GEM

Geriatric Early Mobility Project

JPS GPLI

❖ Care Setting: Hospital

❖ Location:

    1500 S. Main Street

    Fort Worth, Texas 76104

❖ Key Contact: Carmen Goudeau

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❖ Sponsor: Elisabeth Rodgers

❖ EHR Platform: EPIC

JPS GPLI Team

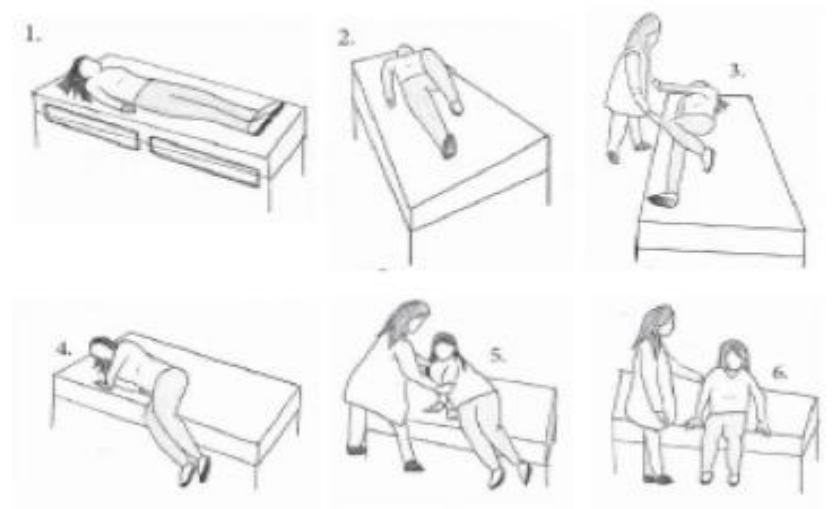| Team Member	Role
Carmen Goudeau	Leader (key contact)
Dr. Christian Burton	Clinician
Amy Henderson	Clinician (NP)
Laura McEntire	Leader (Administrative partner)
Elisabeth Rodgers	Sponsor
Kathlene Camp	GPLI Coach

Background

- Patients spend anywhere from 83-95% of their hospital stay in bed.

- 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 (Van Grootven et al., 2020).

- Mobility is defined as the activity a patient is actually able to do. Mobility is also defined as the activity necessary to maintain functional ability.
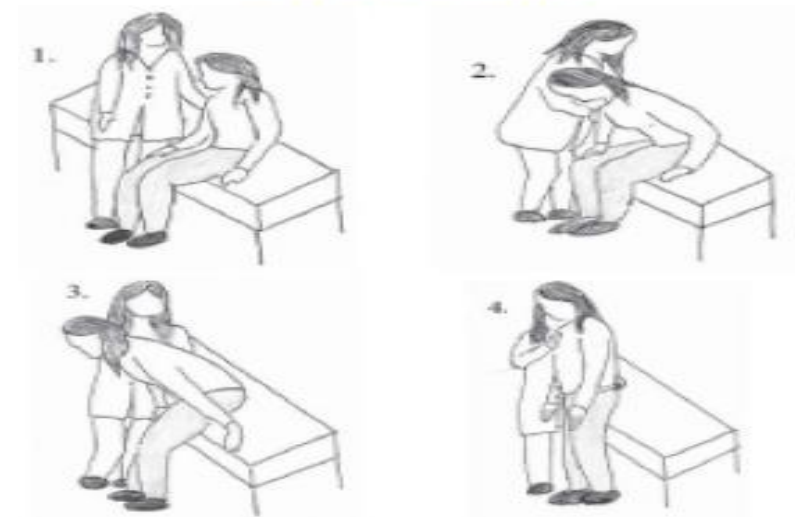
GEM Geriatric Early Mobility Project

Purpose

- **To implement interventions to promote early, safe mobility in older hospitalized patients to address cognitive and functional decline, fall prevalence and length of stay**

- **To improve the JPS older adult mobility culture.**

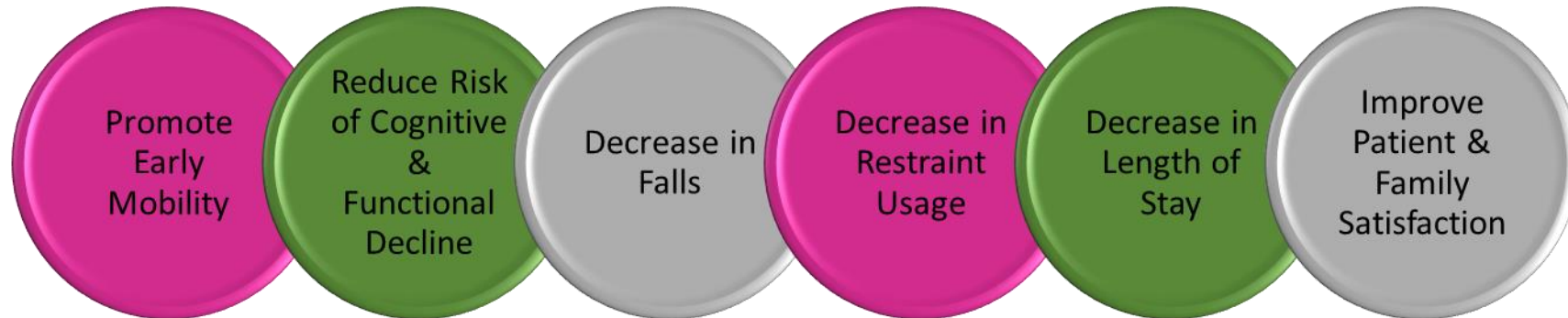**Supine to Sit**

Sit to Stand

GEM Expected Outcomes

Promote Early Mobility

Reduce Risk of Cognitive & Functional Decline

Decrease in Falls

Decrease in Restraint Usage

Decrease in Length of Stay

Improve Patient & Family Satisfaction

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.

DO

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

ACT

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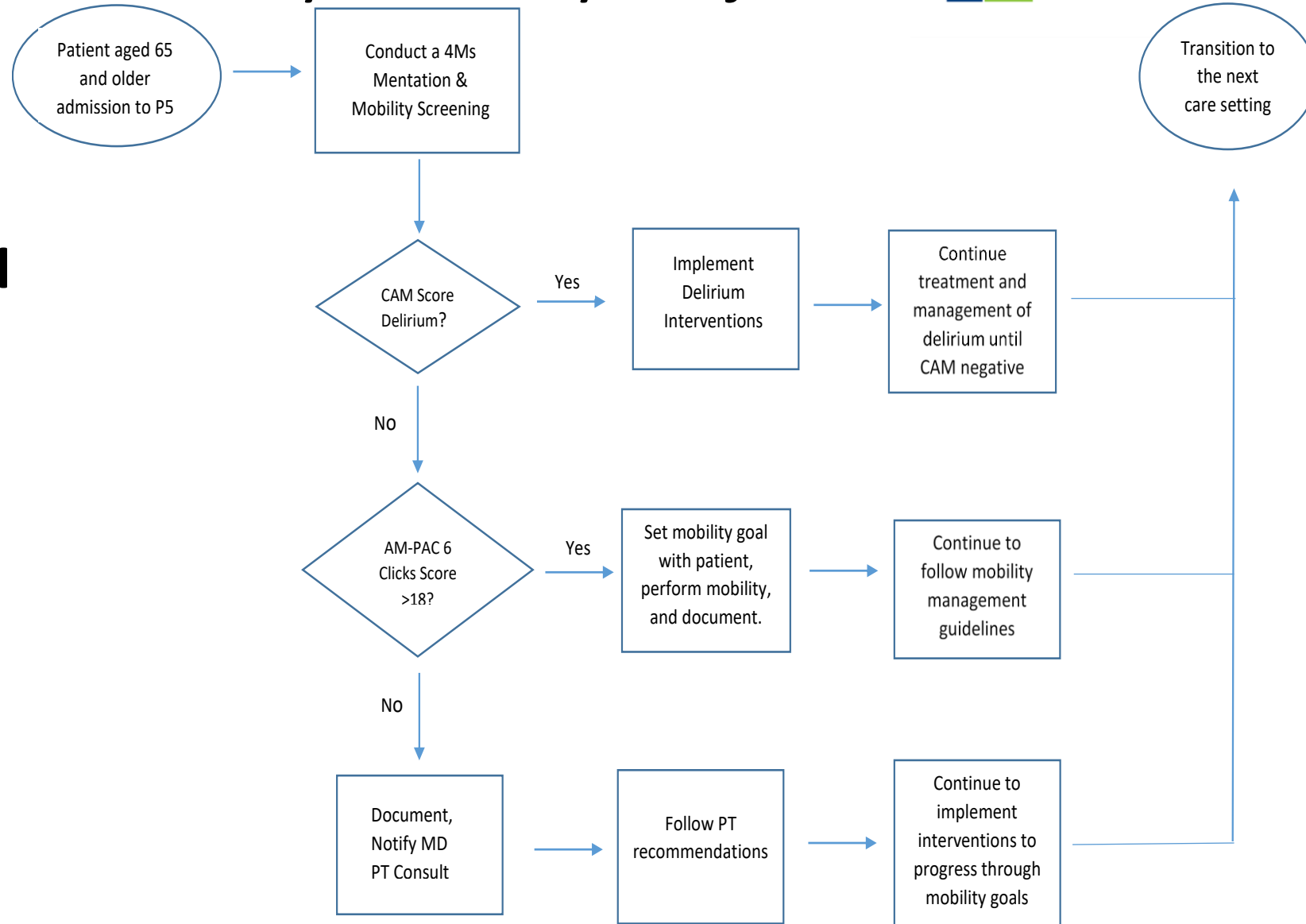
STUDY

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

PDSA

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GEM Workflow

Early Mobility Project Goal

- **Determine mobility status**
- **Assign mobility level**
- **Assist patient with completion of early mobility task**

Patient aged 65 and older admission to P5 → Conduct a 4Ms Mentation & Mobility Screening

CAM Score Delirium? — Yes → Implement Delirium Interventions → Continue treatment and management of delirium until CAM negative

No ↓

AM-PAC 6 Clicks Score >18? — Yes → Set mobility goal with patient, perform mobility, and document. → Continue to follow mobility management guidelines

No ↓

Document, Notify MD PT Consult → Follow PT recommendations → Continue to implement interventions to progress through mobility goals

Transition to the next care setting

Nurse-driven AM PAC 6 Click Screen

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-driven AM PAC 6 Click Options

6 Click Score Guidelines:

1- Unable = Total/ Dependent Assist

2- A lot = Max/ Moderate Assist

3- A little = Minimum/Assist/Supervision

4- None = Independence

Nurse-driven AM PAC 6 Click Screen

6 Click Mobility Assessment (PT)

Mobility Assessment Exclusions	
Help with turning over in bed ?	1 - Unable -total/ depend...
Help needed or difficulty sitting down and standing from a	1 - Unable
Help needed moving from lying on back to sitting on the side	1 - Unable
Help needed moving to and from a bed to a chair (including a	1 - Unable
Help needed to walk in hospital room?	1 - Unable
Help needed climbing 3-5 steps with a railing?	1 - Unable
Basic Mobility (PT) Total Score	6
6 Click Mobility Discharge Consideration	LTC/NH

If score is 18 or less, consider notifying Physician for PT Consult order

If score is 19 or more, create a mobility goal with patient and complete an activity a minimum of 3x per day.

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Failure Modes and Effects Analysis (FMEA)

Steps in the Pre-Implementation Process

1	Introduce early mobility project to Surgical Trauma Progressive Care Unit Leadership (P5) and David Graves
2	Gather a team and discuss strategies / tactics for initiating project
3	Promote early mobility project to all P5 staff
4	Educate and train all staff in early mobility assessment
5	Educate and train all staff with mobility aides and safely providing early mobilization
6	GEM project begins
7	Track outcomes, receive feedback , and communicate to stakeholders
8	Provide feedback and discuss strategies to sustain project and implement hospital-wide

Steps in the Implementation Process

1	Screen for delirium with Neuro Assessment and CAM Tool on 65 and older patients
2	Screen on admission with TIMED UP and GO
3	Review admission orders in search for a PT consult
4	Screen on admission with AM-PAC 6 clicks
5	Generate mobility goal and frequency of task with patient
6	Document mobility level and mobility goal (individual mobility plan) in EPIC and white board
7	Retrieve any mobility aids required and perform task with patient
8	Notify Provider if a PT consult is required for skilled mobility progression

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GEM Challenges

Nursing staff and patient willingness to participate due to COVID organizational strain

Resource availability

Timely recommendations for next level of care

GEM Lessons Learned

- Learned a practice gap exists for the standardization of mobilization expectations prior to PT consults

- Learned a high priority focus on fall prevention and precautions may create an unintentional culture that contributes to patient immobility.

- Learned of a strategy to overcome the heavy workload of staff during COVID, utilizing the returning HELP(Hospital Elder Life Program) volunteers.

GEM Next Steps

- **Continue to promote the positive impact of a geriatric early mobility program on cognitive and functional decline to leadership and frontline staff.**

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

- **Implement project, collect data, and sustain program.**

References as needed contact:

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