



Age-Friendly Health System

MICU Mobility: Bedrest is Toxic

Bedrest Is Toxic

Hospitalization-Associated Disability

- In patients > 70 years and hospitalized
- Acute medical illness precipitates disability
- 1/3 lost independence of their activities of daily living during the hospitalization

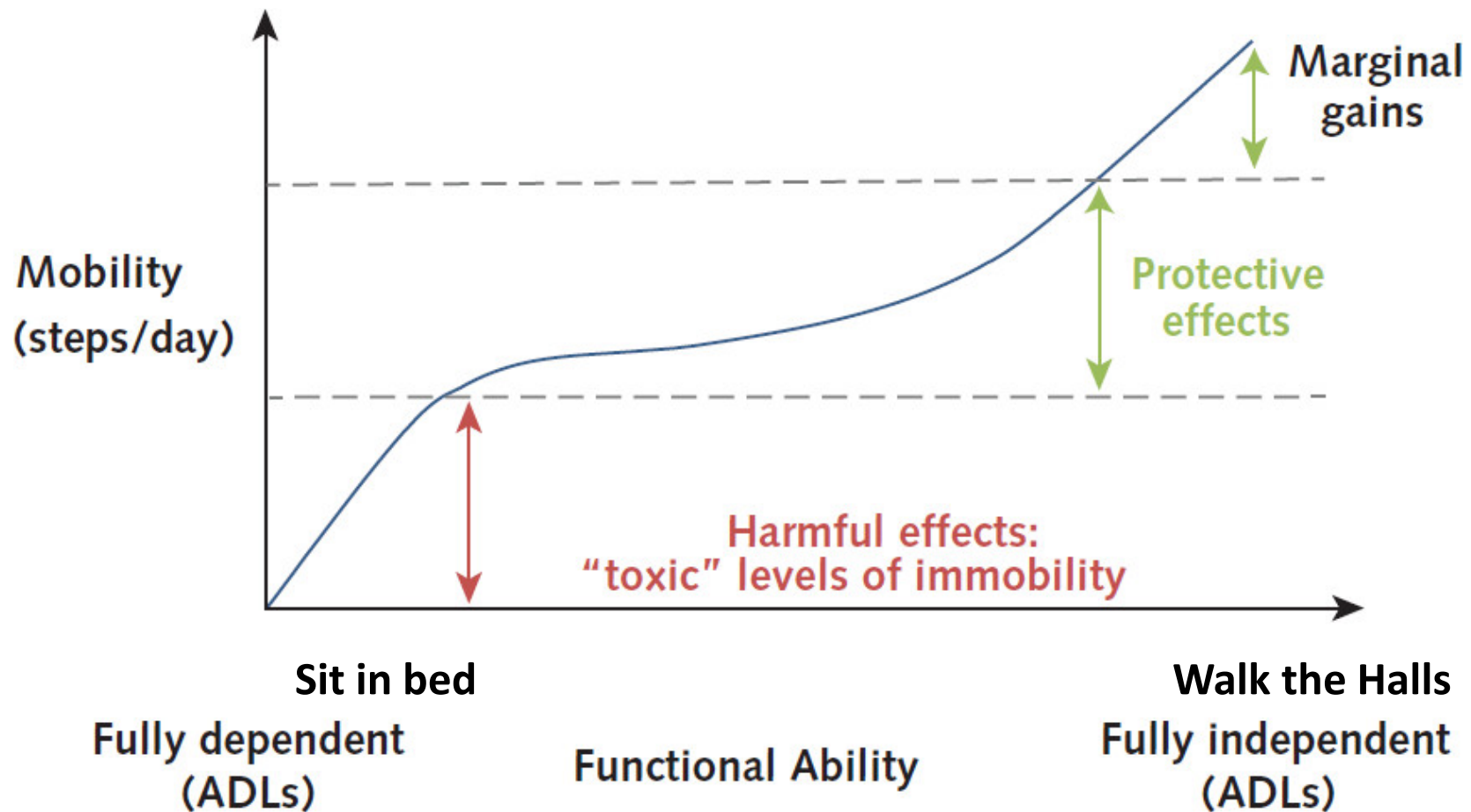
October 26, 2011 *JAMA*, 306(16):1782-1793

Hospitalists Inpatient Notes -Why Mobility Matters in the Hospital

- Lack of a mobility plan contributes to a patient's functional decline
- Possible contributor to the surge of discharges to skilled nursing facilities
- Is there a threshold distance to keep patients from harm?

July 17, 2018 *Annals of IM* 169 (2):H02

Why Mobility Matters In The Hospital



Reality In Our MICU

- From 2011-2018 we grew from a 15 bed to a 25 bed unit
 - Default culture was that mobility was the job of PT and OT
 - On weekdays we had <2 PTs and <1 OT assigned to the MICU
 - No system to prioritize patients (age or immobility)
- In 2015-2016 we did a great project on early mobility of the ventilated patient (PT,OT, RT and nursing), but our champion graduated...
- We were not addressing the overall problem
 - PT/OT reflexive consultation, overuse and staffing constraints
 - Could we include other stakeholders- patients, families, nurses, aides and providers?
 - Could we find a system/protocol that worked (in another ICU or hospital system)?
 - Could we ideally collect data and study our patient outcomes?

Mobility and Physical Therapy



Mobility Metrics

FIM

FIM LEVELS	
<i>No Helper</i>	
7	Complete Independence (Timely, Safely)
6	Modified Independence (Device)
<i>Helper - Modified Dependence</i>	
5	Supervision (Subject = 100%)
4	Minimal Assistance (Subject = 75% or more)
3	Moderate Assistance (Subject = 50% or more)
<i>Helper - Complete Dependence</i>	
2	Maximal Assistance (Subject = 25% or more)
1	Total Assistance (Subject less than 25%)
8	Activity does not occur; Use this code only at admission

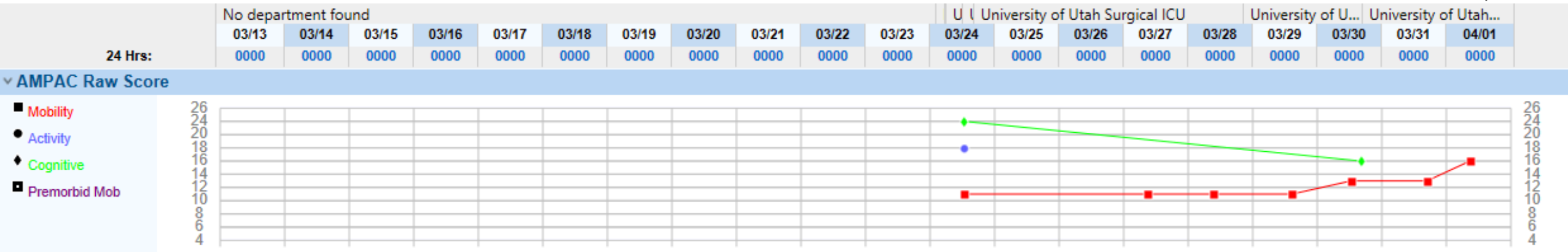
AMPAC

Total	Requires total assistance, or cannot do at all.
A lot	Requires a lot of help (maximum to moderate assistance). Can use assistive devices.
A little	Requires a little help (supervision, minimal assistance). Can use assistive devices.
None	Does not require any help and does the activity independently. Can use assistive devices.

Mobility Metrics

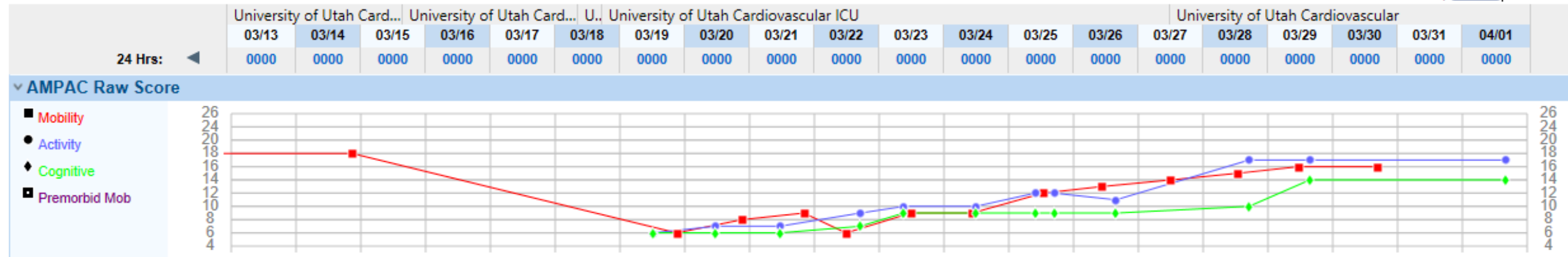
Please check the box that reflects the best answer to each question.

Timeline | 24 Hrs | All



using bedrails?

Timeline | 24 Hrs | All



Mobility Scores Related to D/C location

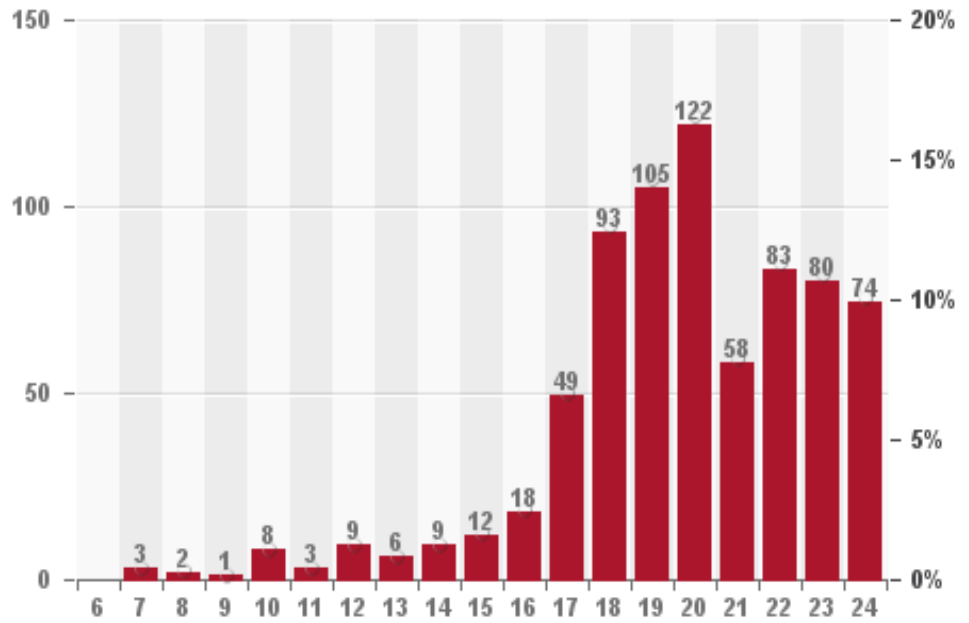
Last AMPAC Mobility score by discharge location



AMPAC Mobility Average Scores
Acute Rehab Units
1/1/18 - 12/31/18

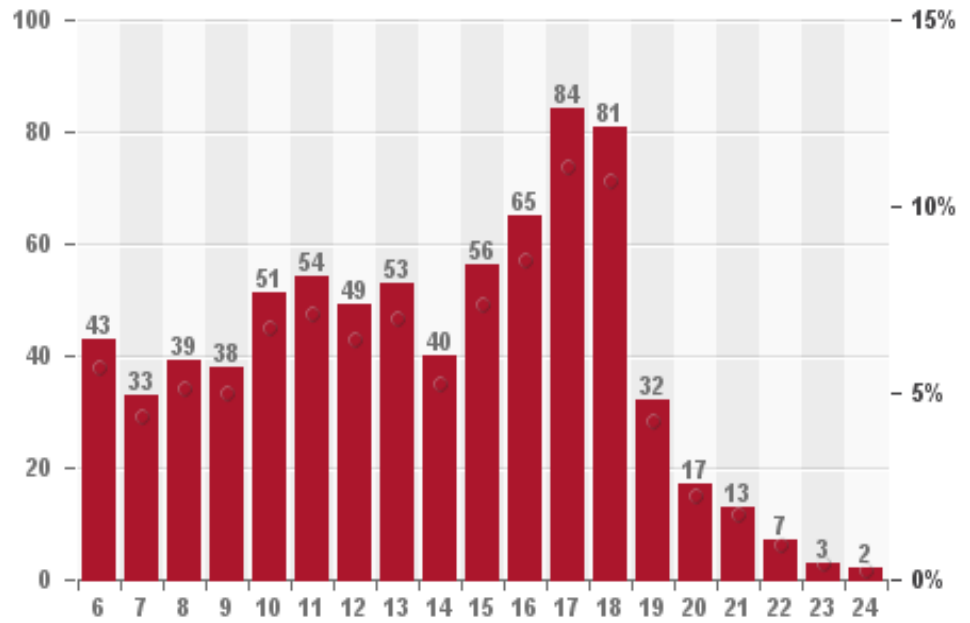
Patient Units: 3
MS-DRG's: 415
Discharge Disposition: 25
Score Type: Last Scores

Scores: Home or Self Care Median Score: 20



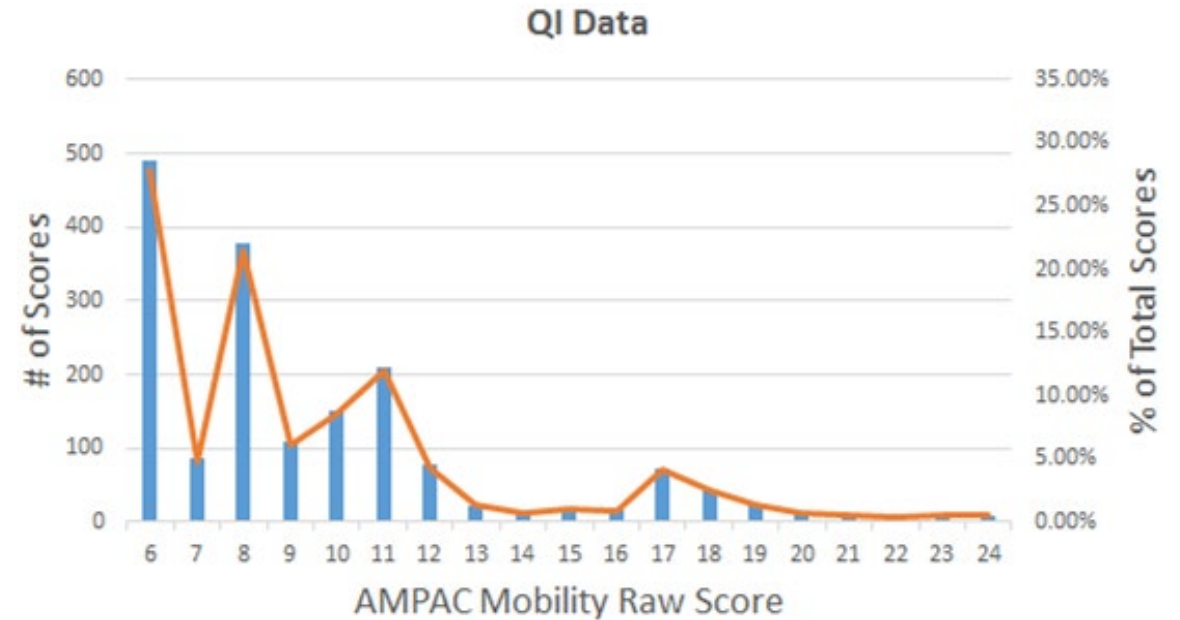
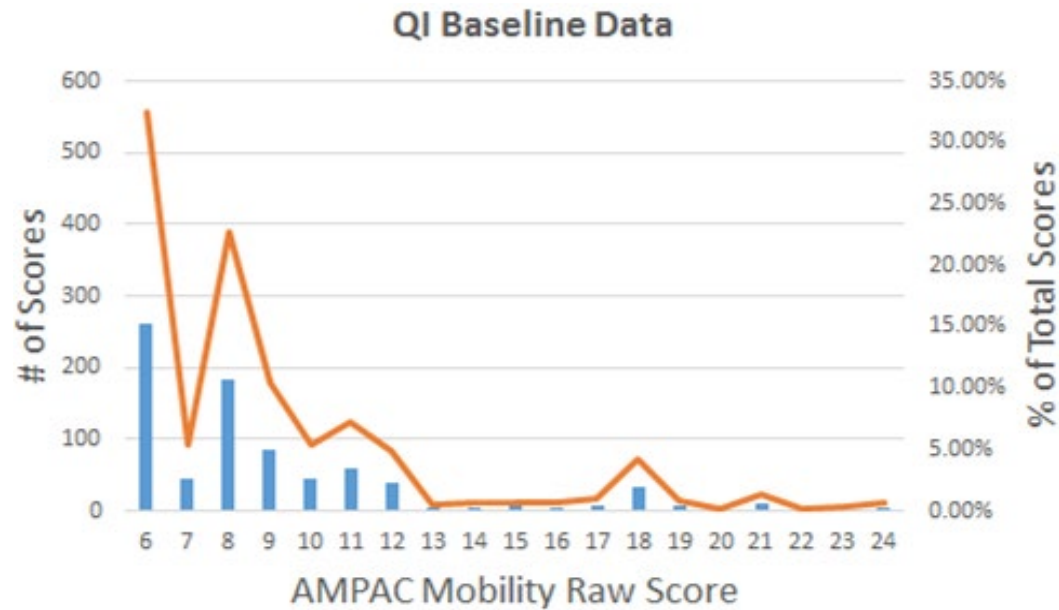
Total Scores: 735 Patients: 703

Scores: Skilled Nursing Facility Median Score: 14



Total Scores: 760 Patients: 699

Observed Outcomes




- 118% increase in unique AM-PAC data points
 - More than doubled patient PT encounters
- Shift in volume towards patients with lower AM-PAC scores

Patient Mobility Version #1







Date

Patient Name





History of Falls? <small>(past 30 days)</small>	
Yes	No

Bed/Chair Alarm	
 ON	 OFF

Comments			

# of Staff	# of Staff	Level of Assistance
0 	Walker 	Independent
1 	Wheelchair 	Stand by
2 		Minimal (a little)
2+ 		Moderate (some)
Therapy ONLY	Other	Maximal (a lot)
		Dependent (total)

Weight-Bearing Status

		Assessment	Daily Goals			
	8	Walk 250+ Feet (4x)				
	7	Walk 25+ Feet (4x)				
	6	Walk 10+ Feet (3x)				
	5	Stand >1 Minute (3x)				
	4	Transfer to Chair (3x)				
	3	Sit at Edge of Bed (3x)				
	2	Turn Self/Bed Activity (3x)				
	1	Only Lying				

Examples of Mobility Board Gone Wrong

Current work-around to help make sense of board

Patient Mobility Patient Name: **Dave**

Date: **3/19**

History of Falls? (Last 30 Days): Yes No

Bed/Chair Alarm: ON OFF

Toileting Assistance: Brief Bedpan Commode Toilet

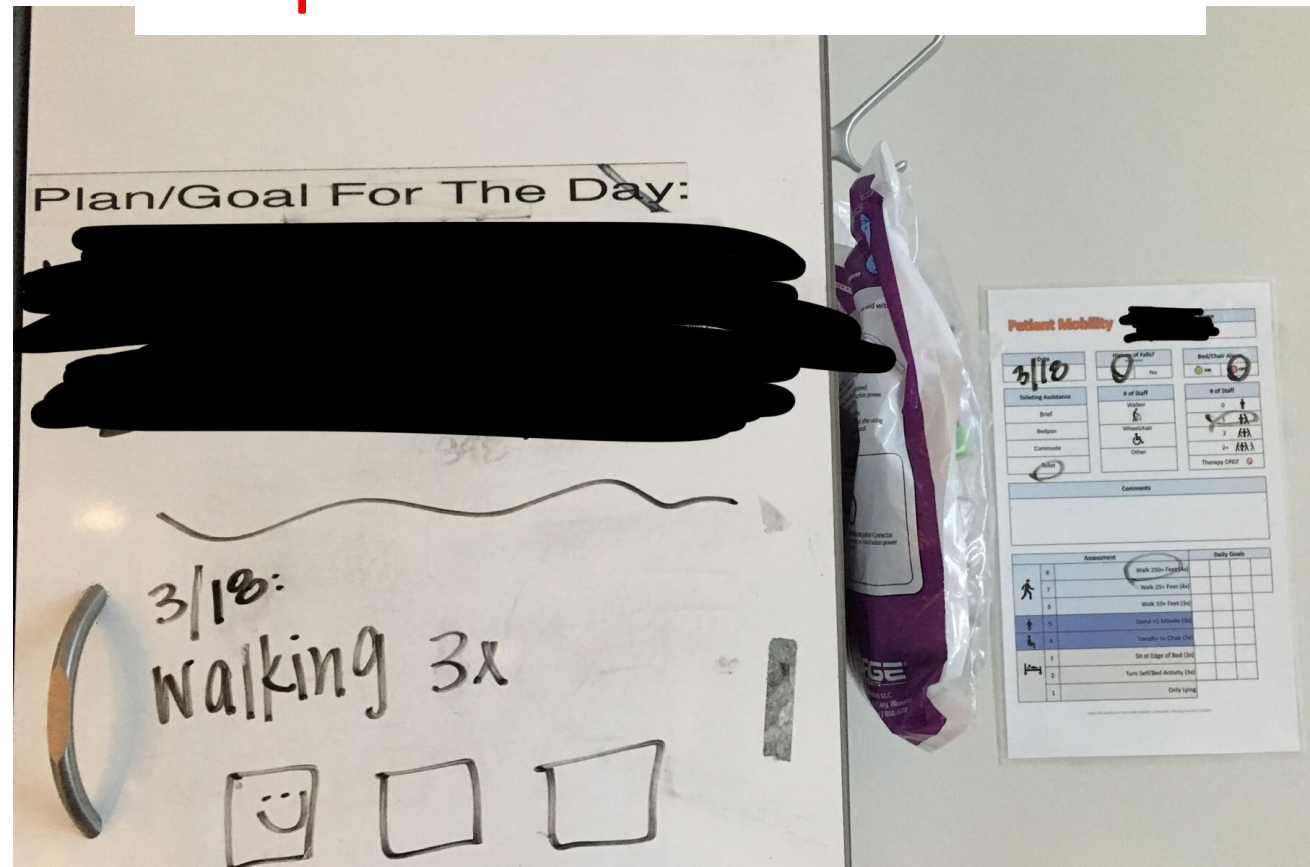
of Staff: Walker 0, Wheelchair 1, Other 2

Therapy ONLY:

Comments:

Assessment	Daily Goals
8 Walk 250+ Feet (4x)	
7 Walk 25+ Feet (4x)	
6 Walk 10+ Feet (3x)	
5 Stand >1 Minute (3x)	
4 Transfer to Chair (3x)	
3 Sit at Edge of Bed (3x)	
2 Turn Self/Bed Activity (3x)	
1 Only Lying	

6 days old



Patient Mobility Patient Name: **KEVIN**

Date: **3/18**

History of Falls? (Last 30 Days): Yes No

Bed/Chair Alarm: ON OFF

Toileting Assistance: Brief Bedpan Commode Toilet

of Staff: Walker 0, Wheelchair 1, Other 2

Therapy ONLY:

Comments: **DC PT 3/18**

Assessment	Daily Goals
8 Walk 250+ Feet (4x)	
7 Walk 25+ Feet (4x)	
6 Walk 10+ Feet (3x)	
5 Stand >1 Minute (3x)	
4 Transfer to Chair (3x)	
3 Sit at Edge of Bed (3x)	
2 Turn Self/Bed Activity (3x)	
1 Only Lying	

Previous patient info

Version #2
 Goal Oriented for
 Family and Care Team



PATIENT MOBILITY

PATIENT NAME		DATE	
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ACTIVITY GOAL	COMPLETED		
	THERAPY	DAY	NIGHT
WALK IN HALL			
WALK IN ROOM			
ACTIVE TRANSFER TO CHAIR			
PASSIVE LIFT TO BEDSIDE CHAIR			
BEDCHAIR			

TOILETING ASSISTANCE
Brief/Chux
Bedpan
Commode
Toilet

OF STAFF
1
2
2+
Therapy ONLY

EQUIPMENT
Walker 
Wheelchair 
Other

COMMENTS

Humble But Doable MICU Mobility Goal

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- Since beginning this Age-Friendly initiative in September
 - Hospital just approved a 3rd full time PT for MICU (full care 7 days a week)
 - IT support provided to track AMPAC scores and outcomes by patient groups
- Increased nursing education about mobility/tools/comfort

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- Patient assessed and board filled out by PT (1st day)
- Each AM
 - Nurse and provider reports will include if goals were met the last 24 hours
 - AM aide will erase and update the board
 - Continue current mobility plan unless patient decompensates or activity is updated by PT
- Nurse responsible for ensuring activity done per shift (with help)