

Implementation of Mobility Scoring and Goal-Setting on a Geriatric Unit

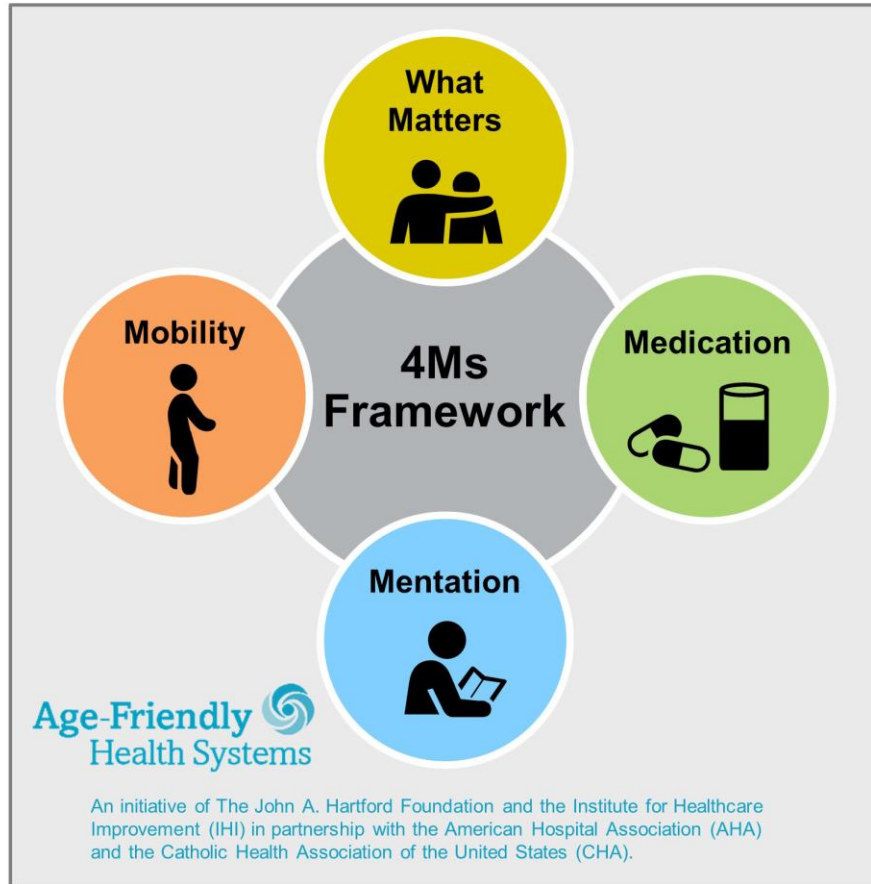
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Low mobility is a common problem among older patients who are hospitalized.



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

www.ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

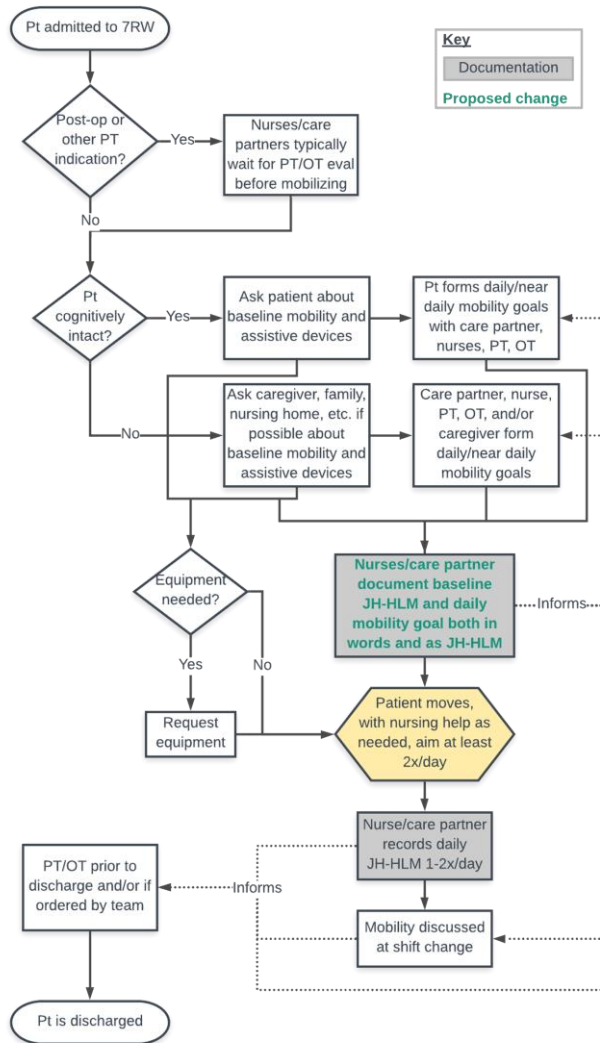
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Implemented Dec 2019 - Feb 2020 on 7 Round Wing to document achieved mobility:

Activity and Mobility Promotion (AMP)		
JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY SCALE (JH-HLM)		
8	WALK 250 FEET OR MORE	
7	WALK 25 FEET OR MORE	
6	WALK 10 STEPS OR MORE	
5	STANDING (1 OR MORE MINUTES)	
4	MOVE TO CHAIR/COMMODE	
3	SIT AT EDGE OF BED	
2	BED ACTIVITIES/DEPENDENT TRANSFER	
1	LYING IN BED	

https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/education_training/amp/toolkit.html

We introduced assessment and documentation of prehospitalization baseline mobility and daily goals.



Setting: 7 Round Wing Acute Care of the Elderly 19-bed unit

Project Timeline: 8/17/2020 - 9/18/2020

Aims: 1) Median daily JH-HLM goal documentation rate of 70%,
 2) Documentation of baseline JH-HLM in at least 70% of patients

Original

Handwritten form with patient initials S.C., other comments like BP/stick R, and a table for JH-HLM documentation. The table shows dates from 12/12/20 to 1/14 and a 'Highest JH-HLM' of 23. Below the table are sections for 'HIGHEST JH-HLM TODAY' (3), 'ASSIST' (1), and 'DEVICE' (circle with slash) and 'DIET/OTHER' (Regular).

PDSA 1: 4 rooms

Printed form for PDSA 1 with fields for PT initials, admit date, and mobility goal in words. It includes a table for JH-HLM documentation and sections for PT and OT notes, with 'DEVICE' and 'ASSIST' noted in the notes section.

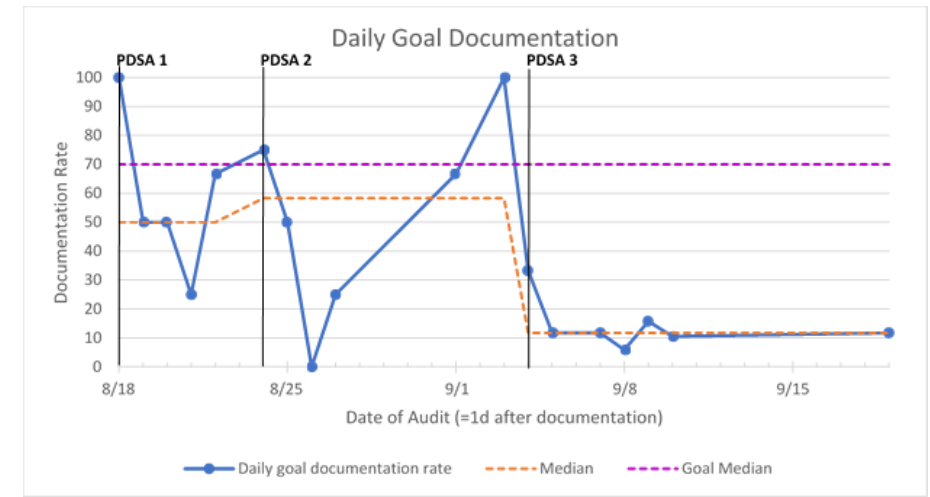
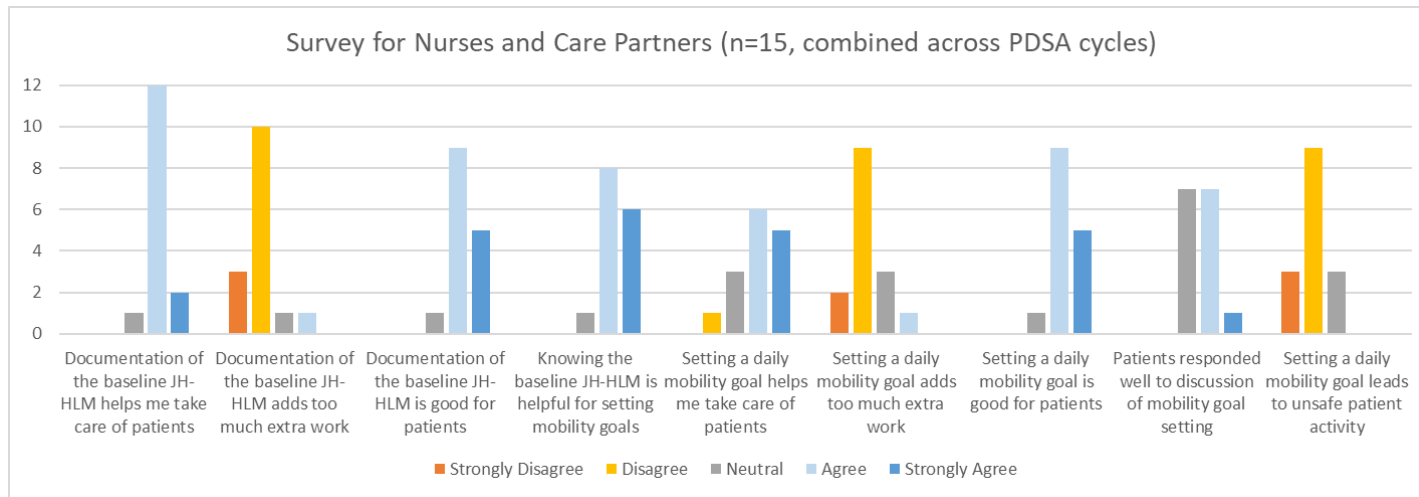
PDSA 2: 4 rooms

Printed form for PDSA 2, similar to PDSA 1 but with a 'DIET' section in the notes area.

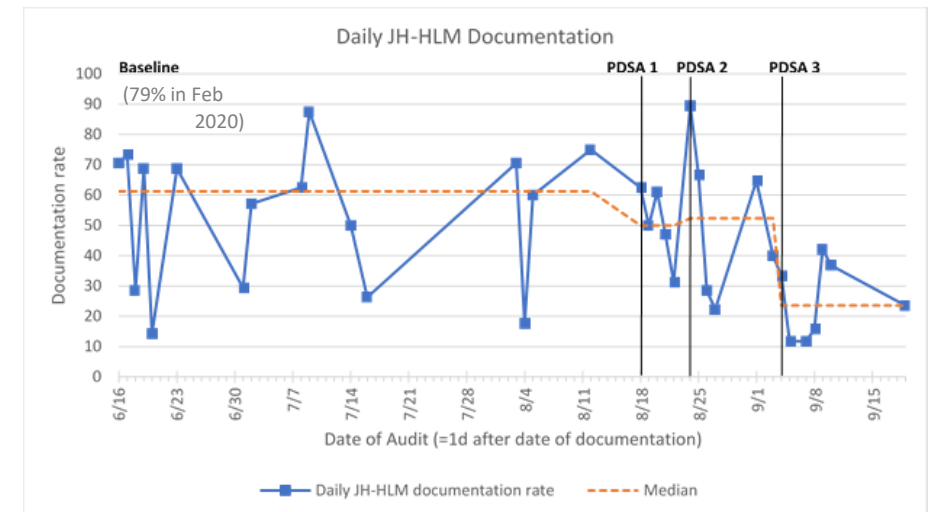
PDSA 3: whole unit

Printed form for PDSA 3, similar to PDSA 1 but with a 'DIET' section in the notes area.

Changes were well-received by nurses and care partners, yet documentation rates were poor.



PDSA cycle	Median daily achieved JH-HLM	Median daily goal JH-HLM	Baseline JH-HLM (once per patient)
Initial	61.25%	N/A	N/A
1	50%	50%	75%
2	52.4%	58.3%	71.4%
3	23.5%	11.8%	71.4%



Aim of 70% met for baseline but not goal documentation.

The next key step is staff education, especially to guide challenging patient-centered conversations.

- **Benefits**
 - Accountability
 - Helps guide mobility progression
 - Helpful for staff communication
 - **Perceived increase in mobility:** staff mobilize patients more + patients are motivated by goal-setting conversations
- **Challenges & reasons for low documentation**
 - Challenging conversations
 - Unable to obtain information
 - Unrealistic goals
 - Concerns about reported baseline
 - Hesitation to mobilize
 - Gaps in staff awareness
- **Next step: targeted staff education**
 - Importance of mobility
 - When it is ok for a patient to move
 - Review JH-HLM and how to document, especially for new and float staff
 - **How to approach conversations:** guidance with a script, based on palliative and rehabilitation principles
- **Other future steps:**
 - Assess impact on patient mobility
 - Incorporate patient and caregiver input
 - Engage physician and NP teams, physical therapists, and trainees
 - Integrate in electronic medical record