

# Mobility Action Group



*Session 4*

*June 8, 2017*

*12:00-1:00 pm EDT*

Audio available by call-back feature  
OR by dialing (800)832-0736  
Conference Room Number: \*8713107#  
Participant Access Code: 060817#

# Welcome



**Isaac Burrows, MPH**  
Learning and Diffusion Group  
Center for Medicare & Medicaid  
Innovation



**Laura Maynard, M.Div.**  
CJR Learning System Team  
The Lewin Group

# Faculty



**Sharon Inouye, MD, MPH**

Harvard Medical School, Beth Israel Deaconess Medical Center  
and Hebrew SeniorLife

# Faculty

## **Cynthia J. Brown, MD, MSPH**

Parrish Professor of Medicine and Director, Division of  
Gerontology, Geriatrics, and Palliative Care  
University of Alabama at Birmingham

# Introduction to Adobe Connect

To Enlarge Presentation

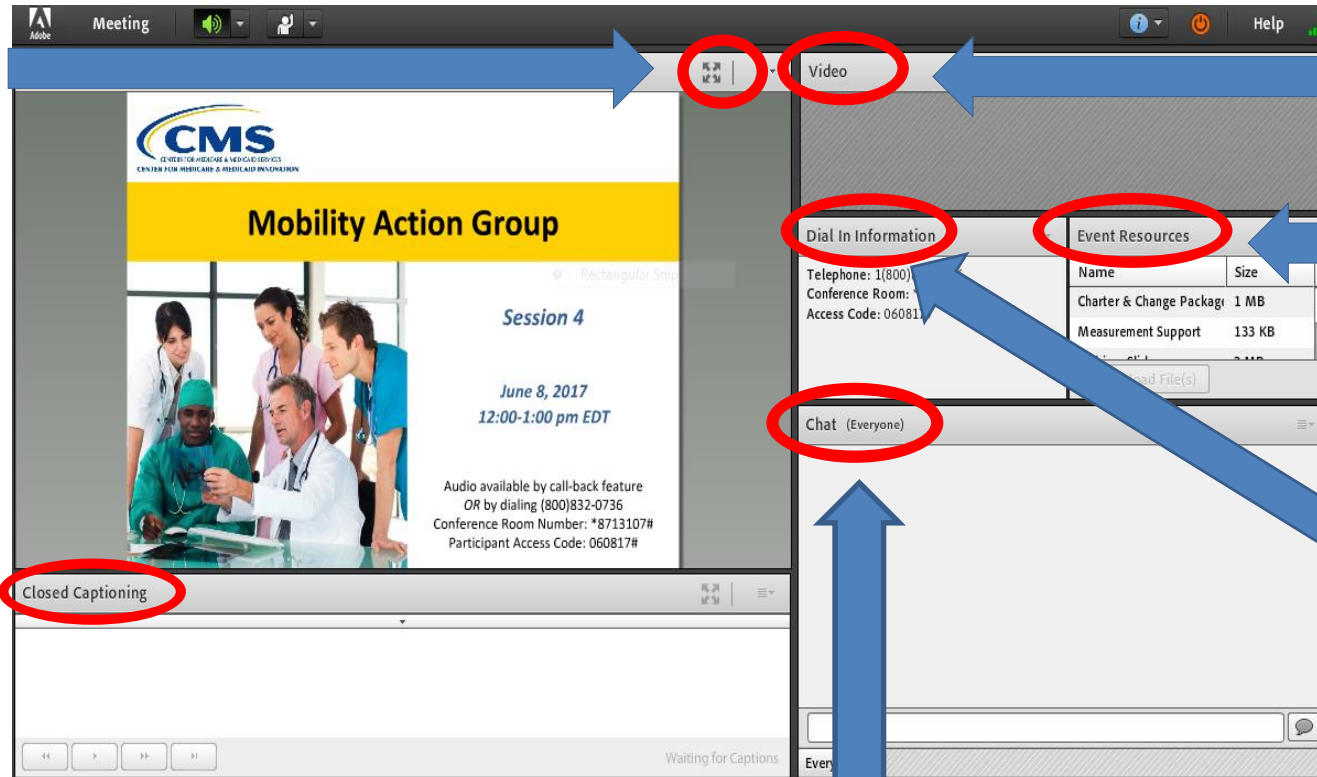
To View the Video

Closed Captioning

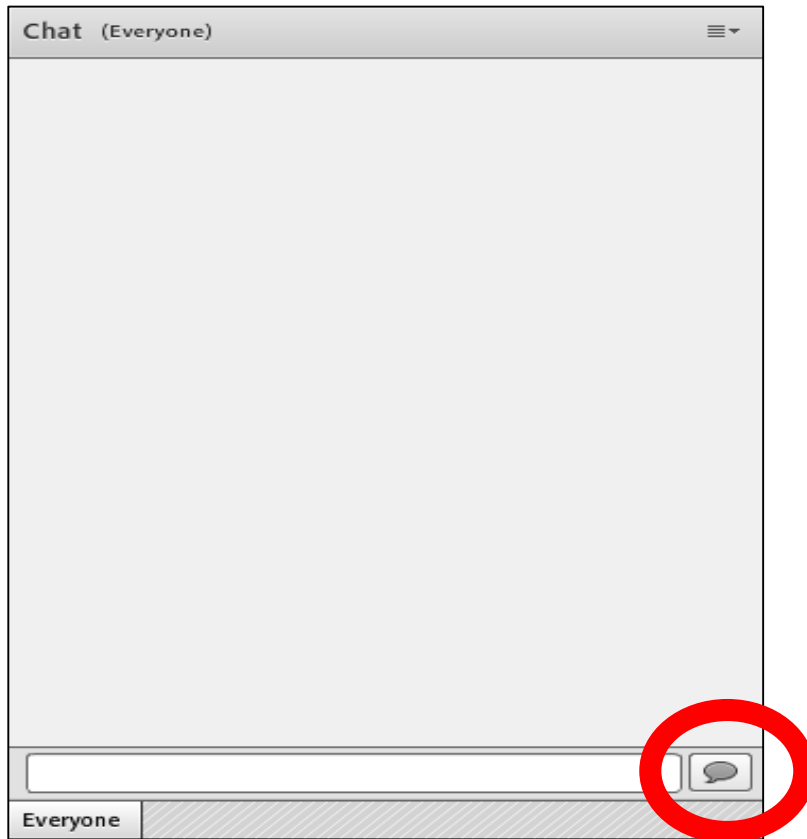
Download Available Resources

To Dial In via Telephone

To Ask Questions or Send Messages



# Introduction to Adobe Connect (Cont.)



- Use the Chat pod to submit any questions or comments
- Please use “@” if your question/comment is directed to a specific presenter
- Submit your question/comment by clicking the chat bubble icon

# Agenda

- Welcome & Logistics
- Implementation Progress and Organizational Readiness Summary
- Sharing and Discussion
- Announcements & Reminders

# Poll 1

**We are most interested in learning more about:**  
***[select one option]***

- Providing early mobilization with safe approaches for patients and staff
- Assessing and enhancing function & mobility, and creating a culture of mobility
- Minimizing immobilizing devices



# Poll 2

## **Our mobility program is: *[select one option]***

- No mobility program yet
- In the planning stages and not yet implemented
- In the early stages and still learning
- Well established and may need updating/enhancements
- Successful and mature, but can always improve

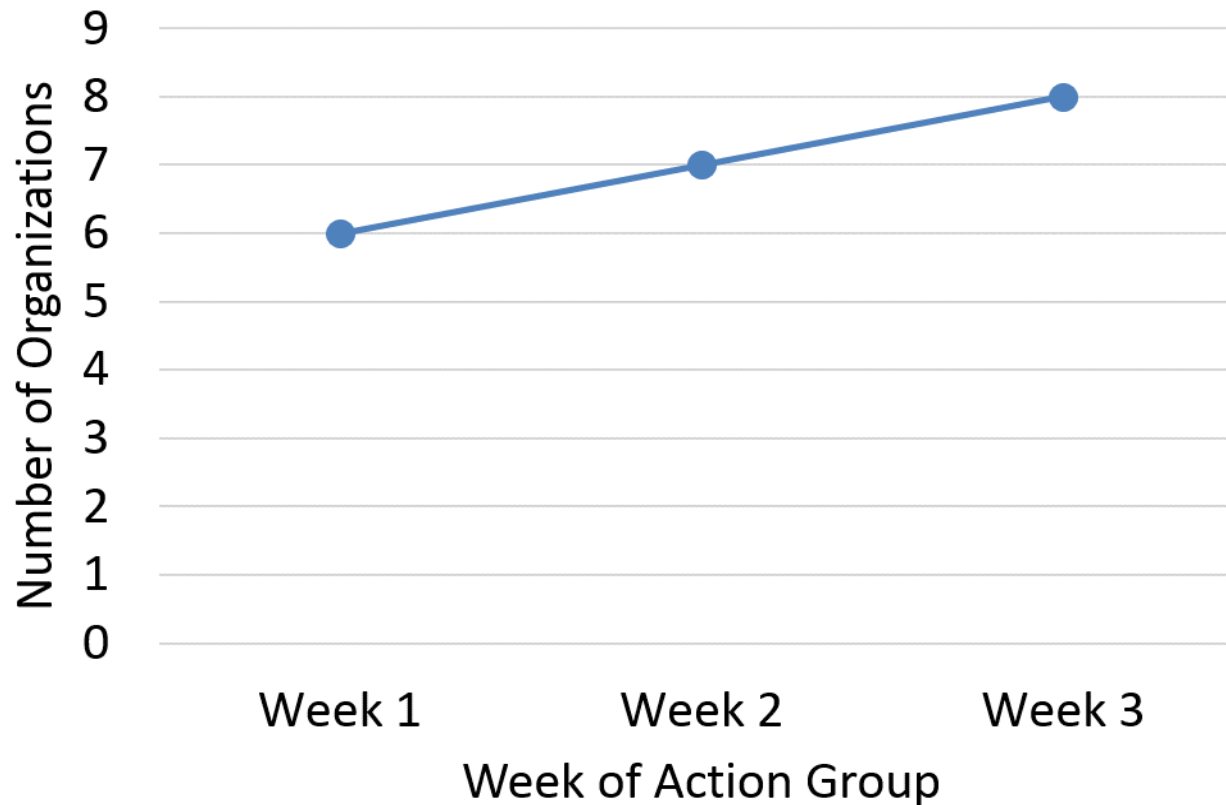
# Implementation Progress and Organizational Readiness Summary

# Participating Organizations that Submitted May 2017 Data (N=11)

Organization Name	Model	Unit / Patient Type
Advanced Surgical Hospital	CJR	Acute Care Ortho
CentraState Medical Center	CJR	Geriatric
Florida Hospital Waterman	CJR	Acute Care Ortho
Meriter Hospital	BPCI	Unknown
Milton S. Hershey Medical Center	CJR	Internal Medicine
Ogden Regional Medical Center	CJR	Internal Medicine
Saint Peter's University Hospital	CJR	Acute Care Ortho
Scott and White Medical Center - Temple	CJR	Surgery
Sentara CarePlex Hospital	BPCI	Hemoc Onco
St. Luke's Hospital	CJR	Unknown
Valley Hospital	BPCI	Geriatric & Pulmonary

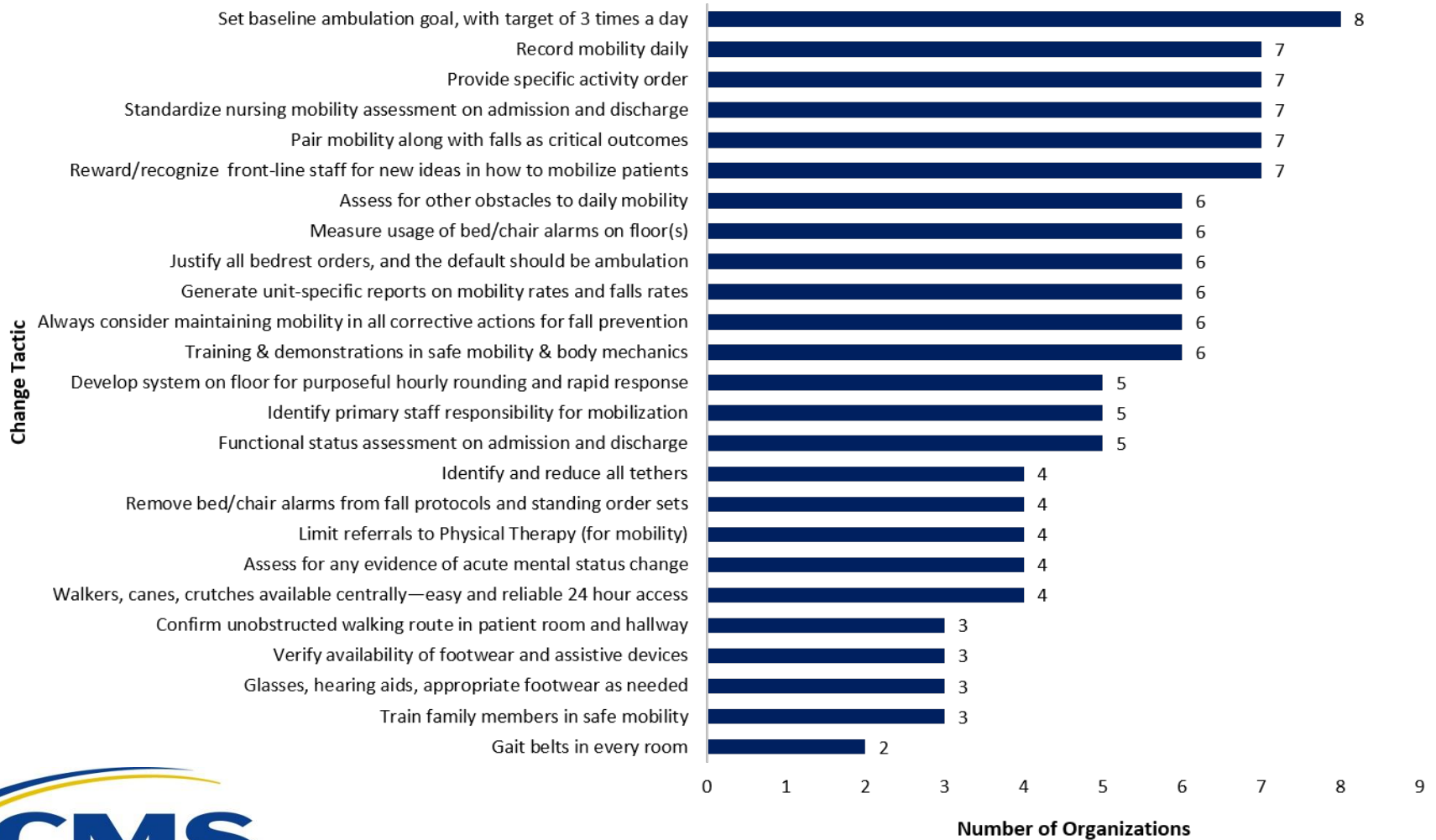
Includes data received as of 5:00 p.m. EDT June 5, 2017

# Participating Organizations that Submitted Mobility and Alarms Measure Data (N=8)



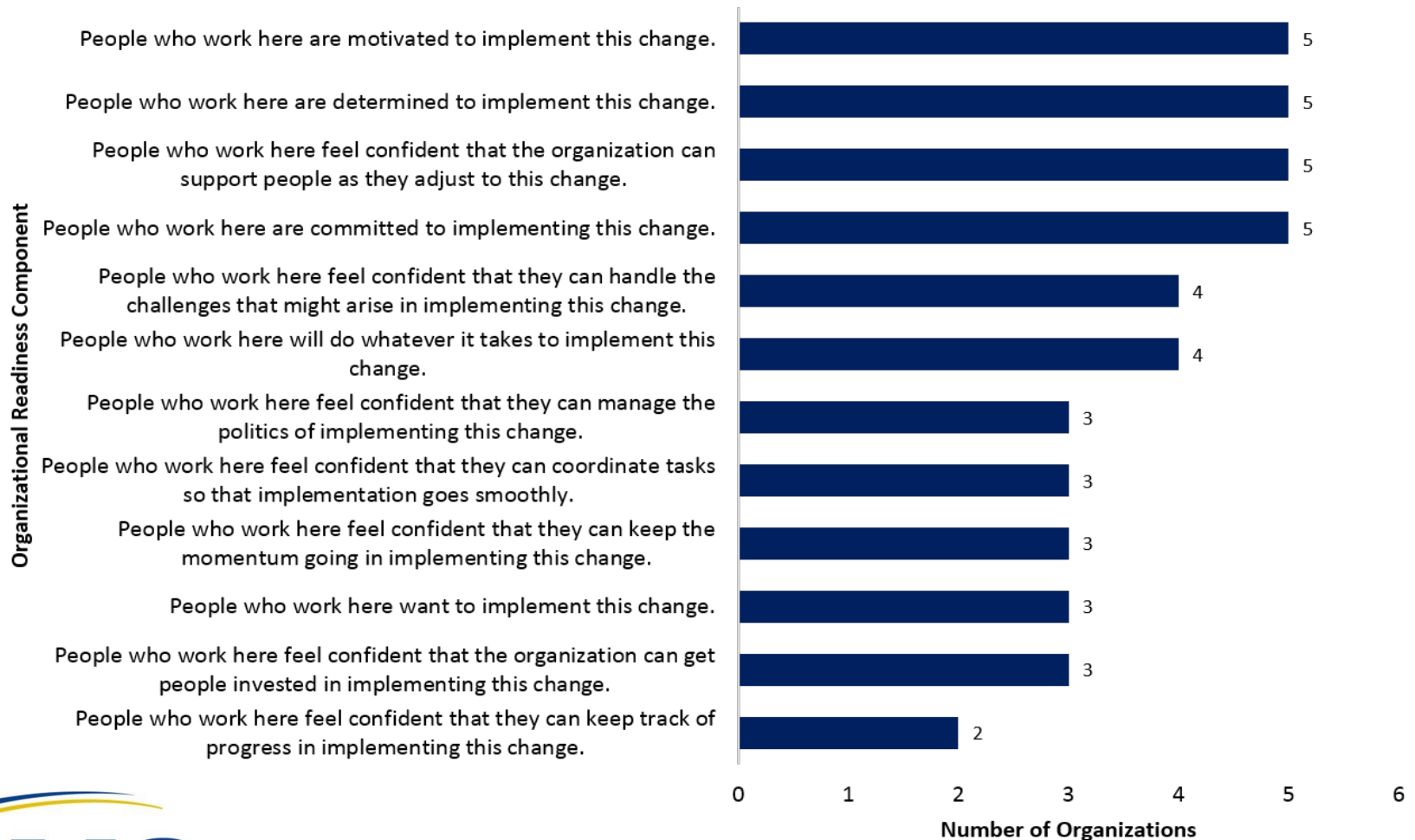
# Change Tactics Being Considered, Planned, or Implemented with Challenges

## (Frequency Distribution for May 2017: N=8)



# Components of “Readiness” that Organizations Answered as “Agree”

## (Frequency Distribution for May 2017: N=8)



# The Why and When of Measurement

## Why Measure?

The purpose of measurement in this mobility initiative is to:

- Provide you with the data you need to guide implementation of a mobility program in your organization. As you test and implement the changes provided in the Mobility Change Package you need to be able to “see” their impact on patients and staff.
- Feed the collaborative process in Mobility Action Group. With reporting, you share in a structured way what you are testing and what you are learning. We all learn more rapidly what works and we can tailor the group sessions, materials, and communication to be most beneficial to you.

## When and How Should I Start Measuring?

Don't worry if your mobility program is not fully up and running yet. The measurement strategy we've provided is meant to assist your organization in testing these mobility changes. We ask that you send us whatever you have on the 24<sup>th</sup> of each month so that we can provide the best support possible to you and the entire group.

### Standardized Measures (key clinical metrics)

- Walks per day
- Proportion of patients with at least 3 walks per day
- Use of bed-chair alarms

These are critical process measures that you will want to follow over time. It's useful to begin collecting these three as soon as feasible so that you have baseline data and can see the impact of your work over time.

### Non-Standardized Measures (falls, staff injuries, functional status, restraints):

These are important measures that are likely captured already in some way in your organization. We have not specified the exact measure so that you can use measures that are already available at your organization. While this should ease data collection burden we recognize that there will be challenges. The measures will also help you monitor for adverse consequences of your mobility initiative (falls and staff injuries), verify that reduction in bed/chair alarms does not increase use of physical restraints, and understand the impact of mobility on reducing need for post-acute care (functional status) in your target group.

Falls, staff injuries, and restraint use are probably already collected at the unit level by your organization. They may not, however, be available for the unit(s) you have chosen to target during the time period of this action group. Falls and restraint use may be tracked by your falls committee, risk management, patient safety, or quality improvement departments; and staff injuries may be tracked by human resources or risk management. It is important to find out who collects these data, and make sure these measures can be provided for the initiative on the unit(s) and timeframe you need for the Action Group. This may require some coordination, so it is best to begin investigating and internally collaborating as soon as possible.

# Sharing and Discussion

**Sharon Inouye**

Harvard Medical School, Beth Israel Deaconess Medical Center,  
and Hebrew SeniorLife

**Cynthia Brown**

University of Alabama at Birmingham

**Barbara Yuhas, Hazen Yu, Brian Mason and Zeeshan Khan**

CentraState Medical Center

*Type your questions into the chat pod or let us know that you would like your phone line unmuted to ask a question or make a comment*



# Mobility Action Group on ILS Connect

- You have been added to your own private group on ILS Connect called “Mobility Action Group”
- To post a comment or share a resource:
  - Go to the “Groups” tab on ILS Connect
  - Click on “Mobility Action Group”
  - Post your comment in the group
- Or, just respond to others

# Announcements & Reminders

# Next Mobility Action Group Session

**Mobility Action Group Session Five**

**June 22, 2017  
12-1 PM EDT**

If you have any questions, send an email to [Mobility@Lewin.com](mailto:Mobility@Lewin.com).

*Please take a few minutes to respond to the Post-Event Survey.*