

Culture of Mobility

Beth Colborn DPT, Helene Daly MSN, RN, Kathleen Hilbert, RN, MSN, CM, Gordon Reeves MD, Jessica Shank MPT, Elizabeth Singh DPT, Lisa Wus DNP, RN, CRNP, PCCN-CMC

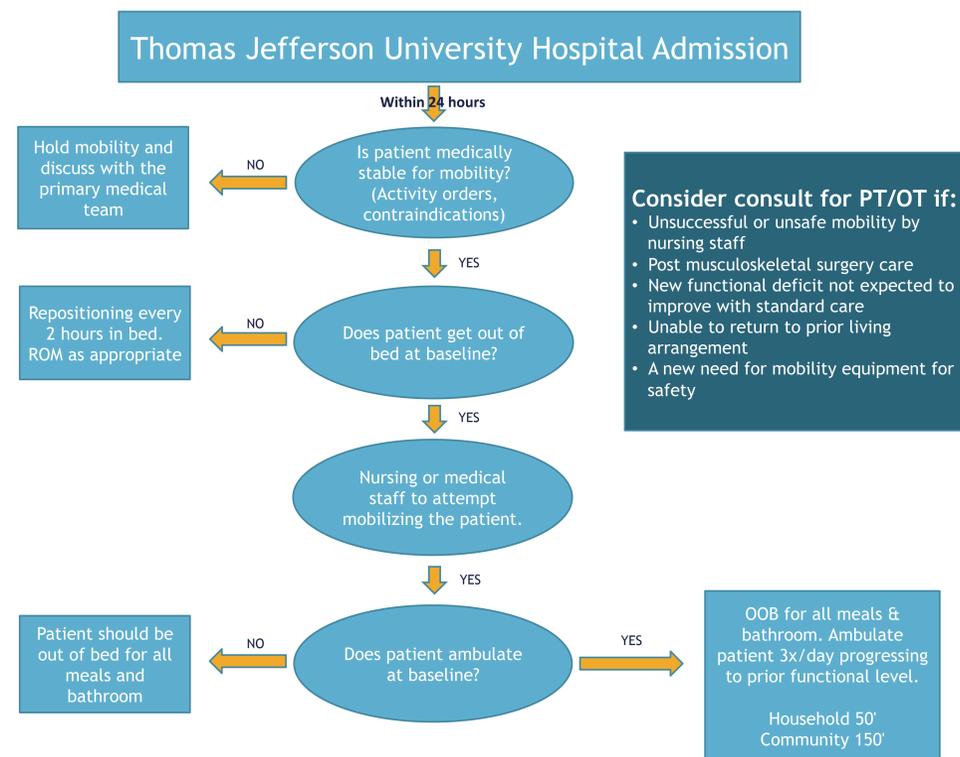
Objectives

- 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

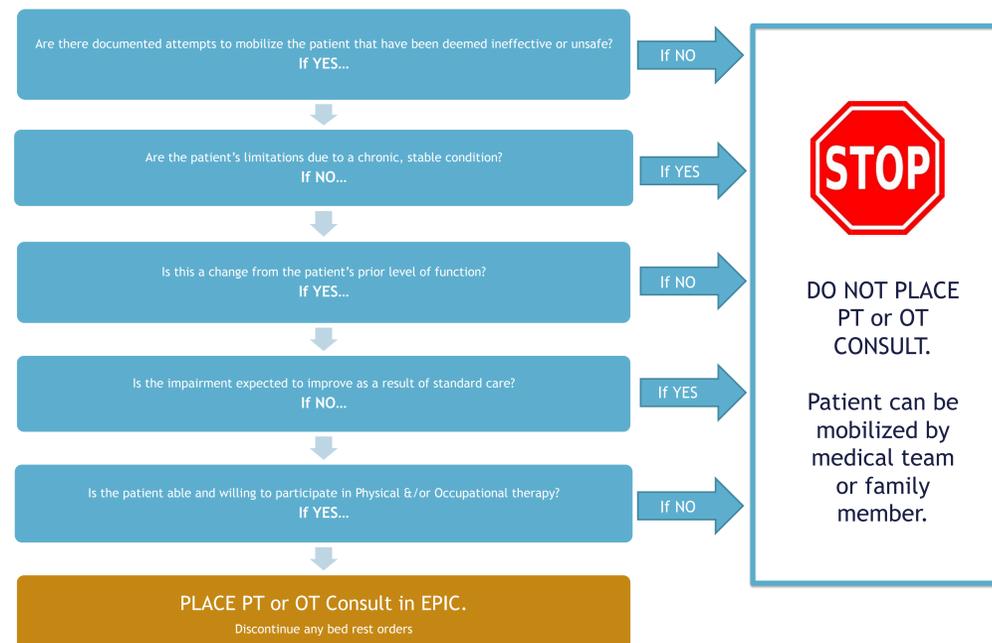
Benefits of Mobility

- 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

Mobility Flowsheet



Decision Tree for Physical/ Occupational Therapy Consult



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**

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