



Promoting Mobility to Avoid Hospital-Acquired Harms during Challenging Times

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Assessing and
Addressing Barriers
to Mobility



Interdisciplinary
Functional Measurement
in the Hospital



Patient Engagement
Clinician Tools and
Skills



Engaging the Clinical
Team and Establishing
Sustainable Training



Designing, Conducting,
& Sustaining Quality
Improvement



Using Data to
Drive Culture and
Accountability



Training and
Implementation



AMP Research



Tools and Resources

HopkinsAMP.org
HopkinsAMP@jhmi.edu

Evidence - The Problem: Bed Rest

- Bed rest is pervasive during hospitalization.
- Lying in Bed: 71% to 94% of hospital stay (17 – 22 Hrs)
- Stand/Walking: 1% to 5% (0.2 – 1.1 hrs)
- Patients independent w/ walking on admissions spend **<30%** time out of bed.

Walking Assistance on Admission

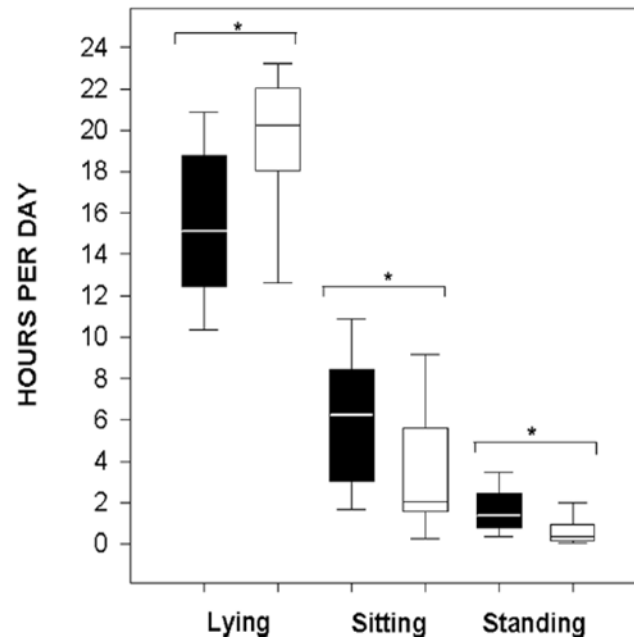
Independent



Not-Independent



24-HOUR MOBILITY AND BASIC MOBILITY DURING HOSPITALIZATION



Why is promoting activity and mobility important?

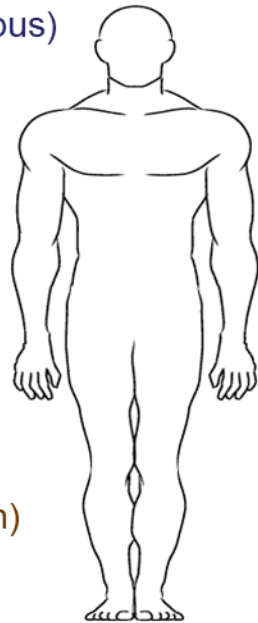
Body Systems:

cardiovascular
(orthostatic hypotension, thrombus)

musculoskeletal
(atrophy and contractures)

urinary elimination
(infection and dehydration)

bowel elimination
(constipation and dehydration)

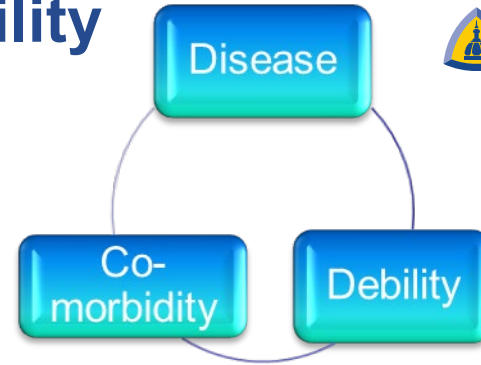


psychosocial (depression)

respiratory
(hypostatic pneumonia)

integumentary
(pressure ulcers)

metabolic
(fluid and electrolyte imbalance)



Wake Up Call: COVID-19 Immobility Harm Recipe

Treatment

- Sedation practices
- Mechanical ventilation
- Oxygen support
- Bedrest
- ICU length of stay
- Prolonged length of stay

Response/Infection Control

- Social isolation
- PPE conservation
- Reduce clinician access
- Redeployed nurses
- Access to mobilization equipment

WHO guidelines' recommend management of COVID-19 includes **prevention of hospital acquired debility by actively mobilizing patients** throughout the course of illness and addressing functional decline.

Bedrest is still bad! Now what???

- 1899 there was discussion of a “radical change in the after-treatment of celiotomy cases the postoperative period of bed rest could be cut to hours, instead of days or weeks, and result in reduced muscle weakness
- 1944, a conference on bed rest was held, and major journals were publishing on related topics, such as the “evil sequelae of complete bed rest” and the “abuse of rest in bed”

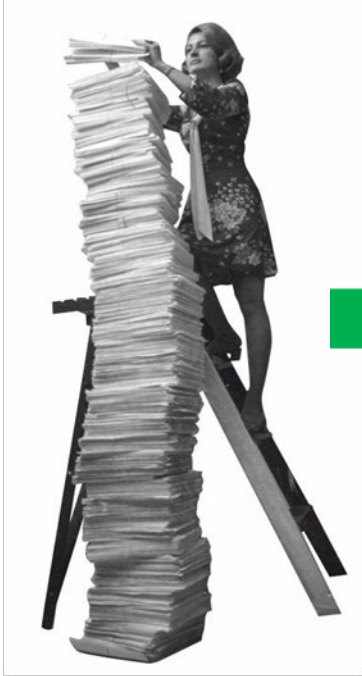
Ries, E. *JAMA*. 1899; XXXIII(8): 454-456.

Dock, W. *JAMA* 1944; 125(16): 1083-1085

Powers, JH. *JAMA* 1944;125(16): 1079-1083

Hashem M. *Respiratory Care* July 2016, 61(7) 971-979

Evidence NOT Translating into Practice



Mounting Evidence



Need a Paradigm Shift!



- Mobility not a safety/quality priority
- Fall prevention is not mobility promotion
- Clinician and patient fear of falling is real
- Silos: core metrics and committees
- No mobility key performance indicator
- Inefficient workflows
- Poorly defined roles in mobility

NO systematic approach to optimize resources

The JH-AMP 8 Step Framework



Organizational Prioritization



Education & Training



**Systematic Measurement
& Daily Mobility Goal**



Workflow Integration



Barrier Mitigation



Data Feedback



Interdisciplinary Roles



Promotion & Awareness

JH-AMP Program Outcomes

- **Academic Hospital - Medicine**
 - Patients ambulating on daily basis **increased: 43% to 70%** ($p < 0.001$)
 - For all, LOS **reduced 0.4 day**;
 - for expected LOS > 7 day, **reduced 1.1 day**
 - Falls did NOT increase
- **Academic and Community Hospitals**
 - 18 units
 - Increased **nursing mobility assessment** correlates to **increase in patient goal achievement**
- **Neurology Units**
 - **27% increase** in patients meeting daily mobility goals
 - **42% decrease** in “low value” PT/OT referrals
 - LOS **reduced by 0.2 day**
- **Community Hospital**
 - LOS **reduced 0.6 day** for project unit
 - 30-day readmission **reduced: 15% to 12%**
- **Dissemination**
 - **1000+** hospitals utilizing AMP mobility assessment tools globally
 - **600+** hospitals/health systems attending AMP conferences

The JH-AMP 8 Step Framework



Organizational Prioritization



Education & Training



**Systematic Measurement
& Daily Mobility Goal**



Workflow Integration



Barrier Mitigation



Data Feedback



Interdisciplinary Roles



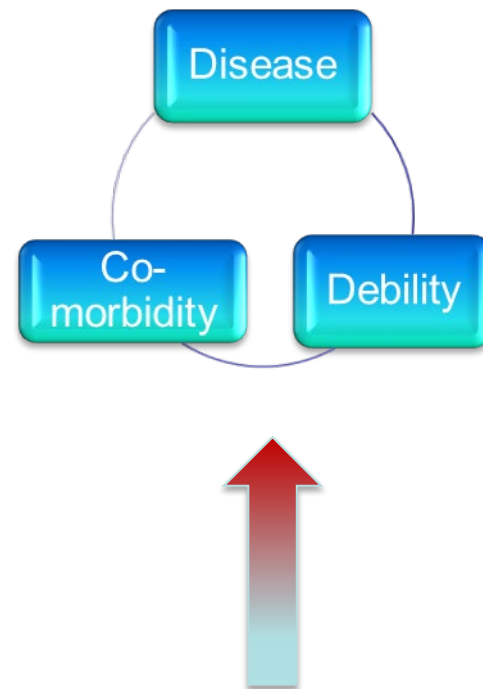
Promotion & Awareness

1. ORGANIZATIONAL PRIORITIZATION

Function, Value, & Patient Outcomes

Hospital-acquired physical impairment is associated with **INCREASED**:

- Hospital-acquired complications
 - falls, pressure ulcers, DVT, aspiration
- Hospital LOS
- 30-Day readmissions
- Long Term Care and rehabilitation stays
- Long-term impaired physical function



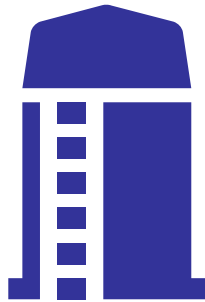
Covinsky et al. *J Am Geriatr Soc.* 2003; 51: 451-458.

Brown et al. *J Am Geriatr Soc.* 2004; 52: 1263-1270.

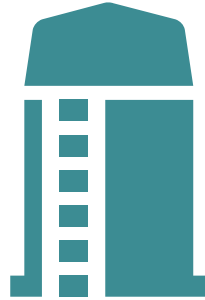
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Hoyer et al. *J. Hosp. Med.* 2014; May;9(5):277-82

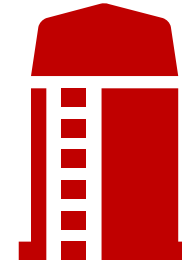
Safety and Quality Initiatives in Hospitals: Silo Approach



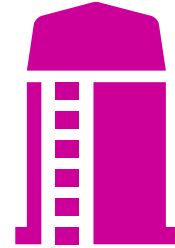
Delirium



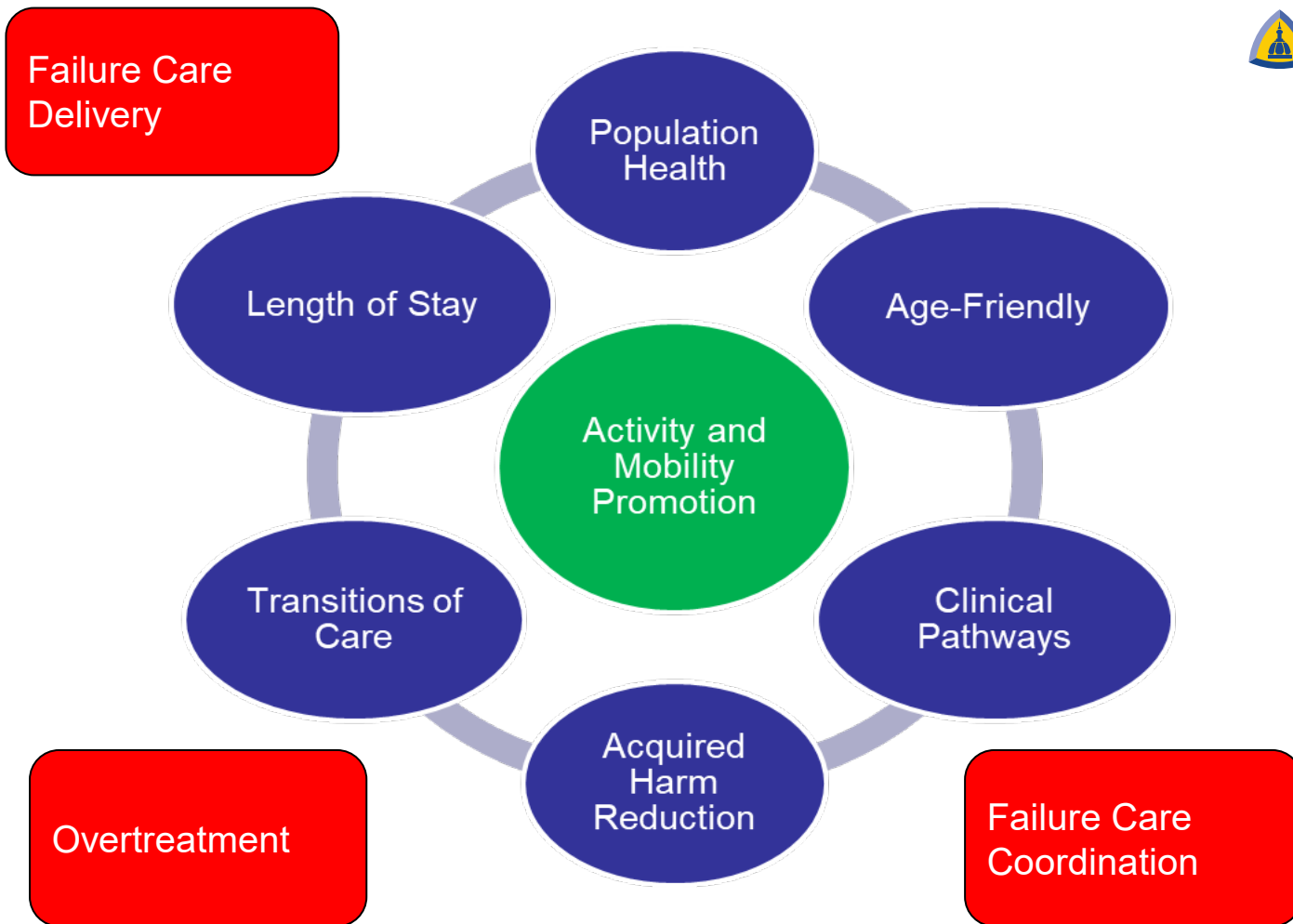
Safe Patient
Handling



Fall Prevention



Pressure Injury
Prevention



WHERE CAN I START?

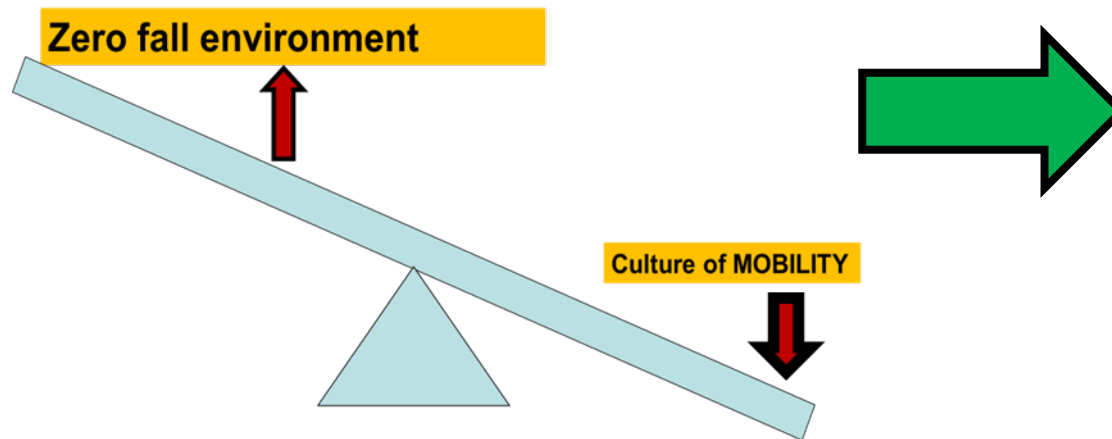
The Tension Between Promoting Mobility and Preventing Falls in the Hospital

Matthew E. Growdon, MD, MPH^{1,2}; Ronald I. Shorr, MD, MS³; Sharon K. Inouye, MD, MPH^{4,5}

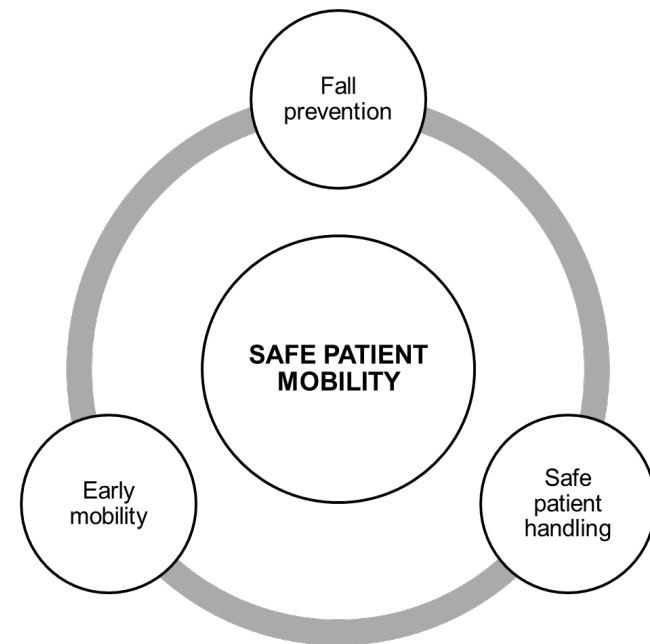
[➤ Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2017;177(6):759-760. doi:10.1001/jamainternmed.2017.0840

Zero lift, fall, fear of fall



Proposed Model of Care



Making immobility as important a harm as missed medication or falls?

1. Functional assessment
2. Daily goal target
3. Mobility performance
4. Variance and action



2. SYSTEMATIC MEASUREMENT & MOBILITY GOALS

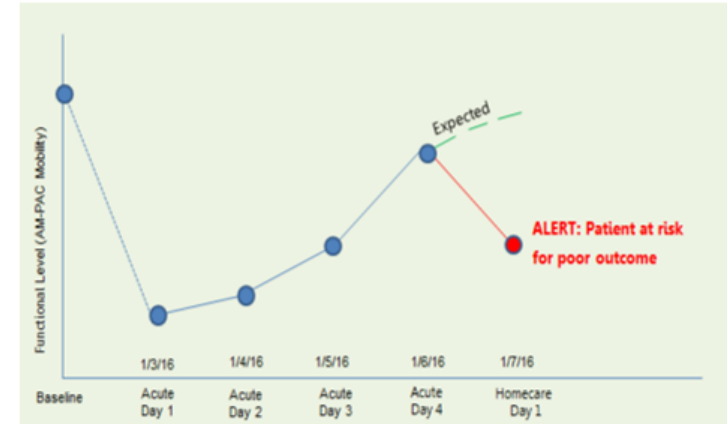


Interdisciplinary Functional Measurement in the Hospital

Guiding Principles

- Practical and Feasible
- Generalizable across populations
- Interdisciplinary
- Reduce documentation burden
- Meaningful across settings
- Drive clinical decision
- Small training burden

Functional Reconciliation Vision



Monitoring function no different than blood pressure.

Reconciling function no different than medications.

Table 1. Promising Mobility Assessments for Hospital Use

Measure	Intended User or Assessor	Population or Setting	Description
Activity Measure for Post-Acute Care 6-Clicks ³⁵	PTs, OTs, nurses	Hospital	Assesses need for assistance with bed mobility, sitting and standing from chair, transfer from bed, moving from chair, climbing stairs, walking in hospital room; takes minutes to complete
Banner Mobility Assessment Tool ²⁷	Nurses	Hospital	Assesses ability to move from lying in bed to sitting, raise arm across midline, raise leg and extend kneed, bend ankle and point toes, stand, walk in place, step forward and back; includes recommendations for safe patient handling based on observed mobility level and individual environment
de Morton Mobility Index ^{36,52}	Staff	Older adults in acute care	Assesses bed mobility, chair, static balance, walking, dynamic balance
Hierarchical Assessment of Balance and Mobility ⁵⁷	PTs, OTs, nurses	Frail older adults	Assesses balance while sitting, standing, and walking; independence for transfers; maximal distance patient can walk; assistance needed while walking; rating criteria too complex to memorize
Johns Hopkins Highest Level of Mobility ⁵⁸	Multiple disciplines, including nurses, rehabilitation therapists, physicians	Hospital	Assesses lying in bed, movement in bed, sitting, transferring to a chair, standing, walking ≥10 steps, walking ≥25 feet, and walking >250 feet; nurses record mobility over course of their shifts
Minimum Data Set 3.0 version 1.14, Section G ⁵⁹	PTs, OTs, nurses	Skilled nursing facility	Assesses level of independence in bed mobility, transferring, walking in room, walking in corridor, locomotion on and off unit; not developed for acute care
Minimum Data Set 3.0 version 1.14, Section GG ⁶⁰	PTs, OTs, nurses	Post-acute-care settings	Assesses level of independence in sitting to lying, lying to sitting, sitting to standing, transferring, walking 50 feet, walking 150 feet, self-propelling in a wheelchair; will replace Section G; not developed for acute care

Journal of the American Geriatrics Society


 Special Article | [Free Access](#)

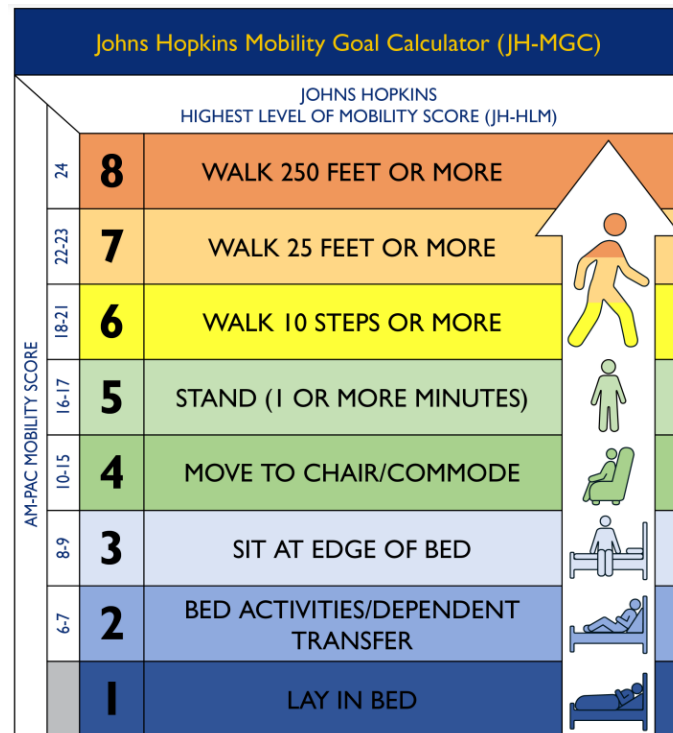
The Case for Mobility Assessment in Hospitalized Older Adults: American Geriatrics Society White Paper Executive Summary

Heidi L. Wald MD, MSPH, Ravishankar Ramaswamy MD, MS, AGSF, Michael H. Perskin MD, Lloyd Roberts MD, MHA, Michael Bogaisky MD, MPH, Winnie Suen MD, MSc, AGSF, Anna Mikhailovich BA, for the Quality and Performance Measurement Committee of the American Geriatrics Society

 First published: 01 October 2018 | <https://doi.org/10.1111/jgs.15595> | Cited by: 1

Everyday, every patient has a goal and plan

1. Mobility capacity assessment
2. Set daily goal target
3. Mobility performance
4. Variance and action



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Systematic Measurement & Mobility Goals




Systematic Measurement & Mobility Goals

PATIENT GOAL

Current JH-HLM: 8







Goal JH-HLM: 9

Date: 10/20 AM / PM




Johns Hopkins Mobility Goal Calculator

JOHNS HOPKINS
HIGHEST LEVEL OF MOBILITY SCORE (JH-HLM)

AN-PAC MOBILITY SCORE	Score	Goal	Icon
24	8	WALK 250 FEET OR MORE	
22-23	7	WALK 25 FEET OR MORE	
18-21	6	WALK 10 STEPS OR MORE	
16-17	5	STAND (1 OR MORE MINUTES)	
10-15	4	MOVE TO CHAIR/COMMUNE	
8-9	3	SIT AT EDGE OF BED	
6-7	2	BED ACTIVITIES/DEPENDENT TRANSFER	
	1	LAY IN BED	

Goal met!

 **JOHNS HOPKINS**
MEDICINE

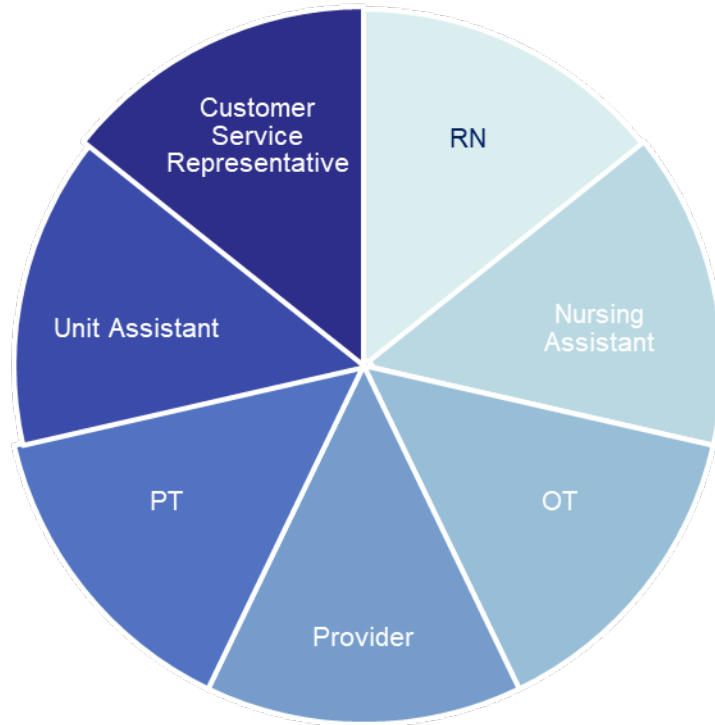
3. BARRIER MITIGATION

Common Barriers to Mobility

- Time
- Patient condition
 - Lines, tubes, drains
 - “too sick”
- Fear of injury
- Equipment

4. LOCAL INTERDISCIPLINARY ROLES

Care Team Partnership



Mobility Advocates

- Nurses & techs who have the skills and abilities to get patient out of bed, promote ADLs, and ambulation
 - Falls champions & Wound Care champions
- Education & Training
 - AMP, HLM, AM-PAC
 - Training with PT/OT to learn mobility skills and equipment
- Orientation – onboarding education for new nurses/techs
- Role model and set expectation to mobilize patients
- Prioritize and advocate for patient mobility initiatives
- Recognize staff whose patients met goal

Local Interdisciplinary Roles

- Unit-based Early Rehabilitation Program (ERP)
 - Collaboration between Advanced Practice Provider Team, PT/OT, and nursing unit staff
 - Work with patients who are “ICU survivors” and at risk for longer hospital stays and prolonged immobility

PATIENT GOALS:

- Improved rehabilitation
- Shorter length of stay
- Improved quality of life during hospitalization
- Hope (“light at the end of the tunnel”)

STAFF GOALS:

- Engagement in the care of a long term patient
- Feeling empowered
- Recognize and appreciate the critical role that staff plays in the patient’s recovery

Rehabilitation Intervention vs. Consultant

Intervention

- Targets care to the right patient at the right time
- Engages patient and advances rehabilitation treatment

Consult

- Triage consults
- Mobility advocate resource
- Recommends strategies to address barriers

1. What activity and mobility should occur when after rehabilitation?
2. Support mobility plans for patients not on the “rehab list”

Physician workflow to change the culture

- Deploy goal calculator workflow
- Integrate physician workflows to support mobility
 - EHR workflows
 - Clinical round workflows
 - IDRs
- Delirium
 - What items are currently attached to the patient that they were not born with? (IV lines, foleys, telemetry, oxygen)
 - What are they missing that they need? (Glasses, hearing aids, cell phone charger)
 - Pain control and sedation, aiming for Goldilocks
- Promotion and awareness
 - “incentive spirometer” of mobility
- Accountability: process and outcome data feedback

5. SUSTAINABLE EDUCATION AND TRAINING

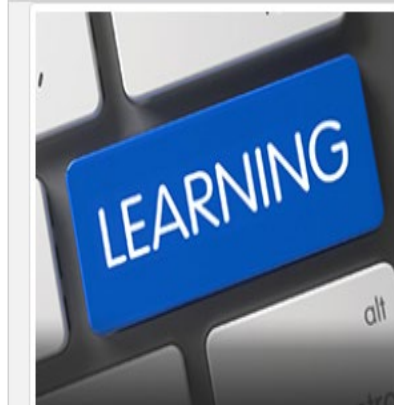
Sustainable Education and Training: Mobility Trainer Certificate

Sit to Stand



For a Two Person Transfer
Mod to Max Assist

Combating the Immobility Harm through Activity and Mobility Promotion (AMP)



Course Title

Complete each module in any order.

Module 1: Combating the Immobility Harm—An Introduction *R

Module 2: Activity and Mobility Assessment—Using the AM-PAC Tool *R

Module 3: Scoring Mobility Performance—Using the JH-HLM Scale *R

Module 4: Setting Goals with the Johns Hopkins Daily Mobility Goal Calculator *R

Module 5: Engaging Patients in Mobility—Overcoming Refusal *R

Module 6: Partners in Mobility—Moving Safely with Patients *R

6. WORKFLOW

Workflow: Rounds

Communication of Function in Multidisciplinary Rounds (MDRs)

Activity and Mobility Promotion (AMP)



Johns Hopkins Mobility Goal Calculator (JH-MGC)

JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY SCORE (JH-HLM)	
24	8 WALK 250 FEET OR MORE
22-23	7 WALK 25 FEET OR MORE
18-21	6 WALK 10 STEPS OR MORE
16-17	5 STAND (1 OR MORE MINUTES)
10-15	4 MOVE TO CHAIR/COMMODE
8-9	3 SIT AT EDGE OF BED
6-7	2 BED ACTIVITIES/DEPENDENT TRANSFER
	1 LAY IN BED

AM-PAC MOBILITY SCORE

Johns Hopkins Highest Level of Mobility (JH-HLM)

Nurse reports JH-HLM from previous day and if goal was achieved
Set goal for the day

Discuss with patient their goal for day; record on white board
Identify patients with JH-HLM scores which are not progressing
Identify patients with JH-HLM scores which are regressing

Activity Measure for Post Acute Care (AM-PAC)

Avoid over consulting PT and OT for patients with AM-PAC scores of 24 (functionally independent)

Care team considers transitional care planning for low scores (i.e., Home Care, inpatient rehab)

Patients recommended for placement by therapy are unlikely to have score changes over 96 hours

"Yesterday, Mr. Jones's JH-HLM was a 3. Today, our goal will be to increase his JH-HLM to a 4."



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Workflow: Huddle Board






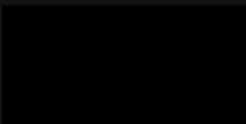

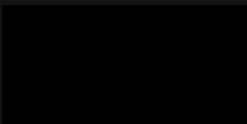


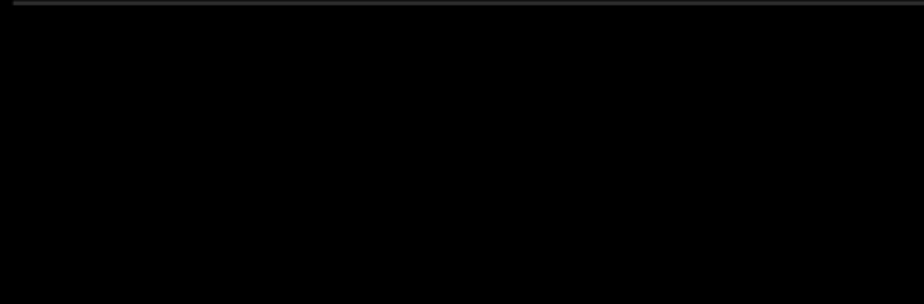


- Communication at AM and PM change of shift huddles
- Mid-afternoon and after midnight huddle

UNIT: Meyer 8	
Charge/Date: Colleen 10/29 AM	Rounding Time: 0330/1530
<div> <div>CENSUS</div> <div> <div>ADMITTS</div> <div>DISCHARGES</div> <div>EARLY DISCHARGES</div> <div>High Fall</div> <div>Immobility</div> </div> <div> <div>12,23,24</div> <div>5,6,7,9,14,19,21</div> <div>8,10,25</div> </div> </div> <div> <div>ANNOUNCEMENTS</div> <div> <div>* Flu vaccine due 11/19</div> <div>* open enrollment ends tomorrow 10/29!!</div> <div>* Joint Commission coming anytime ~ please review a fast fact!</div> <div>* Please make sure RNs are coming to rounds everyday!</div> <div>* Trach patients must be on continuous pulse ox!</div> </div> </div>	
<div> <div>READINESS</div> <div>SAFETY:</div> <div>METHODS:</div> <div>EQUIPMENT:</div> <div>SUPPLIES:</div> <div>STAFF:</div> </div>	<div> <div>STATUS</div> <div>COVID(+) R [REDACTED]</div> <div>DNR/DNI: R [REDACTED]</div> <div>Visitor Restriction+ Behavior Contract [REDACTED]</div> <div>Keep rooms tidy</div> <div>Empty med box in room at discharge</div> <div>Place safety bands on patients</div> <div>Return oxygen tanks</div> <div>Reminder: Check pink tele adapters after D/C's</div> <div>Ashley 7-7</div> <div>Chantell & Shania 7-3</div> </div> <div> <div>CONCERNS</div> </div> <div> <div>FOLLOW-UP</div> </div>

Workflow: Mobility Alerts

DELAYS

6

 IMMOBILITY: AMB 1d 22h CHRISTIAN, JANA		MEY-8-006A JHH	 IMMOBILITY: AMB 1d 9h CHRISTIAN, JANA		MEY-8-014A JHH
 IMMOBILITY: AMB 1d 10h LICHTENSTEIN, STEPHEN THOMAS		MEY-8-009B JHH	 IMMOBILITY: AMB 4d 13h LICHTENSTEIN, STEPHEN THOMAS		MEY-8-021B JHH
 IMMOBILITY: OOB 2d 16h DALAL, SONIA PARIMAL		MEY-8-010B JHH			
 IMMOBILITY: AMB 2d 13h CHRISTIAN, JANA		MEY-8-011B JHH			

Workflow: Communication Boards

Welcome to Meyer 8 Room 18 410-502-4938

Nurse Eryn 9-667-776-0275
Clinical Tech Ashley 9-667-776-3175
My Questions / Special Needs Florence 9-667-776-3175
Need to Learn

Doctor Dr. Lichtenstein
Next Pain Medicine Time

Goal / Plan for Today
*monitor urine
*CT abd
*move to chair

Tuesday
Today's Date 10/20
Target Discharge Date TBD
Preferred Contact

Welcome to Meyer 8 Room 18 410-502-4938












Nurse Kira 9-667-208-9462
Clinical Tech Myla 9-667-776-3193
My Questions / Special Needs Florence 9-667-776-3175
Need to Learn

Doctor Dr. Lichtenstein
Next Pain Medicine Time

Goal / Plan for Today
Welcome to Meyer 8
-walk in room
-monitor shortness of breath

Monday
Today's Date 10/25
Target Discharge Date TBD
Preferred Contact

Workflow: JH-ADL

Johns Hopkins Activities of Daily Living (JH-ADL) Guide				
AM-PAC MOBILITY SCORE	JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY (JH-HLM) GOAL		ACTIVITIES OF DAILY LIVING	
	24	8 WALK 250 FEET OR MORE		ALL ADLS IN BATHROOM AFTER GATHERING SUPPLIES IN ROOM 
	22-23	7 WALK 25 FEET OR MORE		
	18-21	6 WALK 10 STEPS OR MORE		TOILET IN BATHROOM 
	16-17	5 STAND (1 OR MORE MINUTES)		WASH FACE, COMB HAIR, SHAVE, BRUSH TEETH 
	10-15	4 MOVE TO CHAIR/COMMODE 		UPPER BODY WASH AND DRESS 
	8-9	3 SIT AT EDGE OF BED		WASH FACE, COMB HAIR, SHAVE, BRUSH TEETH 
	6-7	2 BED ACTIVITIES/DEPENDENT TRANSFER 		
		1 LAY IN BED		

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Johns Hopkins Safe Patient Handling Mobility (JH-SPHM) Guide

Activity and Mobility Promotion (AMP) Safe Patient Handling Equipment Recommendations for Daily Mobility Goal Achievement			
AM-PAC MOBILITY SCORE	JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY SCORE (JH-HLM)		SAFE PATIENT HANDLING EQUIPMENT RECOMMENDATIONS* <i>Always use clinical judgment based on individual patient's clinical presentation and needs</i>
	24	8 WALK 250 FEET OR MORE	CANES CRUTCHES WALKERS SIT TO STAND LIFT DEVICE WITH AMBULATION OPTION
	22-23	7 WALK 25 FEET OR MORE	
	18-21	6 WALK 10 STEPS OR MORE	
	16-17	5 STAND (1 OR MORE MINUTES)	STAND PIVOT DEVICES
	10-15	4 MOVE TO CHAIR/COMMODE	
	8-9	3 SIT AT EDGE OF BED	SITTING SUPPORT DEVICE
	6-7	2 BED ACTIVITIES/DEPENDENT TRANSFER	MECHANICAL TOTAL ASSIST LIFTS LATERAL TRANSFER DEVICES REPOSITIONING DEVICES
		1 LAY IN BED	

*Gait belt utilization per institutional practice and policy

bit.ly/everybodymoves

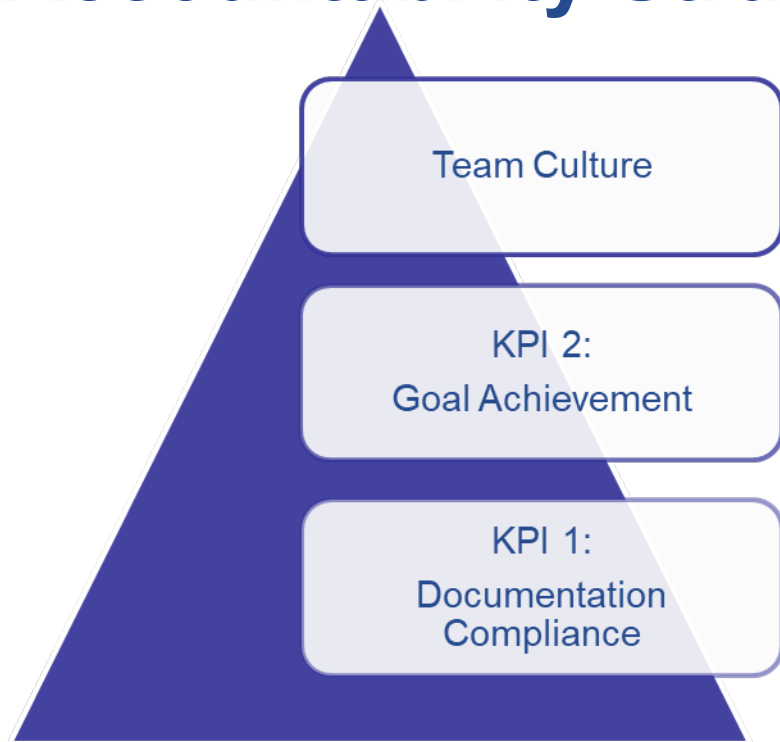


The Johns Hopkins Daily Mobility Goal Calculator, created by Johns Hopkins Activity and Mobility Promotion (bit.ly/HopkinsAMP), is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License. To view a summary of license, please access <http://creativecommons.org/licenses/by-nc-nd/4.0/>



7. DATA FEEDBACK

Activity & Mobility Promotion (AMP) Accountability Structure



- Incorporate in daily practice
 - Common language
 - Huddles, onboarding, workflow
 - Patient centered
-
- Patient engagement
 - Mobility goal audits
 - Nursing workflow
-
- Back to basics
 - % JH-HLM and AM-PAC compliance
 - Documentation audits

Data Feedback

Johns Hopkins Hospital

Department of Medicine: Departmental View

May 2019

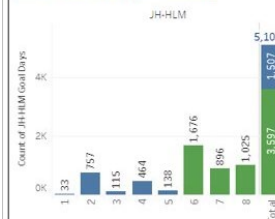
Documentation Compliance

	JH-HLM			AM-PAC Mobility Admission			AM-PAC Mobility Discharge		
	CY18 Q4	CY19 Q1	CY19 Q2	CY18 Q4	CY19 Q1	CY19 Q2	CY18 Q4	CY19 Q1	CY19 Q2
	78%	81%	83%	82%	86%	89%	86%	90%	90%
	92%	92%	94%	83%	86%	90%	80%	86%	84%
	91%	91%	94%	99%	100%	99%	100%	100%	100%
	86%	89%	91%	88%	94%	98%	94%	96%	97%
	84%	82%	84%	88%	94%	90%	93%	96%	94%
	61%	65%	68%	67%	70%	76%	78%	82%	83%
	71%	75%	81%	57%	61%	79%	73%	84%	77%
	90%	91%	90%	86%	88%	93%	87%	91%	90%
	64%	67%	78%	79%	86%	100%	76%	91%	100%
	83%	84%	82%	87%	93%	93%	83%	87%	88%
	59%	63%	70%	62%	77%	75%	74%	75%	78%
	81%	76%	70%	84%	83%	84%	82%	80%	76%

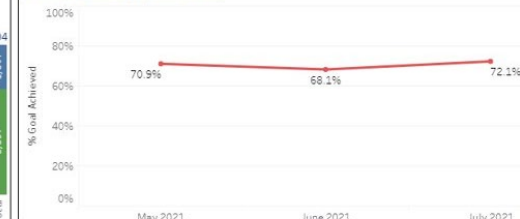
Legend: Below 70% Between 70% & 89% Above 90%

Johns Hopkins Hospital Nurse Goal Achievement

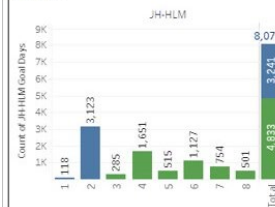
Goal 6: Walk 10+ steps (AM-PAC 18-21)



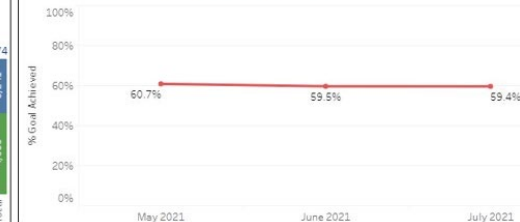
Goal 6: Walk 10+ steps (AM-PAC 18-21)



Goal 3-5: Edge Bed Out of Chair Standing (AM-PAC 8-17)



Goal 3-5: Edge Bed Out of Chair Standing (AM-PAC 8-17)



Data Feedback

- Share expectations of AM-PAC and JH-HLM documentation as a unit goal
- % Daily JH-HLM Goal achievement as unit goal

Goals

1.5 HLM Goal

% Daily HLM Goal Achieved for our patients each month will be at minimum 50% by June 30, 2020.

Manager's Rating ?



Meets Expectations

Data Feedback

JH-HLM and AM-PAC Performance

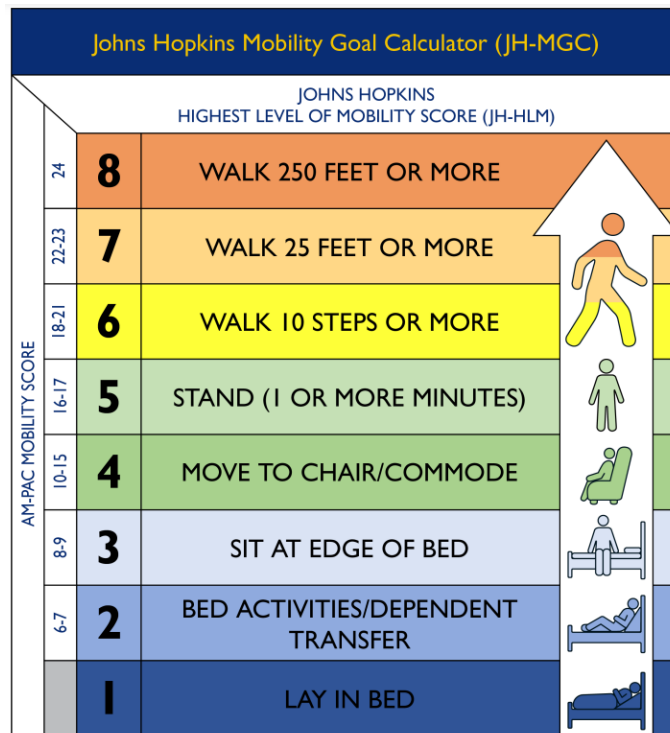
Legend: ■ Below 69.5% ■ Between 69.5% and 89.5% ■ Above 89.5%

Unit	2	JH-HLM			AM-PAC Mobility Admission			AM-PAC Mobility Daily		
		August 2021	September 20..	October 2021	August 2021	September 20..	October 2021	August 2021	September 20..	October 2021
		94.00%	93.57%	93.64%	97.98%	98.16%	98.54%	98.21%	97.91%	98.44%
		97.16%	96.15%	96.11%	100.00%	98.85%	98.95%	99.54%	99.26%	99.71%
		98.34%	98.11%	99.13%	96.00%	98.11%	100.00%	100.00%	99.83%	99.81%
		99.06%	97.19%	96.38%	100.00%	100.00%	100.00%	100.00%	99.84%	100.00%
		90.63%	90.78%	92.14%	97.96%	100.00%	100.00%	98.35%	99.33%	99.66%
		90.74%	92.55%	89.12%	100.00%	100.00%	100.00%	98.81%	98.81%	99.15%
		91.80%	92.44%	91.87%	100.00%	100.00%	100.00%	99.83%	99.67%	99.32%
		81.06%	76.99%	85.71%	98.36%	88.24%	96.92%	93.80%	92.11%	93.27%
		96.19%	96.46%	94.81%	100.00%	100.00%	100.00%	99.83%	99.30%	99.34%
		94.68%	94.68%	92.90%	100.00%	100.00%	100.00%	99.81%	99.82%	99.82%
		93.75%	95.17%	94.48%	100.00%	100.00%	100.00%	98.45%	99.47%	99.45%
		99.49%	99.42%	100.00%	93.75%	100.00%	100.00%	98.66%	96.55%	99.56%
		93.15%	89.96%	90.43%	84.38%	92.73%	89.71%	89.43%	86.92%	89.43%
		95.78%	95.21%	96.97%	100.00%	100.00%	100.00%	99.50%	99.26%	99.35%

8. PROMOTION, AWARENESS, AND PATIENT ENGAGEMENT

Promotion and Awareness

- Team room
- Room doors
- Inside patient rooms
- Nurses stations
- Hallways
- Mouse pads
- More!



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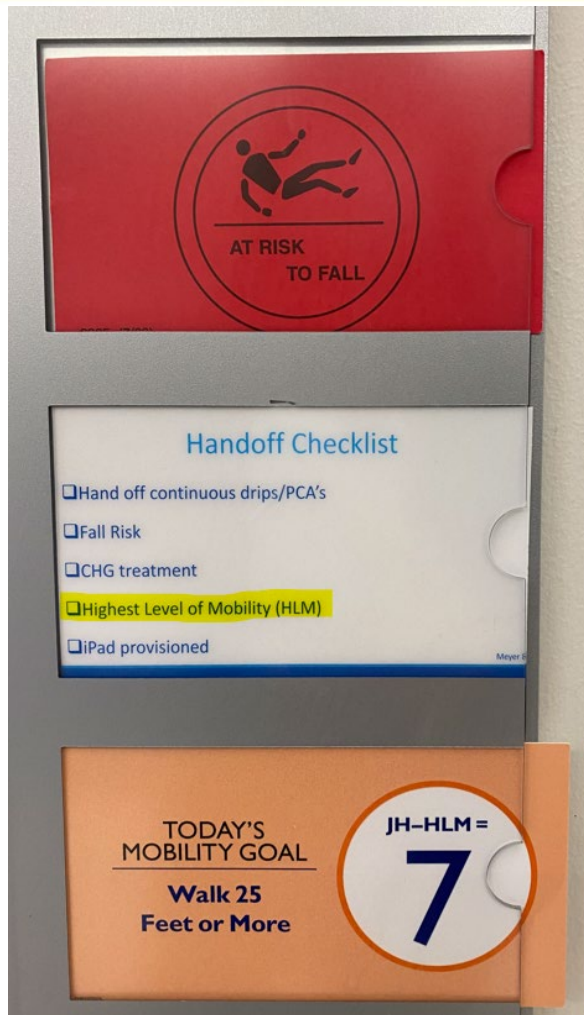


Version 1.2.22

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Promotion and Awareness



**AT RISK
TO FALL**

Handoff Checklist

- ☐ Hand off continuous drips/PCA's
- ☐ Fall Risk
- ☐ CHG treatment
- ☐ Highest Level of Mobility (HLM)
- ☐ iPad provisioned

**TODAY'S
MOBILITY GOAL**

**Walk 25
Feet or More**

**JH-HLM =
7**

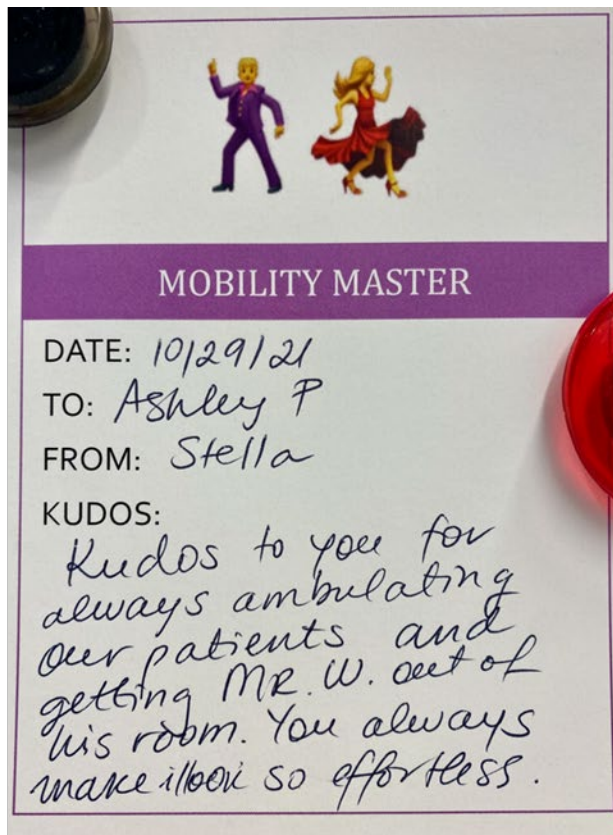
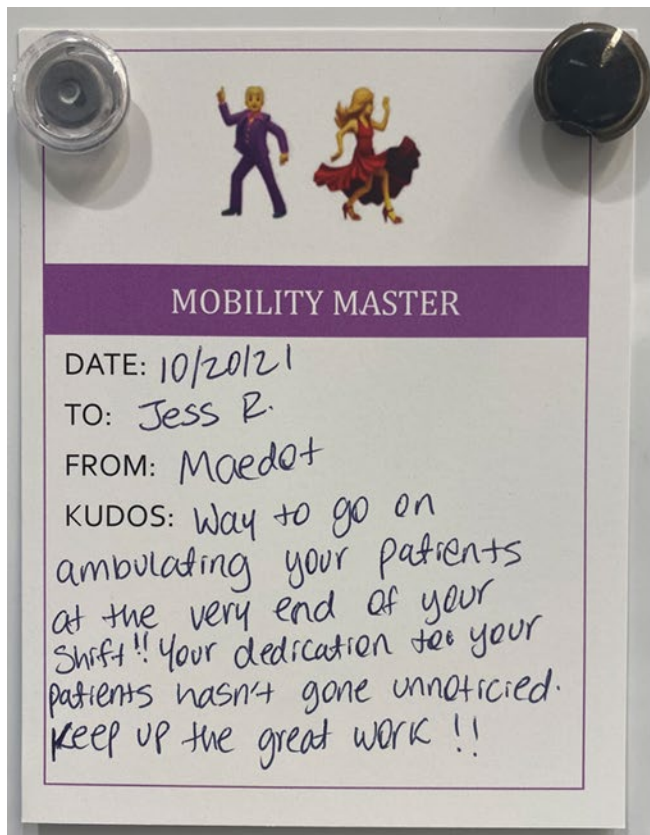
Promotion and Awareness

DATE: 11-15-21

<u>ALARM</u>	<u># ASSIST</u>	<u>ASSISTIVE DEVICE</u>
ON	INDEPENDENT	NONE
OFF	1	WALKER
	2	LIFT

Please leave sign on door upon discharge.

Promotion: Staff Recognition



Patient Engagement

- Partnership with nurses, clinical technicians, and MA
 - Plan a time for activity and mobility
- Leadership Rounding
- Recognize patients when they are ambulating around unit, sitting up, performing ADL
- Educate patients about the benefit of activity and mobility
- Give patients permission to mobilize outside of room
- Ambulation/activity maps

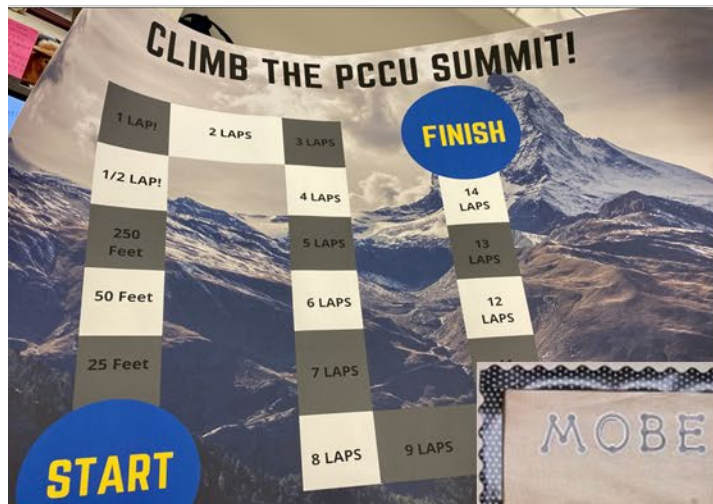
Patient Engagement



I completed the 9 West Transplant Trot!



Patient Engagement



Awareness

PATIENT GOAL

Current
JH-HLM: _____

Goal
JH-HLM: _____

Date: _____ AM / PM



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Johns Hopkins Mobility Goal Calculator (JH-MGC)		
JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY (JH-HLM) GOAL		
24	8	WALK 250 FEET OR MORE
22-23	7	WALK 25 FEET OR MORE
18-21	6	WALK 10 STEPS OR MORE
16-17	5	STAND (1 OR MORE MINUTES)
10-15	4	MOVE TO CHAIR/COMMODE
8-9	3	SIT AT EDGE OF BED
6-7	2	BED ACTIVITIES/DEPENDENT TRANSFER
	1	LAY IN BED

COVID-19: Move Toward Recovery



Your care team is here to help you heal from COVID-19, which includes helping you stay active. Together, you will set a mobility goal each day to reach your highest level of mobility.

Move Near Your Bed



Stand beside bed



Put on clothes



Move to chair



Eat in chair

Move Around the Room



Walk to bathroom



Brush teeth in bathroom

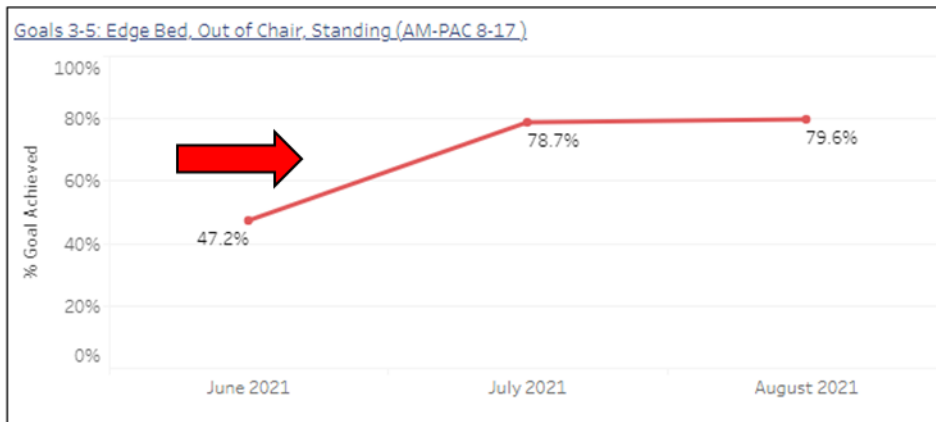
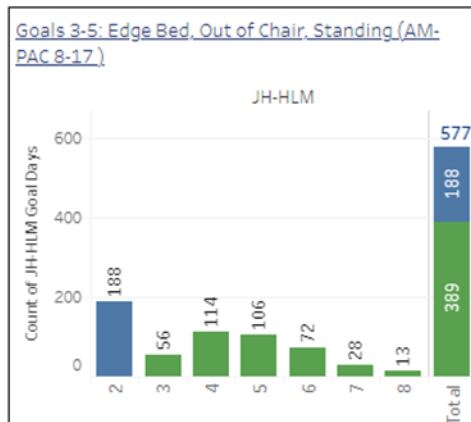
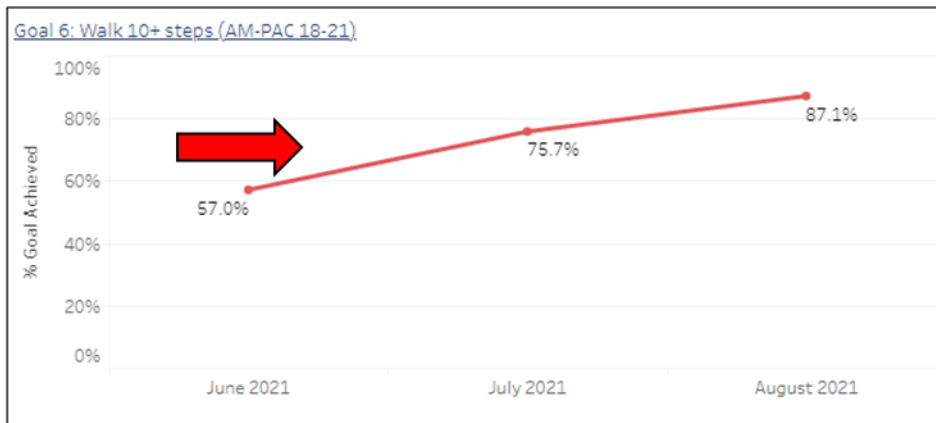
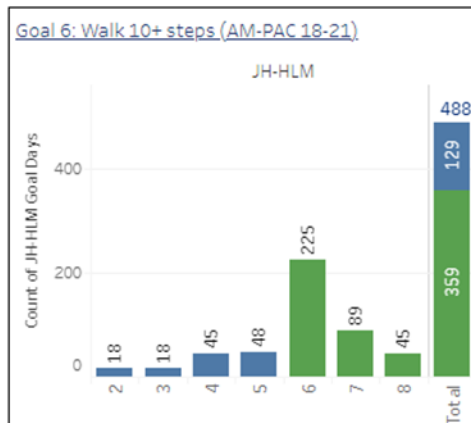


Increase how often you walk



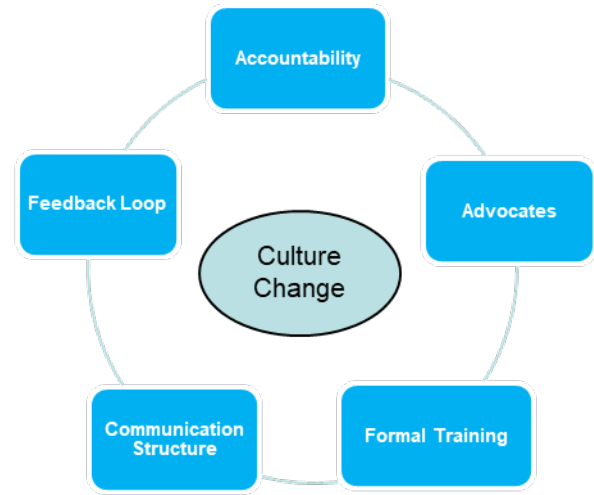
Walk around prior to eating meals

Moving the Needle



What Does Success Look Like on the Nursing Unit

- Identify unit-based mobility advocates
- Consistent training and onboarding
- Develop communication structure
- Communicate expectations
- Create a feedback loop
 - ❑ Share metrics, encourage solutions
 - ❑ Recognize improvements
- Support the change in culture



What does success look like?



At the center of every care plan and as part of every handoff activity and mobility is prioritized.

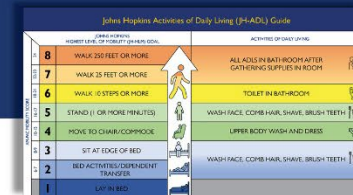
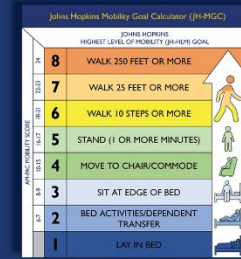
1. Establish activity and mobility as a patient safety priority no different than hand hygiene, falls or medication reconciliation.
2. Adopt a systematic interdisciplinary functional assessment strategy.
3. Integrate with key strategic initiatives (e.g. surgical pathways, COVID-19, LOS, capacity optimization, etc.)
4. Understand activity and mobility is an interdisciplinary effort.

And most important:

Measure, measure, measure then feedback the data

Download Our **JH-AMP** Hospital Toolkit:

- Johns Hopkins Highest Level of Mobility (JH-HLM) Scale
- Johns Hopkins Daily Mobility Goal Calculator (JH-MGC)
- Johns Hopkins Safe Patient Handling Mobility (JH-SPHM) Guide
- Johns Hopkins Activities of Daily Living (JH-ADL) Guide
- Patient JH-HLM Goal Door Cards
- Patient Mobilization: Attitudes and Beliefs Survey
- Establishing a Mobility Common Language: User Guide



PATIENT GOAL

Current JH-HLM: _____

Goal JH-HLM: _____

Date: APR / PM

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Download Our #everyBODYmoves Materials

Available in English and Spanish



Visit **hopkinsAMP.org** to download.



JH-AMP Training and Implementation

The Johns Hopkins Activity and Mobility Promotion program offers a variety of training and implementation options, ranging from institution-level culture change to hands-on frontline training. If you're unsure where to begin, start with Hospital Assessment and Project Design.

Hospital Assessment and Project Design

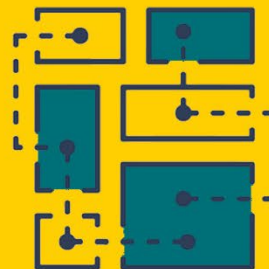


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Training and Education



Implementation



#everyBODYmoves

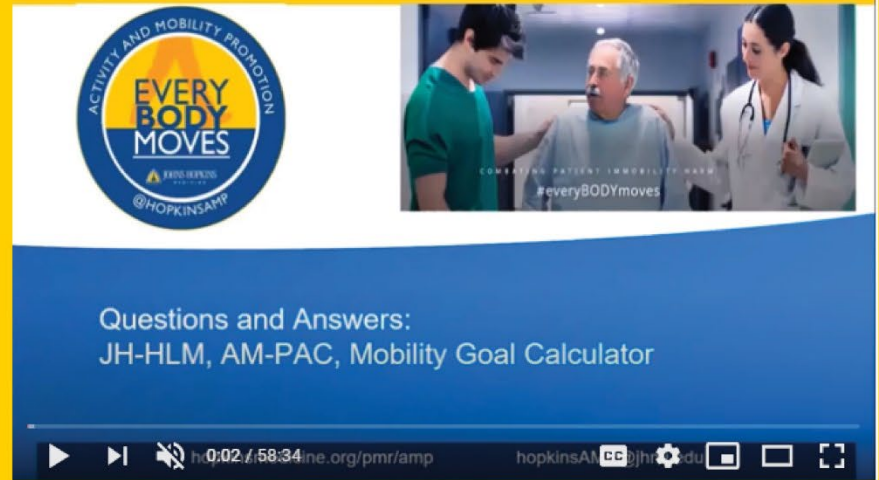


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Let's Get Moving Game NOW AVAILABLE



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Thank You