

Therapy Stair Assessment Standard Operating Procedure

1. Overview

Standard Operating Procedure for completion of a physiotherapy stair assessment within a UHDB hospital site

2. SOP Governance

Department: Physiotherapy

No of pages: 3

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Frequency and Time frame: Annual

3. Key indicators, output or purpose from this procedure

To maximise patient safety by identifying the key practises and procedures Physiotherapy staff and other staff with competency should follow when preparing for and undertaking a stair assessment on a UHDB site to mitigate patient, staff and visitor risk of personal injury.

Therapy staff regularly assess a patient's ability to functionally ascend and descend steps and/or stairs. This is to; determine a patient's level of independence, reduce the risk of falls and make recommendations for discharge.

An assessment may be required to re-educate stair climbing methodology taking into account changes in weight bearing or medical condition; to assess exercise tolerance; train the use of a new walking aid; improve patient confidence and/ or prepare the patient for managing at home.

4. Data Source(s)

N/A

5. Process

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| 1. | Consider all relevant information available |
| 2. | Plan the stair assessment |
| 3. | Identify if the assessment needs to be modified |
| 4. | Consider Patient safety |
| 5. | Consider the optimal timing of the stair assessment |
| 6. | Ensure adequate assistance is available. |
| 7. | Ensure staff hold appropriate competency to undertake a stair assessment |
| 8. | Provide appropriate verbal instructions and/ or visual demonstration of the technique |
| 9. | Leave the assessment area clean and safe |
| 10. | Communicate the outcome of the stair assessment |

6. Validation Checks

Competency sign off to validate staff capability to lead or assist with a stair assessment

7. Sign off (separation, supervision, authorisation)

| Stage/ purpose | Name and role | Date (how/ where evidenced) |
|--------------------------------------|-----------------------------|-----------------------------|
| Peer review: | SR&T BU Clinical Governance | 14/6/23 |
| Supervisor/ Lead review: | Lead Physiotherapists | 9/5/22 |
| Information Asset Owner/ Trust Lead: | AHP Professional Lead | 19/6/23 |

8. Information Governance

Therapies Senior Management Team meeting

SR&T BU Clinical Governance meeting

CDCS Divisional Clinical Governance meeting

9. Export/ use of data

To be used by all physiotherapy staff to educate and standardise the stair assessment process.

To be uploaded to KOHA and shared therapy drives used in each of the 5 hospital sites as a PDF document

Principles reflected in Stair Competency documentation reflecting roles and responsibilities for both HCSW and registered therapists

10. Detailed Instructions

① 1 – How to Undertake a Step/stair assessment

1. Consider patient cognition and their ability to follow instructions, previous medical conditions that may hamper the patient's energy and exercise tolerance to physically manage stairs. Review their present medical reason for admission and any relevant factors impacting on their ability to manage the stairs. Therapy staff should read the patients' medical notes as well as check their observation chart. It is important that the resuscitation status of the patient is also known.
*Consider whether the patient is likely to need to sit to rest at the top of the stairs. Where fold down chairs are installed at the stair case these should be used. In the event of such a chair not being installed a portable chair can be taken and placed on the landing only for the duration of the assessment. Such a chair should be placed against a wall to minimise slip and **MUST** always be removed from the stairs, cleaned and taken back to source on completion of the assessment.*
*Chairs **must not** be left on public staircases within the hospital building as they present a health and safety hazard. It is the responsibility of the therapist leading the assessment to ensure that any portable equipment used during the stair assessment e.g., chair, stool, walking aid are removed at the end of the assessment.*
2. *Plan which types of stairs are appropriate for the patient to be assessed on.*
A single step can be used to recreate a kerb or entrance step with or without a rail. It may be possible to do this safely within a ward environment or department.
A mock set of steps can be used where there is a need to use 1 or 2 rails, assess only steps to access a property, or to assess capability of a specific technique e.g. sitting on the stairs or if exercise tolerance is restricted and full flight may not be appropriate. (Mock stairs should be consistently used at SJH,SRP, Burton Treatment Centre, ward 801 and ward 19 for all assessments as the hospital staircases in the area are not appropriate.)
In other locations a hospital staircase may be used because mock stairs are either not available or it is considered essential to evaluate the patients exercise tolerance over a full flight of stairs.
Regardless of which stair case is used therapists should always
 - *Optimise privacy and dignity*
 - *Manage infection control risks*
 - *Minimise risk to patient, public and staff*

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| 3. | Modifications will need to be made to consider; the weight bearing status of the patient; any walking aid used on stairs prior to or since their admission, the type of steps/stairs encountered day to day; the presence of rails and frequency that stairs will be accessed. |
| 4. | <i>Consider patient Safety such as whether a porter's chair or wheelchair will be required to take the patient to/from the stairs and whether a specialist chair such as one with a lower limb support will be required to move the patient comfortably. Check the patient is dressed appropriately so that their dignity is maintained throughout. The patient should be wearing appropriate footwear – secure shoes, slippers or non-slip hospital socks. Consideration should be given to attachments, such as oxygen, drains and catheters, to ensure they are handled safely to prevent trip hazards and attached correctly to the patient where appropriate i.e. a leg bag if catheterised and being discharged with a catheter.</i> |
| 5. | <i>Consider the timing of the stair assessment e.g. following pain relief, once the patient is confident walking on a level surface with a new walking aid and/or their physical condition is optimised. Seek to avoid using main public staircases at peak times</i> |
| 6. | <i>Ensure there is adequate assistance available before the assessment is performed. Principally assistance should always be able to be summoned in the event of an emergency. If the assessment is taking place in a highly staffed ward or department where assistance can be called by means of an emergency buzzer a second person may not be required. For any stair assessment being performed away from a main ward or department, where help is not immediately on hand, a second person should always be present to fulfil the role of getting help if required. The second person should be conversant with where to go for help, should the need arise.</i> |
| 8. | <i>The therapist leading a stair assessment should be band 3 or above with an appropriate competency for the complexity of assessment being attempted. The lead should decide if only one person is required based on their risk assessment of the proximity of the step/ stairs to an emergency call point, the complexity of assessment being carried out and risk of fall. A second person should always take direction from the therapist leading the stair assessment as to what assistance is required. It is the responsibility of the therapist leading the stair assessment to identify someone with appropriate skills or competency for the role being fulfilled. The second person could be a non-therapist in low-risk situations if they have been versed with how they would get help in the event of an emergency.</i> |
| 9. | <i>The patient should be supported with verbal instructions and/ or visual demonstration of technique to adequately prepare them for the assessment and support learning a technique. The patient should be given advise and information regarding alternative suggestions to manage their concerns where appropriate. This will inform their decision making around managing steps/ stairs on discharge and support making an informed choice of technique.</i> |
| 10. | <i>Following the assessment, the area should be left clean and safe (following appropriate infection control procedures)</i> |
| 11. | <i>The outcome of the stair assessment should be handed over and recorded in the therapy documentation of the patient record to include the following;</i> <ul style="list-style-type: none"> • <i>Technique used; reciprocal stepping pattern or one at a time, alternative method used, lead leg used, direction faced etc</i> • <i>Level of independence/ prompting, supervision or physical support required</i> • <i>Equipment required e.g. rail or walking aid</i> • <i>Any limiting factors /restrictions such as fatigue/shortness of breath/ reduced exercise tolerance/ confidence</i> • <i>Any recommendations made</i> • <i>Names of staff present</i> |