

Mobility Action Group



Session 6

July 13, 2017

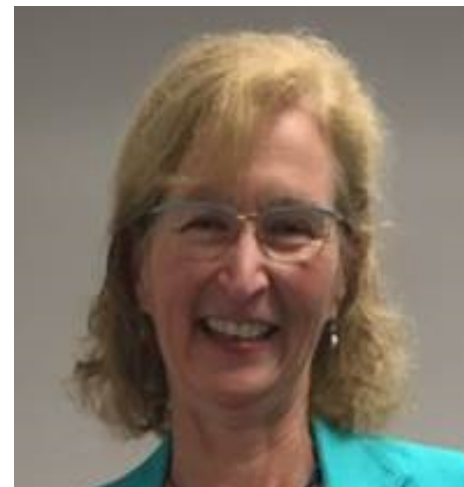
12:00-1:00 pm EDT

Audio available by call-back feature
OR by dialing (800)832-0736
Conference Room Number: *9001100#
Participant Access Code: 071317#

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 (Cont.)



Susan Heisey, MSW, CCSN

HELP Program Director

Inova Fairfax Hospital

Introduction to Adobe Connect

To Raise Your Hand

To Enlarge Presentation

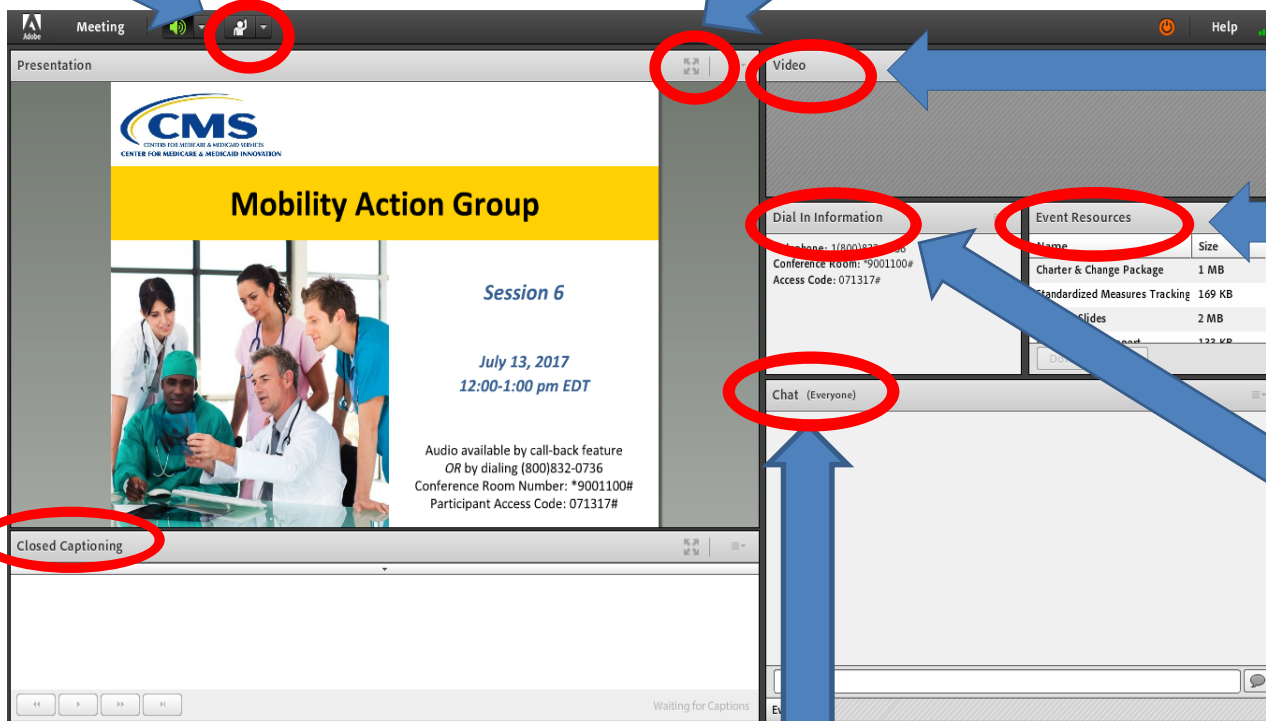
To View the Video

Download Available Resources

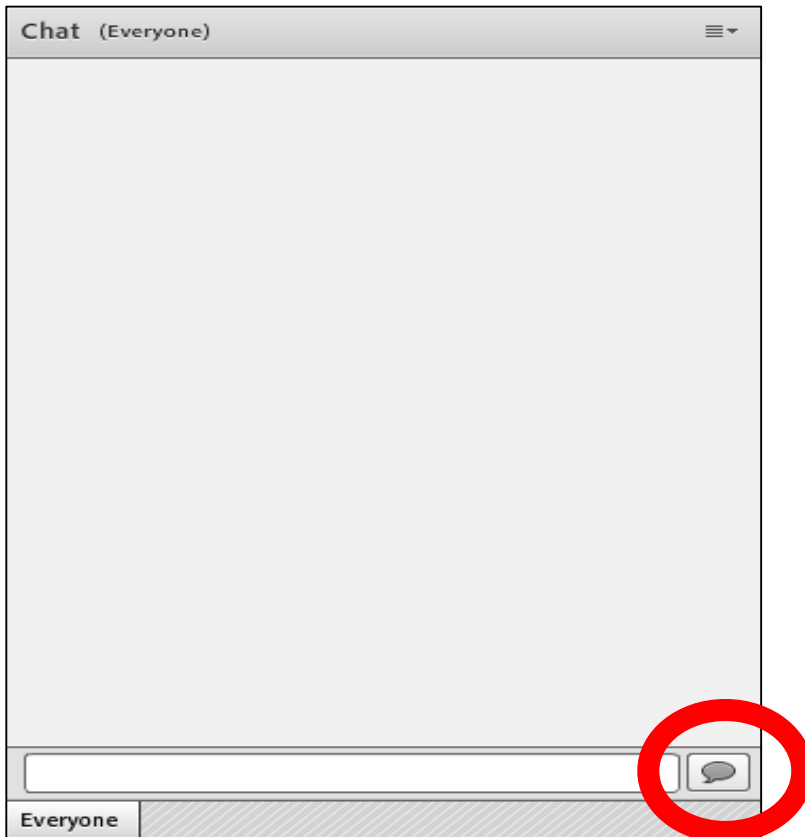
Closed Captioning

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
- Data Sharing
- Participant Discussion
- Announcements & Reminders

Poll

We have used the following resources since the beginning of the Mobility Action Group: *[Select all that apply]*

- Change Package
- Toolkit
- Mobility Action Group on ILS Connect
- Email to Mobility@lewin.com
- Bibliography
- Other

Data Sharing

Change Tactics Considered, Planned or Implemented with Challenges

Change Tactic	Percent of Hospital Units That Have Considered, Planned, or Implemented		
	April	May	June
Training & demonstrations in safe mobility & body mechanics for nurses, aides, sitters, PT techs, volunteers, ambulators	78%	56%	100%
Reward/recognize front-line staff for new ideas in how to mobilize patients	89%	89%	80%
Train family members in safe mobility	33%	63%	50%
Gait belts in every room	33%	56%	80%
Walkers, canes, crutches available centrally—easy and reliable 24 hour access	56%	56%	80%
Glasses, hearing aids, appropriate footwear as needed	44%	25%	50%
Pair mobility along with falls as critical outcomes	89%	63%	100%
Always consider maintaining mobility in all corrective actions for fall prevention	78%	75%	100%
Generate unit-specific (and eventually hospital-wide) reports on mobility rates and falls (with and without injury) rates	78%	50%	100%
Standardize nursing mobility assessment on admission and discharge	78%	75%	75%
Functional status assessment on admission and discharge	56%	75%	50%
Assess for any evidence of acute mental status change	44%	50%	25%
Set baseline ambulation goal, with target of 3 times a day	100%	67%	80%
Limit referrals to Physical Therapy (for mobility)	56%	50%	75%
Identify primary staff responsibility for mobilization	67%	75%	100%
Justify all bedrest orders, and the default should be ambulation	78%	86%	100%
Provide specific activity order, e.g., “ambulate with assistance, 1 lap of unit TID”	89%	100%	100%
Record mobility daily, e.g., whiteboard, patient flow chart, EHR	89%	88%	100%
Develop system on floor for purposeful hourly rounding (RNs and CNAs) and rapid response to call-bells	67%	44%	60%
Remove bed/chair alarms from fall protocols and standing order sets	44%	50%	50%
Measure usage of bed/chair alarms on floor(s)	78%	75%	100%
Identify and reduce all tethers (urinary catheters, oxygen with short tubing, compression devices)	56%	43%	100%
Verify availability of footwear and assistive devices	44%	29%	100%
Confirm unobstructed walking route in patient room and hallway	44%	29%	75%
Assess for other obstacles to daily mobility	78%	71%	100%

Average Proportion of Patients with a Bed or Chair Alarm by Week and Hospital Unit

Average Proportion of Patients with a Bed or Chair Alarm by Week and Hospital Unit										
Hospital	Patient Population/Unit	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Trend
Advanced Surgical Hospital	Orthopedic	19%	0%	0%	NA	NA	NA	NA	NA	
CentraState Medical Center	Geriatric	95%	76%	65%	68%	69%	69%	74%	NA	
Florida Hospital Waterman	Orthopedic	66%	63%	30%	10%	40%	44%	14%	25%	
Marshall Medical Center	Unknown	76%	76%	90%	91%	73%	100%	74%	89%	
Meriter Hospital	Neurology	NA	57%	45%	57%	54%	34%	45%	66%	
Ogden Regional Medical Center	Internal Medicine	11%	12%	9%	11%	13%	13%	5%	7%	
Saint Peter's University Hospital	Orthopedic	NA	NA	NA	NA	0%	0%	0%	0%	
Scott and White Medical Center - Temple	Surgery	0%	0%	0%	9%	46%	NA	45%	27%	
Sentara CarePlex Hospital	Hemoc Onco	NA	NA	NA	NA	NA	NA	NA	NA	NA
St. Joseph Medical Center	Med/Surg	NA	NA	NA	0%	0%	NA	0%	0%	
St. Luke's Hospital	Orthopedic	0%	0%	0%	1%	0%	NA	NA	NA	
UPMC Presbyterian Shadyside	Unknown	NA	NA	NA	NA	NA	11%	5%	5%	
UPMC Presbyterian Shadyside	Internal Medicine	NA	NA	NA	NA	NA	0%	0%	0%	
Valley Hospital	Geriatric & Pulmonary	17%	21%	23%	12%	0%	NA	NA	NA	

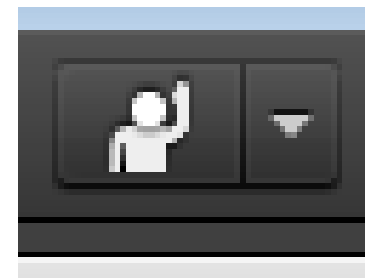
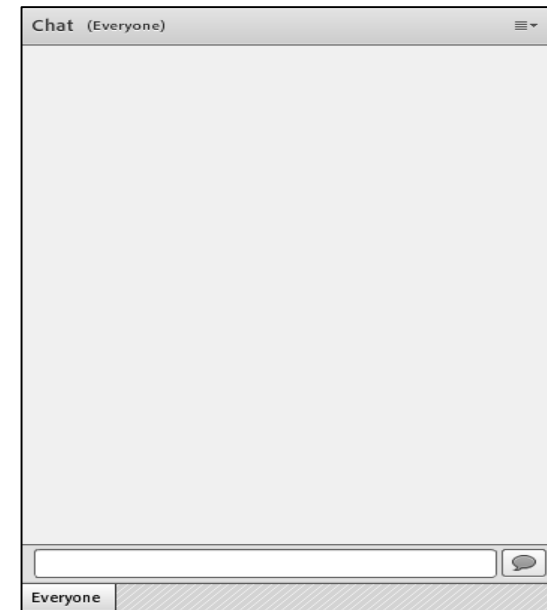
Average Proportion of Patients with at Least 3 Walks per Day by Week and Hospital Unit

Average Proportion of Patients with at Least Three Walks per Day by Week and Hospital Unit										
Hospital	Patient Population/Unit	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Trend
Advanced Surgical Hospital	Orthopedic	16%	4%	23%	NA	NA	NA	NA	NA	
CentraState Medical Center	Geriatric	15%	20%	25%	26%	27%	30%	26%	NA	
Florida Hospital Waterman	Orthopedic	24%	21%	35%	25%	40%	26%	38%	50%	
Marshall Medical Center	Unknown	9%	16%	5%	12%	30%	6%	16%	15%	
Meriter Hospital	Neurology	NA	6%	3%	7%	0%	2%	1%	1%	
Ogden Regional Medical Center	Internal Medicine	1%	1%	4%	0%	0%	0%	0%	0%	
Saint Peter's University Hospital	Orthopedic	NA	NA	NA	NA	100%	50%	54%	65%	
Scott and White Medical Center - Temple	Surgery	9%	9%	5%	3%	3%	5%	5%	9%	
Sentara CarePlex Hospital	Hemoc Onco	9%	10%	12%	NA	13%	21%	4%	14%	
St. Joseph Medical Center	Med/Surg	NA	NA	NA	33%	0%	NA	20%	0%	
St. Luke's Hospital	Orthopedic	0%	0%	2%	21%	0%	NA	NA	NA	
UPMC Presbyterian Shadyside	Unknown	NA	NA	NA	NA	NA	1%	3%	1%	
UPMC Presbyterian Shadyside	Internal Medicine	NA	NA	NA	NA	NA	0%	0%	0%	
Valley Hospital	Geriatric & Pulmonary	0%	0%	0%	0%	0%	NA	NA	NA	

Participant Discussion

Let's Chat

- All phone lines are unmuted.
- If you're not speaking, mute your line on your phone.
- Please don't put us on hold.
- Also use the chat pod; use @ to direct questions to someone.
- If you would like to speak, please click the raise hand icon, located above the slide deck.



Sharing and Discussion

- How are you approaching the use of bed and chair alarms? What barriers are there to reducing the use of alarms, and how are you addressing the barriers?
- What strategies are you using to increase the proportion of patients with three walks per day?

Summary and Reflection

Susan Heisey, MSW, CCSN

HELP Program Director, Inova Fairfax Hospital

Sharon Inouye, MD, MPH

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

Announcements & Reminders

Mobility Action Group on ILS Connect

Posting to the Group, not just your Followers

The BPCI and CJR Learning System Teams



**Mobility
Action
Group**

Next Data Sharing

Monday, July 24, 2017

Email to: Mobility@Lewin.com

Next Mobility Action Group Session

Session 7

**Thursday, August 3, 2017
12:00 – 1:00 p.m. EDT**

If you have any questions, send an email to Mobility@Lewin.com.

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