**Objectives**

- Create an interdisciplinary approach to patient mobility and functional independence
- Provide education and support to lead a culture of mobility
- Develop a system that reduces immobility related adverse outcomes and promotes overall patient well-being
- Utilize evidence based practice to create a program that will decrease variation in patient care in order to optimize hospital based outcomes

**Benefits of Mobility**

- Harm Reduction
  - Falls
  - DVT/PE
  - Aspiration PNA
  - Decubitus Ulcers
  - Patient debility
- Improve Hospital and Patient Outcomes
  - Decrease Length of Stay
  - Decrease Cost
  - Increase in Number of Patients Discharged to Home
  - Decrease readmissions
  - Appropriately utilize hospital resources

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**Activity Measure for Post Acute Care (AMPAC)**

AM-PAC – Activity Measure for Post Acute Care

Obtained from AM-PAC Computer Adapted Testing (CAT)

‘6-Clicks’ is designed for acute care

Items are scored 1 to 4 (overall score range: 6-24), with lower scores indicating a greater degree of limitation

Provides a common language to communicate between disciplines about the patient’s function

Provides an objective outcome for quality metrics
- Create a functional profile for the patient
- Determine appropriateness of rehab consults
- Guide clinical decisions and utilize objective measure to support discharge recommendations

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**Absolute (A) and Relative Contraindications for Mobility**

**Respiratory**
- Hypoxemia less than 88% at rest

**Circulatory**
- Suspected or untreated cardiac tamponade (A)
- Active uncontrolled cardiac arrhythmia
- R/O ACS, including pending troponins
- MAP > 140mmHg or < 65mmHg
- New DVT/PE (if less than 24hr speak to MD)
- Compartment syndrome
- HR<40 or >130bpm
- SBP> 200mmHg, DBP >100mmHg

**Musculoskeletal**
- Skeletal/Bucks traction or any unstable fracture(A)
- Unstable spine(A)
- Bony Lesions
- Imaging to R/O fractures
- Osteomyelitis

**Labs**
- Hgb>7g/dL
- Plt count less than 20,000
- INR>5
- EVD with ICP >20mmHg