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
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 1
• AM-PAC Inpatient Assessments
  – Activity Measure for Post Acute Care (AM-PAC)
  – AM-PAC Case Study 1
    • 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
The Johns Hopkins Highest Level of Mobility Scale (JH-HLM)

<table>
<thead>
<tr>
<th>MOBILITY LEVEL</th>
<th>WALK</th>
<th>STAND</th>
<th>CHAIR</th>
<th>BED</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250+ FEET</td>
<td>1 MINUTE</td>
<td>TRANSFER</td>
<td>SIT AT EDGE</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>25+ FEET</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>10+ STEPS</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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.
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)
AM-PAC Inpatient Assessments
Case Study 1

- 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?

<table>
<thead>
<tr>
<th>Score</th>
<th>Help from another person items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>‘Total’ (patient requires total assistance)</td>
</tr>
<tr>
<td>2</td>
<td>‘A lot’ (patient requires maximum to moderate assistance)</td>
</tr>
<tr>
<td>3</td>
<td>‘A little’ (patient requires minimal assistance, contact guard assistance or supervision)</td>
</tr>
<tr>
<td>4</td>
<td>‘None’ (patient is independent)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Turning from your back to your side while in a flat bed without using bedrails?</td>
<td>1</td>
</tr>
<tr>
<td>2. Moving from lying on your back to sitting on the side of a flat bed without using bedrails</td>
<td>1</td>
</tr>
<tr>
<td>3. Moving to and from a bed to a chair (including a wheelchair)?</td>
<td>1</td>
</tr>
<tr>
<td>4. Standing up from a chair using your arms (e.g., wheelchair or bedside chair)?</td>
<td>1</td>
</tr>
<tr>
<td>5. To walk in hospital room?</td>
<td>1</td>
</tr>
<tr>
<td>6. Climbing 3-5 steps with a railing?</td>
<td>1</td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Putting on and taking off regular lower body clothing?</td>
<td>1</td>
</tr>
<tr>
<td>2. Bathing (including washing, rinsing, drying)?</td>
<td>1</td>
</tr>
<tr>
<td>3. Toileting, which includes using toilet, bedpan or urinal?</td>
<td>1</td>
</tr>
<tr>
<td>4. Putting on and taking off regular upper body clothing?</td>
<td>1</td>
</tr>
<tr>
<td>5. Taking care of personal grooming such as brushing teeth?</td>
<td>1</td>
</tr>
<tr>
<td>6. Eating meals?</td>
<td>1</td>
</tr>
</tbody>
</table>

**Score:**

- **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)

**Total (raw score) = 6**

**T score = 17.07**

**% of disability = 100.0%**

---

Medicare (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
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.

*Brower. CCM 2009*
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.

Brower. CCM 2009
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.
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

Elbow is slightly bent

Hand position is at the greater trochanter

Front legs will slide off to accommodate wheels

The arm that is opposite the affected side holds the cane

Feet are just inside the walker
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:

<table>
<thead>
<tr>
<th>Patient Performance</th>
<th>Patient Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JH HLM</strong></td>
<td><strong>AMPAC Mobility</strong></td>
</tr>
<tr>
<td>Johns Hopkins Highest Level of Mobility Scale</td>
<td>Activity Measure for Post-Acute Care</td>
</tr>
<tr>
<td>Scale</td>
<td>Scale</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>AMPAC Mobility Score</th>
<th>JH HLM Goal</th>
</tr>
</thead>
</table>

Content Provided Upon Purchase
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?

<table>
<thead>
<tr>
<th>Highest Level of Mobility</th>
<th>Purpose</th>
<th>How to Use the Measure</th>
<th>How to Complete</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of mobility performed during the shift</td>
<td>Content Provided Upon Purchase</td>
<td>Content Provided Upon Purchase</td>
<td>Content Provided Upon Purchase</td>
<td></td>
</tr>
<tr>
<td>(What the patient did while in the hospital)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AM PAC Inpatient Assessments</th>
<th>Purpose</th>
<th>How to Use the Measure</th>
<th>How to Complete</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments of the patient's capacity to perform</td>
<td>Content Provided Upon Purchase</td>
<td>Content Provided Upon Purchase</td>
<td>Content Provided Upon Purchase</td>
<td></td>
</tr>
<tr>
<td>(What the patient can do or thinks they can do)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informs understanding of how they will function outside the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>JHH Highest Level of Mobility (JHH HLM)</td>
<td>AM PAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What does this assessment reflect?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do we use the scores?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When should I document on the tool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do I do if my patient is on bed rest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who can document?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do I know what to score?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there special rules for scoring?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How can we integrate this into unit culture?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>