACE assessment. Health care workers should pay attention to the patient’s ability to: <ul style="list-style-type: none"> <li>• Answer simple questions (e.g., How are you doing today?)</li> <li>• Follow the health care worker’s instructions (e.g., Can you bend your knees for me?)</li> </ul>	
<b>SUFFICIENT COMMUNICATION:</b> Patient is able to answer simple questions appropriately, they are able to follow simple instructions without difficulty, and are they able to repeat words back without mistakes.	<input type="checkbox"/>
<b>CAN FOLLOW COMMANDS:</b> The patient has some difficulty communicating back to the health care worker, but is able to follow commands without difficulty.	<input type="checkbox"/>
<b>LIMITATIONS:</b> The patient has limitations in their communication as a result of diminished use of a faculty (e.g., hearing is diminished, speech is impaired) or speaks a different language than health care worker.	<input type="checkbox"/>
<b>CANNOT COMMUNICATE:</b> Patient is unable to communicate with health care worker or follow simple instructions.	<input type="checkbox"/>

If the patient is assessed as having limitations (**YELLOW**) in their communication, the health care worker should ensure the patient is provided any equipment to assist them in communicating (e.g., hearing aid) or a translator to ensure that they can follow the health care worker’s instructions.

If the patient cannot communicate or follow the health care workers’ instructions (**RED**), patient handling should never be done without consultation with other professionals to devise a plan for safe patient handling and movement.

**Step 4 – Assess Environment**

<b>Environment<sup>3</sup></b>	
<b>Questions</b>	
Is there enough space to access the patient including use of necessary equipment (e.g., can access three sides of patient’s bed)?	
Is the floor safe to transfer on (e.g., not too slippery)?	
Is the mattress surface safe for the patient to perform assessment activities?	

<sup>3</sup> Adapted from HCHSA (2004)

Is the environment clear of obstacles?	
Is any necessary equipment present (e.g., equipment the patient uses such as a walker or braces)?	
<b>NO OBSTACLES:</b> All environmental questions are answered with a “yes.” There is enough space to access the patient and to use required equipment, the floor is safe, required equipment is present, and the environment is clear of obstacles.	<input type="checkbox"/>
<b>MOVEABLE OBSTACLES:</b> The environment can be altered for safe patient-handling (e.g., obstacles can be moved, equipment can be obtained.)	<input type="checkbox"/>
<b>OBSTACLES:</b> Any of the environmental questions are answered with a “no,” and there is no way to alter the environment for safe patient handling and movement.	<input type="checkbox"/>

If the environment is assessed as being appropriate for patient handling and movement if obstacles are removed (**YELLOW**), health care workers can move objects so long as they are not handling more than 35 lbs. If the task requires handling more than 35 lbs, health care workers should get assistance.

If there are obstacles in the environment that cannot be moved (**RED**), health care workers should consult with other professionals to devise a plan on safe patient handling and movement.

**Step 5 – Analyze Results**

Although there are many interrelated factors to consider and more comprehensive evaluations of the patient will be conducted throughout the patient’s stay, these four factors should be assessed prior to any patient handling activity. Within each PACE category are sections that health care workers may need to complete depending on the specific patient handling activity being performed. Each section will lead health care workers to a decision about the level of risk and the amount of assistance needed for the patient handling activity. The health care workers should use the results of the sections along with the patient’s risk profile to help them decide how to proceed with the patient handling task. If the results from all four PACE assessments are **GREEN**, this indicates it is very likely the plan identified in the patient risk profile is a safe approach to handle or move the patient at this time and should proceed.

If the results are all **YELLOW** or are a mixture of **YELLOW** and **GREEN** then the health care worker needs to take the appropriate action(s) to minimize their injury risk while performing the patient handling task. The health care worker should review each section, compare to the patient risk profile and consider the implications. For instance, a depending on the task the health care worker may identify the need to use a more appropriate(conservative) piece of patient handling equipment to perform the task.

If one or more of the sections results are **RED**, the current plan identified in the patient care profile is not adequate at this time. The health care worker cannot proceed with the patient handling task until a plan is in place to minimize the risk to both the patient and the health care worker. The health care worker may be able to proceed with the task by using the correct piece of patient handling equipment (e.g., if the physical sections result is **RED** or if the patient is unable to

communicate or follow instructions), following the correct protocol for treating and moving agitated/aggressive patients, or developing a plan to overcome environmental factors. In some cases this plan may already be included in the patient risk profile.

Refer to the appropriate sections of this Safe Patient Handling and Movement Guide for more information regarding identifying and implementing appropriate controls when the results of the PACE are red.

When assessing how much physical assistance can be provided during patient handling remember:

**Current best practice states that a single caregiver should never lift more than 35 lbs.**

(Waters, 2007)

#### **Step 6 – Make Changes as Needed/Complete Further Assessment**

If the results of the mobility status check indicate further assessment is required and/or changes are needed (e.g., moving obstacles in the environment), these activities should be completed. It is important to reiterate that this step may be integrated into the care and assessment process.

#### **Step 7 – Complete the Patient -Handling and/or Movement Activity**

Patient handling and movement tasks should be completed and the results of the assessment documented and communicated.

**Appendix 2.4.1 – Sample order of PACE items**

Event	Activities	PACE Mini-Test item	Notes
Entering patient's room/approaching patient	Introduce/converse with patient/get informed consent	Communication Agitation/aggression	<p>These may occur simultaneously.</p> <p>The environment should be assessed prior to physical components and may be done while conversing with and observing the patient.</p> <p>This is a good time to express expectations and reiterate the Safe Patient Handling and Movement Plan with the patient and family (if present).</p>
	Observe environment	Environment	
At bedside	Physical assessment	Physical Communication	<p>Once bedrails are being lowered, the physical mini-mobility status check can begin.</p> <p>The patient's responsiveness to requests may provide insight into communication barriers as well as their physical mobility status.</p>
<p><b>Note:</b> During activities such as personal care/wound dressing, many of the <b>PACE</b> items may be directly observed. For example, during personal care, the patient may be observed for signs of agitation/aggression and communication may be assessed. Physical components such as independently rolling from side to side may also be observed during these activities.</p>			

**Appendix 2.4.2 – PACE Pocket Guide – To be cross referenced with training material when created**