BMAT Bingo
B – M – A – T –
Oh!!

Patient Scenarios
Linking Assessment and
SPHM Practice

Objectives
1. Describe how to perform the “Bedside Mobility Assessment Tool for Nurses” (BMAT) and discuss how to determine a patient’s mobility level
2. Describe which complications of immobility are being impacted
3. Explain which type of SPHM equipment should be used and why

Overview on the Development of the BMAT
- 2003: trying to implement use of VA and other algorithms to assist nurses in choosing appropriate SPHM equipment; early realization that this wasn’t helpful at the bedside
- Conference networking and literature review provided anecdotal and presentation abstract references, 2004 – 2012
- Egress Test by Mike Dionne – March 2005
- “Quick 5 at the Bedside” – May 2005, Liko tool
- “Quick 3” from Northwestern University Hospital and Liko research project 2007
- Member of WR falls team and RCA reviews; brought up the need for a nurse-driven mobility assessment
- Focus on employees who sustained injuries during controlled decreased assisted falls
- “Quick 3” pilot study in North Colorado Medical Center MedTele unit, 2010 (?)
- NCMC MedTele nurses presented Quick 3/BMAT posters at conferences in 2011/2012
- Banner team synthesized documents/tools and developed the BMAT, 2011 – 2012
- Conducted validation project at Banner Baywood, 2012-2014 — article citations:
4 Assessment Levels

Is the patient able to:
1. Sit and Shake
2. Stretch and Point
3. Stand
4. Step (march-in-place, advance step and return)

4 Assessment Levels – SAFE MODE

Is the patient able to:
1. Sit and Shake
2. Stretch and Point
3. Stand
4. Step (march in place, advance step and return)
Bedside Mobility Assessment Tool for Nurses

**BMAT**

1. Sit and Shake
   - Fail

2. Level
   - Pass

3. Stand
   - Fail

4. Step
   - Pass

**Mobility 1**
- Patient
- Unable to perform “Sit and Shake”
- Dependent

**Mobility 2**
- Patient
- Able to perform “Sit and Shake,” but unable to perform “Stretch and Point”
- Modified Dependent

**Mobility 3**
- Patient
- Able to perform “Sit and Shake,” and “Stretch and Point,” but unable to perform “Stand.”
- Modified Independent

**Mobility 4**
- Patient
- Able to perform all 4 assessments: “Sit and Shake,” “Stretch and Point,” “Stand,” and “Step.”
- Independent

**BMAT 1.0 SIMPLE ALGORITHM © 2015 T. Boynton**

NOW What?

- Mobility 1: Patient
  - Unable to perform “Sit and Shake”
  - Dependent

- Mobility 2: Patient
  - Able to perform “Sit and Shake,” but unable to perform “Stretch and Point”
  - Modified Dependent

- Mobility 3: Patient
  - Able to perform “Sit and Shake,” and “Stretch and Point,” but unable to perform “Stand.”
  - Modified Independent

- Mobility 4: Patient
  - Able to perform all 4 assessments: “Sit and Shake,” “Stretch and Point,” “Stand,” and “Step.”
  - Independent

Going Forward

**BMAT** focus on:
- Assessing for mobility level in safe mode
- Completing current task safely (e.g., SPHM equipment used for bed-to-toilet transfer based on current mobility status)
- Coordinating strategies for strengthening and decreasing risk of complications of immobility/effects of bedrest
- Progressing safely – targeting equipment to advance mobility

What does it mean when a patient “fails” or is unable to perform a BMAT Assessment?

What does it mean when a patient “passes” or completes a BMAT Assessment Level?

How do BMAT findings link to other findings and the care plan?
Potential Complications of Immobility

SUMMARY of the Effects of Prolonged Bedrest on the Respiratory, Cardiovascular and Hematological Systems

Orthostatic Hypotension

- One of the first problems observed in patients confined to bed
- Recorded after as little as 20 hours of bedrest
- Reductions in plasma volume play a key role in OH
- Cardiac deconditioning exacerbates the problem = Predisposes patients to OH
- Often becomes apparent when they first remobilize.
  - Become dizzy or faint = increased risk of falling.
  - Detected in the vast majority of patients within 2 minutes
Anxiety → Panic Attack → Fear response to similar situations

Recovering sufficient orthostatic function to eliminate susceptibility to orthostatic hypotension is a slow process, particularly in older people, but, even young, fit and healthy adults may take several weeks after they start mobilizing again to fully recover.


Recovering sufficient orthostatic function to eliminate susceptibility to orthostatic hypotension is a slow process, particularly in older people, but, even young, fit and healthy adults may take several weeks after they start mobilizing again to fully recover.

The Safety Culture Connection

“Patient safety cannot be adequately addressed if employee safety is not adequately addressed.”
- Institute for Healthcare Improvement, 2007

A Washington State survey (2006) found that of 44 hospitals surveyed, 0.0001% (1/10th of 1%) of total operational/budget is dedicated to health and safety programs to protect staff from injury.


Safe Caregivers = Safer Patients

Linking:
- BMAT and SPHM with
  - patient outcomes and
caregiver safety

Linking:
- BMAT
  - Fall risk screening
  - Braden Scale/Assessment for predicting risk of pressure injury

Linking:
- BMAT and
  - Mobility assessment tools – pre-admit, admission, discharge
Protecting patients by mobilizing earlier and often

**IN-BED**
- Totally Dependent
  - Repositioning
  - Side-to-side turning
  - Limb lifting
  - Linen changes
  - Hygiene procedures
  - Posterior assessment
  - Catheter insertion
  - Horizontal transfers

**UP-FROM-BED**
- Min-Moderate Dependent / Not Ambulating
  - Sitting out of the bed
  - Bed-to-wheel chair
  - Bed-to-chair
  - Bed-to-commode
  - In-chair repositioning
  - Standing assessments

**OUT-OF-BED**
- Ambulating
  - Ambulation/walking
  - Standing assessments
  - Physical Therapy
  - Treadmill Training
  - Parallel Bars

---

**B - 3**

Mr. Fred Fallsalot
- 75 year-old
- Admitted with an acute exacerbation of HF
- History of DM, renal insufficiency, MI – 7 years ago
- Has a saline lock for IVP Lasix BID
- Upon admission, as CNA was getting his weight, Mr. Fallsalot stumbled to the side and stated, “I usually use a cane when I remember it.”

What is Mr. Fallsalot’s BMAT Mobility Level?

Is he a fall risk? Why?
Braden scale: any issues/concerns?

---

**M - 16**

Ms. Melanie Mae Moana
- 16 year-old
- Admitted during the night, post-op emergency appendectomy
- 0800 – pain level is 7-8 out of 10
- What else has to happen before discharge?
  - At 1400 – reported pain is 3/10
- She passed BMAT Assessment Levels 1 and 2; says she feels light-headed and she has to pee.
  - What is her BMAT Mobility Level?
  - She’s 16. Is she a fall risk?
A - 35

Mrs. Lily Flowers
• 65 year-old
• In the wound care clinic for a dressing change right foot/lower leg
• Arrives in a wheelchair
• She weighs 200 pounds; her leg weighs about 31 pounds

• What is her BMAT Mobility Level?
• If she weighs 300 lbs. and her leg weighs about 47 lbs., what is her BMAT Mobility Level?
• Can the aid assisting the WCON lift and hold her leg during the dressing change?
• How much should the aid lift and hold if his arms are fully extended?

T - 50

Mr. Mac McTruck
• 50 year-old
• Recovering from Sx for ruptured spleen and Fx L tibia
• Weighs 300 pounds

• Able to sit and shake, stretch and point with R LE; unable w/ his L LE
• What is his BMAT Mobility Level? Is he a fall risk?
• What equipment will you use to transfer him from bed to toilet?

• If he weighed 200 pounds, considering the NIOSH 35-pound guideline, how many lift team members should transfer him?
• Two days later his BMAT Mobility Level is 3 and you consider him a high fall risk. Why? What will you do to help him progress safely?

Taking Mr. Blue through the BMAT
MR. BLUE

Mr. Blue, Mr. Blue
What Mobility Level are YOU?

MR. BLUE has Just Begun

“He’s Red – don’t believe what he tells you!
Decide based on what he demonstrates!”

“Stop in the Name of Safety before you break your back!
Stop in the Name of Safety before you watch him fall!
Think it o-o-over, think it o-o-over.”

What equipment will you use?

For In-bed mobility:
- Repositioning, turning, passive and active range of motion exercises
- Bed features

Up-from-bed mobility:
- Dangling at side of bed

Out-of-bed mobility
- Bed to chair, bed to toilet transfers

How will you help Mr. Blue avoid the complications of immobility?
How will you help Mr. Blue pass “Sit and Shake” and progress to “Stretch and Point?”
Does your facility have an early, progressive mobility program?
Does it include both bed features and SPHM equipment?
Protecting patients by mobilizing earlier and often

**IN-BED**
- Repositioning
- Side-to-side turning
- Limb lifting
- Patient assessment
- Patient positioning
- Patient handling

**UP-FROM-BED**
- Sitting out of bed
- Bed to wheelchair
- Bed to commode
- Bed to chair
- Standing assessment

**OUT-OF-BED**
- Ambulation/walking
- Standing assessment
- Physical therapy
- Treadmill training
- Parallel bars

MR. BLUE

Mr. Blue, Mr. Blue
What Mobility Level are YOU?

What equipment will you use?

For in-bed mobility:
- For example: to assist with boosting and turning

For up-from-bed mobility:
- For example: to assist with dangling at side of bed

For out-of-bed mobility:
- For example: to transfer from bed to chair

How will you progress Mr. Blue so he can pass “Stretch and Point” with both legs?
How will you get him ready to “Stand.”
How will you help him avoid the complications of immobility?
MR. BLUE at LEVEL 2 - Orange

Knock, knock.
Who’s there?
Orange.
Orange who?
Orange you glad you did a mobility assessment and used a lift to help me!

MR. BLUE

Mr. Blue, Mr. Blue
What Mobility Level are YOU?

MR. BLUE made it to 3!
He’s Yellow! Be Prepared!

A Cautionary Tale
by Dee Kumpar

Yellow is the color of the sun,
It always makes me think of fun.
Except when I see
A little puddle of pee,
And know at once
You needed me,
To bring a Sit-to-Stand to thee.
What equipment will you use?

• For In-bed mobility:
  • For example: to assist with boosting and turning

• Up-inBed mobility:
  • For example: to move from supine to sitting at side of bed

• Out-of-bed mobility:
  • For example: increasing endurance with ambulation

How will you progress Mr. Blue so he can safely pass “Stand?”
How will you get him ready to “Stand.”
How will be help him any anxiety or fear of fainting and falling?

---

B-M-A-T - OH!! - 600 steps

[Tune “I’m Gonna Be” – 500 Miles by the Proclaimers]

When he lays down, well I know he’s gunna be,
he’s gunna be the one who moves n’ gets stronger.
And when he gets up, I know he’s gunna be,
 he’s gunna be the one who walks n’ doesn’t fall.

And he will walk 100 feet,
he’ll turn and walk 100 more.
Just to be the patient who doesn’t fall as he ambulates on down the hall.
Do, do, don-de do, do, do, do,
Diddle um, diddle um, diddle la-la-la-la-la,

Mr. Blue, Mr. Blue
What Mobility Level are YOU?
MR. BLUE is Ready to GO!

Give me a G
Give me an R
Give me an E
Give me another E
Give me an N
What's that spell?! **GREEN!**
What's that mean?! **Go- Go- Go!**
**GO, GO GREEN!!**

The BMAT Song

**#1 PATIENT:**
- Fluids gotta shift. Blood's gotta flow
- The brain needs oxygen. This I know.
- Heart's gotta pump.
- Don't wanna reach a dead-end.
- 1.2.3.4. Sit 'n shake, Stretch, Stand, Step
- Mobilize me, please mobilize me.
- I gotta move, but do it safely.
- Ye gotta mobilize me.
- Oh! And I gotta pee!

**#2 NURSE:**
- Fluids gotta shift. Blood's gotta flow
- The brain needs oxygen. This I know.
- Heart's gotta pump.
- Don't wanna reach a dead-end.
- 1.2.3.4. Sit 'n shake, Stretch, Stand, Step
- I'm gonna mobilize you, I'll mobilize you.
- But I'll do it safely. 'cuz I know how to.
- You gotta move.
- I'm gonna mobilize you!

T. Boynton 2018

Questions?

Teresa Boynton, MS, OTR, CSPHP
Clinical Consultant
teresa.boynton@gmail.com

Rhonda Turner, RN, MSN, CSPHA
Clinical Resource Leader
twoturnerSPHM@aol.com
Ronnie Turner, CNA, CSPHA
twoturnerSPHM@aol.com