



**Johns Hopkins Medicine
Activity and Mobility Promotion
Clinician Guide- PREVIEW**

Table of Contents

- Functional Activity and Mobility: *Documentation for Hospitalized Adults*
- Partners in Mobility: *How to Help Patients be more Active*
- Activity & Mobility Promotion Fast Facts for Physicians: *Mobility Measurement*
- Activity & Mobility Promotion Fast Facts for Nurses: *Documentation*
- Activity & Mobility Promotion Fast Facts for Nurses: *FAQs*

Functional Activity and Mobility

Documentation for Hospitalized Adult

SAMPLE



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Table of Contents

- Goals for Documentation of Activity and Mobility
- Documentation Summary
- The Johns Hopkins Highest Level of Mobility Scale (JH-HLM)
 - JH-HLM Scale
 - JH-HLM Daily Documentation Example I
- AM-PAC Inpatient Assessments
 - Activity Measure for Post Acute Care (AM-PAC)
 - AM-PAC Case Study I
 - AM-PAC Inpatient Basic Mobility Scoring
 - AM-PAC Inpatient Daily Activities Scoring

Goals for Documentation of Activity and Mobility

- To develop a trans-disciplinary workflow to drive patient outcomes and care plan development
 - Use tools to set activity and mobility daily goals
- To identify the most appropriate providers to address patient functional issues

Goals for Documentation of Activity and Mobility

- To develop a strategy for Functional Reconciliation on every patient.
 - Defined by the Society of Critical Care Medicine as: *the comparison of a patient's functional ability prior to hospitalization with their current status. To occur at all transitions in level of care within institutions, and between institutions and out-patient/community resources.*
 - Similar to medication reconciliation

Goals for Documentation of Activity and Mobility

- To track patient's function longitudinally as patients go through acute-care and post-acute care services.
 - Information on functional status will flow to the Transitions of Care document

Goals for Documentation of Activity and Mobility

- To fulfill CMS regulatory requirements
 - Address Core Measure that requires inclusion of functional status, including activities of daily living, cognitive and disability status in a transitions of care document.
- CMS *meaningful use* and *conditions of participation*



Documentation Summary

- Tools for Functional Status Documentation
 - The Johns Hopkins Highest Level of Mobility Scale (JH HLM)
 - AM-PAC Inpatient Activity Scale
 - AM-PAC Inpatient Mobility Scale

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

Score

 MOBILITY LEVEL 	WALK	250+ FEET	8
		25+ FEET	7
		10+ STEPS	6
	STAND	1 MINUTE	5
	CHAIR	TRANSFER	4
	BED	SIT AT EDGE	3
TURN SELF / BED ACTIVITY		2	
LYING		1	

Report of what
 the patient
ACTUALLY DID
 (Observation)

JH-HLM Daily Documentation

Example #1



- Since you assumed care of the patient at 8am, the patient ambulated to the bathroom with assistance of walker and 1 tech. Otherwise, the patient has been sitting in the chair watching TV.


SAMPLE

Into Patient Movement/Mobility Scale

- JH-HLM: 'Walked 10 + steps'
- Score: 6
- Level of Assistance: A Little
- Assistive Device: Walker
- Number of Assistive Persons: 1
- Exercises: None
- Ambulation Distance: NA
- Tomorrow's Goal: Walk 25 ft (7)

SAMPLE

AM-PAC Inpatient Assessments



Case Study I

- Patient is in the ICU. He has an NG tube which he repeatedly attempts to pull out. Due to this, his hands are restrained. He is turned by staff every 4 hours. He is able to sit edge of bed for a few minutes with support from two staff. He is not able to assist with his personal care.

Case 1: AM-PAC Inpatient Mobility

How much help from another person does the patient currently need? **Score:**

1. Turning from your back to your side while in a flat bed without using bedrails?	1	Help from another person items 1 = 'Total' (patient requires total assistance) 2 = 'A lot' (patient requires maximum to moderate assistance) 3 = 'A little' (patient requires minimal assistance, contact guard assistance or supervision) 4 = 'None' (patient is independent) Medware (2016). AM PAC Boston University Activity Measure of Post-Acute Care Short Forms Inpatient, Outpatient, Pre-Surgery 2.0 Instructions Manual. Boston, Trustees of Boston University
2. Moving from lying on your back to sitting on the side of a flat bed without using bedrails?	1	
3. Moving to and from a bed to a chair (including a wheelchair)?	1	
4. Standing up from a chair using your arms (e.g., wheelchair or bedside chair)?	1	
5. To walk in hospital room?	1	
6. Climbing 3-5 steps with a railing?	1	
Total (raw score) =	6	T score =23.55 % of disability =100.0%

Case 1: AM-PAC Inpatient Activities

How much help from another person does the patient currently need?

	Score	Score
1. Putting on and taking off regular lower body clothing?	1	Help from another person items 1 = 'Total' (patient requires total assistance) 2 = 'A lot' (patient requires maximum to moderate assistance) 3 = 'A little' (patient requires minimal assistance, contact guard assistance or supervision) 4 = 'None' (patient is independent)
2. Bathing (including washing, rinsing, drying)?	1	
3. Toileting, which includes using toilet, bedpan or urinal?	1	
4. Putting on and taking off regular upper body clothing?	1	
5. Taking care of personal grooming such as brushing teeth?	1	
6. Eating meals?	1	
Total (raw score) =	6	T score = 17.07 % of disability = 100.0%

Mediware (2016). AM PAC Boston University Activity Measure of Post-Acute Care Short Forms Inpatient, Outpatient, Pre-Surgery 2.0 Instructions Manual. Boston, Trustees of Boston University

Partners In Mobility:

How to Help Patients be More Active

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Table of Contents

- What are some of the Systems Affected by Bed Rest?
 - Skeletal Muscle Atrophy and Weakness
 - Joint Contractures
 - Thromboembolic Disease
 - Atelectasis
 - Pressure Ulcers
- Body Mechanics: Protect the Spine
 - Do's
 - Don'ts
- Safe Patient Handling Equipment
 - Examples of Safe Patient Handling: Sit to Stand Transfer
 - How to Fit an Assistive Device

What are some of the Systems Affected by Bed Rest?

- **Skeletal Muscle Atrophy and Weakness**
 - Muscle mass decreases by ~1.5-2% per day during bed rest.
 - Likely via increased oxidative stress and degradation of proteins.
- **Joint Contractures**
 - One study found 61 of 155 patients with contractures who survived a critical illness, commonly in elbow and ankle.
- **Thromboembolic Disease**
 - Virchow's triad includes the three categories of factors that contribute to thromboembolic disease: blood flow; vascular injury; and coagulopathy.

What are some of the Systems Affected by Bed Rest?

- Atelectasis
 - Many ill patients, atelectasis of the left lower lobe is apparent on chest radiographs.
 - Atelectasis may predispose to pneumonia and it raises pulmonary vascular resistance.
- Pressure Ulcers
 - In supine subjects, raising the head of the bed causes greater pressure at the skin-bed interface in the sacral region, increasing the risk of skin ulcers.

Body Mechanics: Protect the Spine

Don'ts

- Bend at the waist.
- Flex your spine.
- Twist your spine.
- Reach far out with your arms.

Do's

- Bend at the knees.
- Maintain lumbar lordosis and neutral spine.
- Pivot feet.
- Get close to the patient.
- Keep a wide base of support.

SAMPLE

Safe Patient Handling Equipment



Sit to Stand

Sit to Stand Transfer

- Remember your body mechanics.
- Assist the patient to the edge of the bed.
- Assist the patient so their feet are flat on the floor and knees are at a 90 degree angle.
- Instruct the patient to push up from the bed or arm rests, NOT pulling on you.
- Use momentum.
- Raise the bed to make it easier to rise.

Sit to Stand

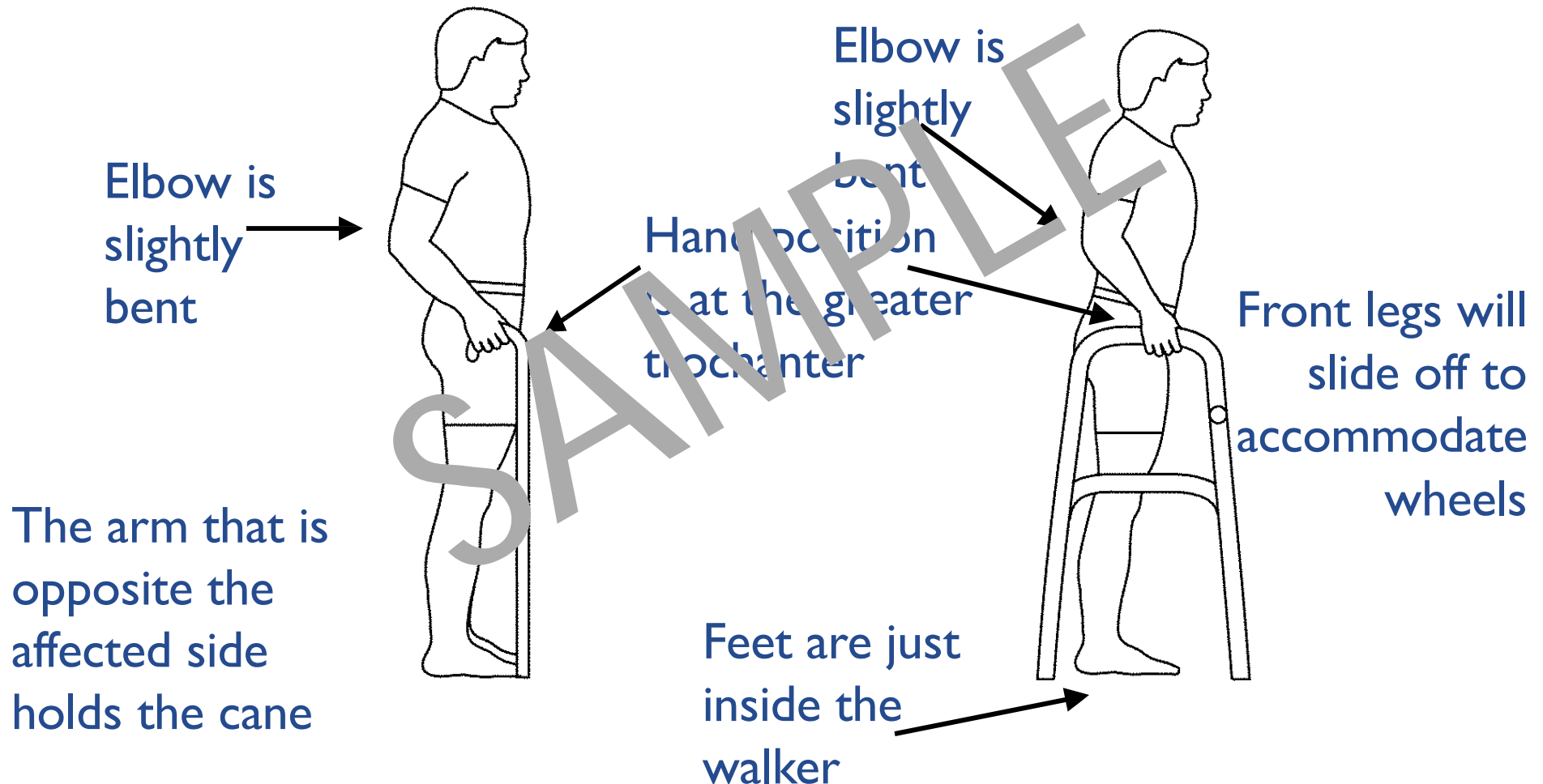


For a Two Person Transfer
Mod to Max Assist



For a Min A Transfer

How to Fit an Assistive Device





Activity & Mobility Promotion: Mobility Measurement

FAST FACTS FOR PHYSICIANS

We are starting a Quality Improvement project with a goal of increasing the use of daily patient mobility and activity goals. As a result, you will be hearing mobility and activity scores discussed on rounds and we want to make you aware of their meaning. Evidence supports that lower levels of activity and mobility are associated with all-cause mortality and increased complications such as pressure ulcers, DVTs, respiratory complications, decreased endurance and increased debility. Documenting activity and mobility using a common language assists with daily functional goal setting and improved communication across providers regarding functional status.

Nursing, Physical and Occupational Therapy are documenting the following mobility tools:

	Patient Performance	Patient Capacity	
	JH HLM	AMPAC Mobility	AMPAC Activity
	Johns Hopkins Highest Level of Mobility Scale	Activity Measure for Post-Acute Care Inpatient Basic Mobility Form	AMPAC Inpatient Activity Form (self-care)
Scale	<i>Content Provided Upon Purchase</i>		

Surgical Pathways- JH HLM goals are pre-determined and imbedded in order sets.

Daily Goal Setting – Use the AMPAC score to set a daily JH HLM score as per the following:

AMPAC Mobility Score	JH HLM Goal
<i>Content Provided Upon Purchase</i>	

Activity & Mobility Promotion Fast Facts for Nurses: Documentation

BACKGROUND AND RATIONALE:

Evidence supports that lower levels of activity and mobility is associated with all-cause mortality and increased complications such as pressure ulcers, DVTs, respiratory complications, decreased endurance and increased debility. In addition, engaging and documenting activity and mobility assists with daily functional goal setting, improved communication across providers on functional status using a common language and meets regulatory requirements for documentation of function.

WHAT DOES THIS MEAN TO THE NURSE?

	Purpose	How to Use the Measure	How to Complete	Frequency
Highest Level of Mobility	<u>Observation of mobility performed</u> during the shift (What the patient did while in the hospital)	Content Provided Upon Purchase	Content Provided Upon Purchase	Content Provided Upon Purchase
AM PAC Inpatient Assessments	<u>Assessments of the patient's capacity to perform</u> (What the patient can do or thinks they can do) Informs understanding of how they will function outside the hospital	Content Provided Upon Purchase	Content Provided Upon Purchase	Content Provided Upon Purchase



Activity & Mobility Promotion:

FAST FACTS FOR NURSES: FAQs

Questions	JHH Highest Level of Mobility (JHH HLM)	AM PAC
What does this assessment reflect?	<p>SAMPLE</p> <p>Content Provided Upon Purchase</p>	
How do we use the scores?		
When should I document on the tool?		
What do I do if my patient is on bed rest?		
Who can document?		
How do I know what to score?		
Are there special rules for scoring?		
How can we integrate this into unit culture?		