

INTRODUCTION

Background: Hospitalized adult patients spend 95% of their admission in beds. Patient immobility during hospitalization is linked to Geriatric syndromes. Geriatric syndromes are prevalent in hospitalized patients who are admitted to progressive care units with multifactorial conditions precipitating hospitalization-associated functional decline.



Purpose: Implement interventions to promote early, safe mobility in older hospitalized patients to address cognitive and functional decline, fall prevalence and length of stay. Early mobilization screening is essential to deter the consequences of immobility during an inpatient stay at JPS.

Objectives/Goals

As part of the Age-Friendly Health Systems movement, we have been charged to ensure that older adults are mobile earlier in their hospital stay to maintain function and have the ability to do **“What Matters”**.

An early mobility workflow was created for admitted patients 65 and older to screen mobility status, assign mobility level and assist in completion of task to promote early mobilization.

Progressive Care staff will be educated and trained on the Activity Measure for Post-Acute Care (AM-PAC) 6-Clicks Basic Mobility Assessment, documentation and use of mobility devices.

Patients will be monitored for assessment compliance, mobility plan/goal, delirium prevalence, and time to first mobility task from admission.

PDSA

PLAN

Screen mobility level of patients 65 and older admitted to Surgical Trauma Progressive Care unit using the AM-PAC 6-Clicks tool to capture mobility level, mobility goal.



ACT

The Geriatric Delirium Multidisciplinary committee will determine if any modifications should be made to adopt and sustain the early mobility program hospital-wide.



DO

Trained nurses will screen patient on admission, create a mobility care plan, and complete mobility task with patient.



STUDY

Analyze the collected data and determine if there was a significant impact on the prevalence of delirium, restraint usage and falls.



6 Click Mobility Assessment (PT)

Mobility Assessment Exclusions

Help with turning over in bed ?

Help needed or difficulty sitting down and standing from a

Help needed moving from lying on back to sitting on the side

Help needed moving to and from a bed to a chair (including a

Help needed to walk in hospital room?

Help needed climbing 3-5 steps with a railing?

Basic Mobility (PT) Total Score

6 Click Mobility Discharge Consideration

Nurse-led AM PAC 6 Click Screen

Next Steps

Continue to promote the positive impact of a geriatric early mobility program to leadership and frontline staff.

Continue to promote project design discussions regarding implementation barriers and strategies to overcome and ensure project feasibility.

Implementation of project to begin post COVID

REFERENCES

1. Available on request – Cgoudeau@jpshealth.org