

# Mobility is Medicine

## Review of the Culture of Mobility



# Objectives

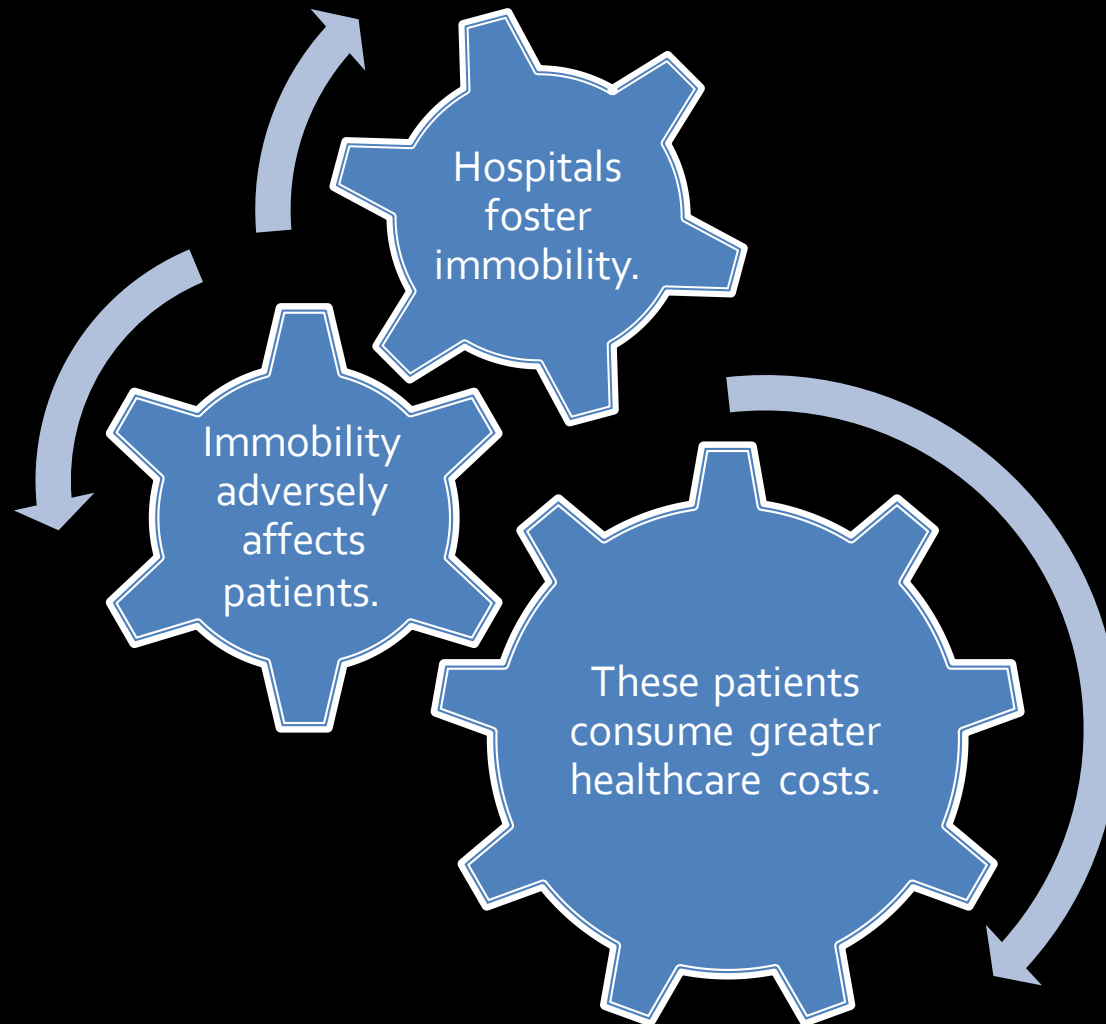
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- Review the evidence supporting mobility in the acute care setting.
- Define the purpose and goals of the Culture of Mobility program.
- Describe the interventions that have been implemented to support a Culture of Mobility.

# Review the Culture of Mobility

- **Interdisciplinary** approach to mobilizing hospitalized patients.
- **PATIENT FOCUSED** model of care.
- **Empowers nursing** staff to do what's best for the patient!
- It is not enough to just document the current level of Activity – **Goal is to Improve**

# Hospitals Foster Immobility?



# Do hospitals foster immobility?

- 83% of the measured hospital stay was spent lying in bed.
- The average amount of time that any one individual spent standing or walking ranged from a low of 0.2% to a high of 21%, with a median of 3%, or 43 minutes per day.
- 80% of patients were independent with all basic ADL's before hospitalization.

# Function – Activity as a Vital Sign

- Temperature
- Heart Rate
- Respiration Rate
- Blood Pressure
- If any of these areas are abnormal they are addressed
- FUNCTION – address change in status – and improve

# Why?

- Possibility or perception of incurring patient harm.
  - We want to protect our patients.
  - Death/injury related to a fall is on the CMS “Never Events” list.
  - Additional costs due to injury from falls are no longer covered by Medicare.

# How does this impact patients?

- Lower levels of physical fitness are directly associated with all-cause mortality and increased complications.
  - Pressure injury
  - DVT
  - Respiratory Complications
  - Decreased Endurance
  - Increased Debility
  - Increased need for care after discharge



# What does a Culture of Mobility look like?

- Ongoing **assessment** of functional ability.
- Routine encouragement of **activity** (to the degree the patient is able!)
- **Documentation** of the care provided.
- All interdisciplinary team members practicing at the **top of their scope**.
- Patient education and **engagement!**

# How do nurse's measure functional ability?

- Bring it back to the ABC's:
  - **Activity**: What activity did the patient do?
  - **Barriers**: What barriers does the patient have to mobilization?
  - **Continue**: How can we continue to progress activity with the patient?



## Johns Hopkins Highest Level of Mobility (JH-HLM) Scale



WALK	250+ Feet	8
	25+ Feet	7
	10+ Steps	6
STAND	> 1 Minute	5
CHAIR	Transfer to CHAIR	4
BED	Sit at Edge of Bed	3
	Turn Self/Bed Activity	2
	Only Lying	1

# Nursing Documentation: JH-HLM

, ketorolac, metoprolol, peanut

Document Highest Level of Mobility

Wed, May 11, 2016 1042 by Sarah E Kappel Real Time

## Johns Hopkins Highles Level of Mobility

Daily  
Documentation:  
Highest Level of  
Mobility

- ☐ Lying in Bed      ☐ Transferred Chair/Commode      ☐ Walked 25 Feet or More  
☐ Turned Self in Bed      ☒ Static Standing      ☐ Walked 250 Feet or More  
☐ Sat at Edge of Bed      ☐ Walked 10 Steps or More

Since the last time the patient was assessed, what did the patient  
ACTUALLY DO, NOT what the patient is capable of?

- \*Turned self in bed - Bed Activity
- \*Static Standing - (1 or more minutes)
- \*Walked 10 steps or more steps (e.g. walked to restroom)
- \*Walked 25 or more feet (e.g. walked outside room)
- \*Walked 250 feet or more (e.g. several laps on unit)

JH-HLM

5

Document WHAT THE  
PATIENT ACTUALLY DID!!

# Nursing Documentation: Activity

Detail is good.  
Tell the story!

Document Ambulate w Assistance	
Thu, May 12, 2016 1519 by Sarah E Kappel Real Time	
<b>Ambulation</b>	
Ambulation	<input type="checkbox"/> Independent <input type="checkbox"/> 1 Person <input type="checkbox"/> Standby Assist <input type="checkbox"/> 2 Person <input type="checkbox"/> With PT/OT <input type="checkbox"/> 3 Person
Devices Used	<input type="checkbox"/> Walker <input type="checkbox"/> Push Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Gait Belt <input type="checkbox"/> Braces <input type="checkbox"/> With Oxygen <input type="checkbox"/> Prosthesis
Distance Ambulated	<input type="checkbox"/> To commode <input type="checkbox"/> To bathroom <input type="checkbox"/> To chair <input type="checkbox"/> To doorway <input type="checkbox"/> Stood at side of bed <input type="checkbox"/> In hallway
Ambulation Tolerance	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Other <input type="text"/>
<b>Chair</b>	
Chair Activity	<input type="checkbox"/> Chair <input type="checkbox"/> Independent <input type="checkbox"/> Gait Belt <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stand by Assist <input type="checkbox"/> Transfer Board <input type="checkbox"/> Reclining Chair <input type="checkbox"/> 1 Person <input type="checkbox"/> Weight Shifting <input type="checkbox"/> Reclining Wheelchair <input type="checkbox"/> 2 Person <input type="checkbox"/> Mechanical Lift <input type="checkbox"/> Dangled at Bedside <input type="checkbox"/> 3 Person <input type="checkbox"/> Total Lift Chair
Time Chair Dangle	<input type="text"/> (Minutes)
Chair Tolerance	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Other <input type="text"/>
<b>Bedrest/Resposition</b>	
Repositioning	<input type="checkbox"/> Independent <input type="checkbox"/> Supine <input type="checkbox"/> Bed in chair position <input type="checkbox"/> Medically unstable <input type="checkbox"/> Prone <input type="checkbox"/> 1 Person <input type="checkbox"/> Pt/Family Refused <input type="checkbox"/> Semi-fowlers <input type="checkbox"/> 2 Person <input type="checkbox"/> Left <input type="checkbox"/> Weight shifting <input type="checkbox"/> 3 Person <input type="checkbox"/> Right
<b>Additional Information</b>	
Additional Activity Information	<input type="text"/>

WALK	250+ Feet	Independent ADL's OOB to Chair Ad Lib Walk in Halls QID+	8	24
	25+ Feet	Mobility/Self-Care Progression Encourage Pt. and Family to Assist with ADL's with progressive independence HOB 60-90 Degrees with Legs Dependent	7	18-23
	10+ Steps	A/PROM TID OOB to Chair AT LEAST TID Extremity Strengthening Independent Sitting Balance Activities Ambulation with Assistance AT LEAST TID	6	
STAND	> 1 Minute	Mobility/Self-Care Progression Encourage Pt. and Family to Assist with ADL's HOB 65 Degrees with legs dependent BID Sit at EOB with minimal support AROM/PROM TID	5	12-17
CHAIR	Transfer to CHAIR	Turn/Reposition Q2H OOB to Chair at least BID A/AAROM PROM Paraplegic Extremity Extremity Strengthening	4	
BED	Sit at Edge of Bed	Mobility/Self-Care Progression Encourage Pt. and Family to Assist with ADL's HOB 45 Degrees with legs dependent BID AROM/PROM TID Turn/Reposition Q2H Total Lift Chair Daily	3	6-11
	Turn Self/Bed Activity	Mobility/Self-Care Progression Normalize Environment HOB 30-45 Degrees (As Tolerated)	2	0-6
	Only Lying	Active/Passive ROM TID Turn/Reposition Q2H Encourage Pt. And Family to Assist with ADL's	1	

# Activity Advancement

- Intervention – Action taken to improve a situation
- If patient is level 2 – repositioned in bed – can they do more – how do they improve
- If patient is level 6 – walk to bathroom with assist – can they walk in hallway
- If patient is level 8 – independent in hall – are we educating patient and family

# What is the patient's role in all of this?

- Engagement is key!
- Educate patient and family
- Encourage improvement



# Movement is Medicine

- Activity = GOOD!!!
- Bedrest = BAD ☹️!!!
- Let's work together to take the best possible care of our patients!



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