

Mobility Action Group



Session Two

*May 10, 2017
12:00-1:00 pm EDT*

Audio available by call-back feature
OR by dialing:

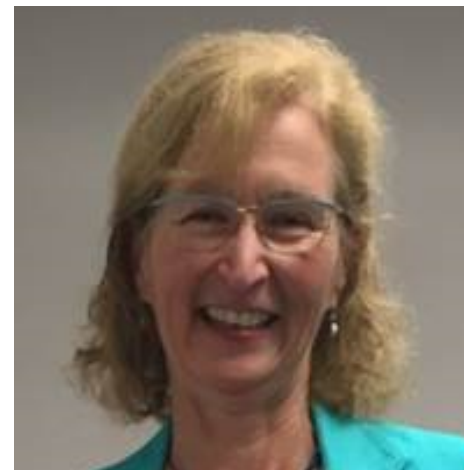
Teleconference Line: 1-800-832-0736
Conference Room Number: *8713107#
Participant Access Code: 051017#

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



Dr. Sharon Inouye, MD, MPH

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

Introduction to Adobe Connect



To Enlarge Presentation

To View the Video

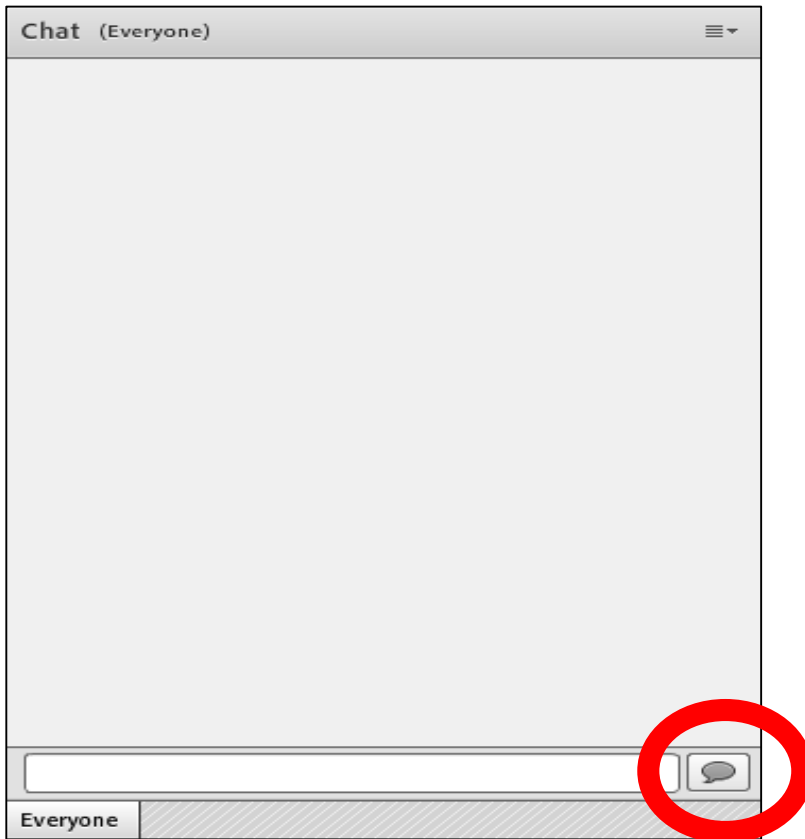
Closed Captioning

To Dial In via Telephone

To Ask Questions or Send Messages

Download Available Resources

Introduction to Adobe Connect (Cont.)

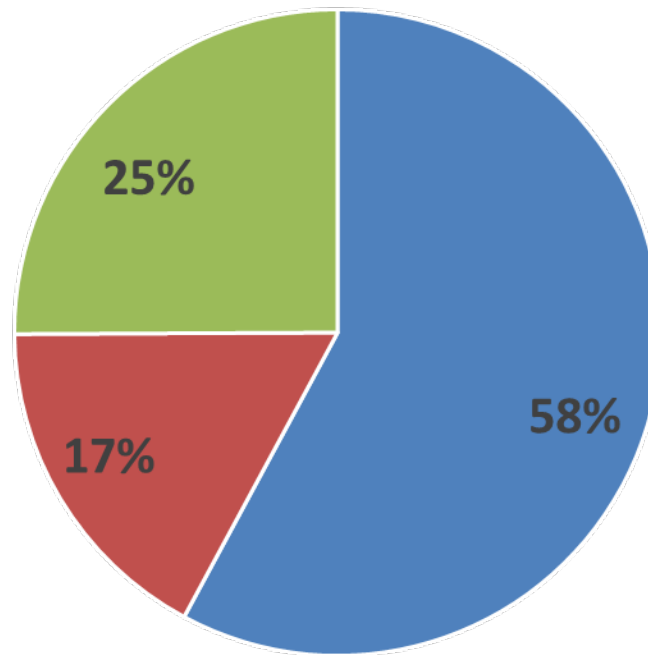


- Use the Chat pod to submit any questions or comments
- Please use “@” if your question/comment is directed to a specific presenter
- Submit your question/comment by clicking the chat bubble icon

Agenda

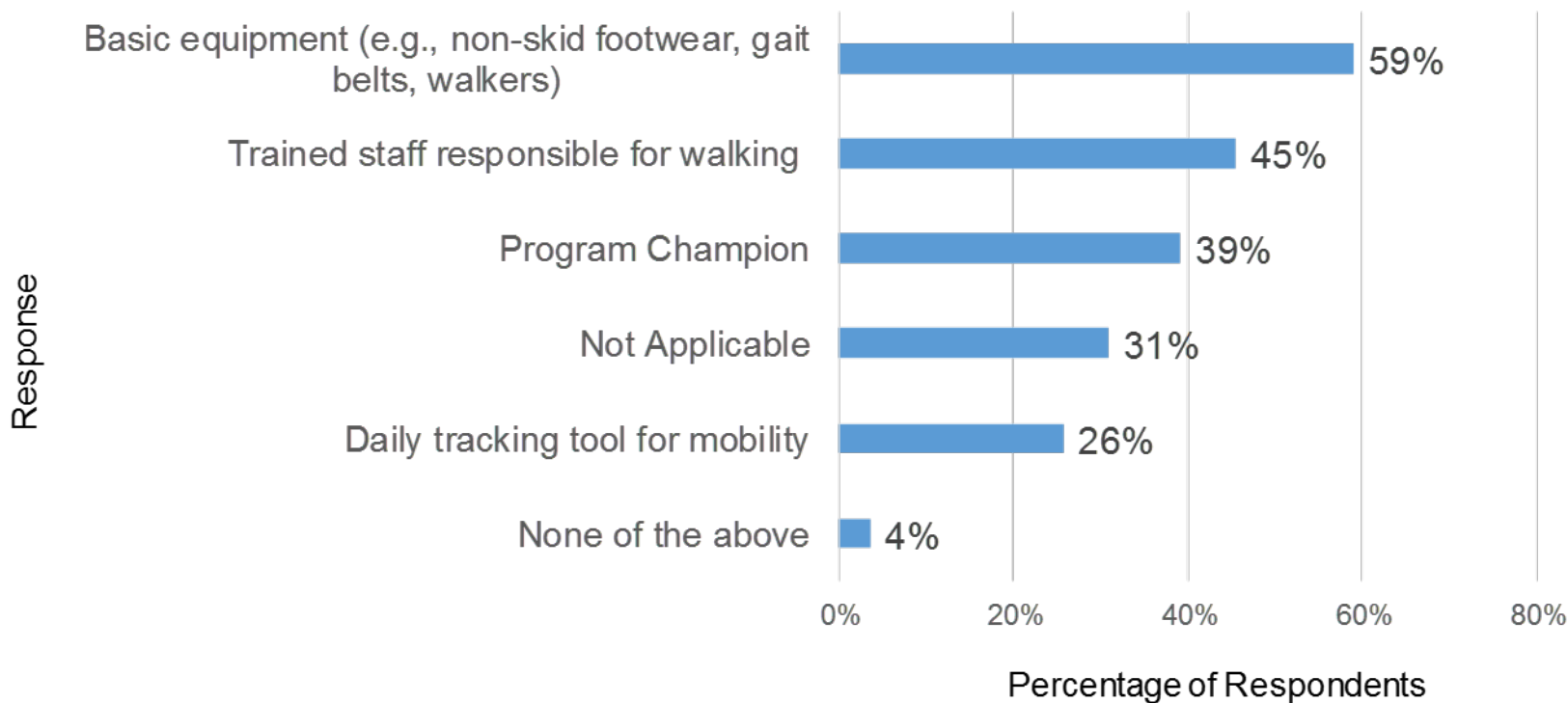
- Welcome & Logistics
- Mobility Action Group Registration Survey Data
- Measurement Matters
- Demonstration of Data Entry
- Q&A on Measures
- Panel Discussion and Q&A
- Commitment to Action
- Announcements & Reminders

Does your organization currently have any mobility programs in place?

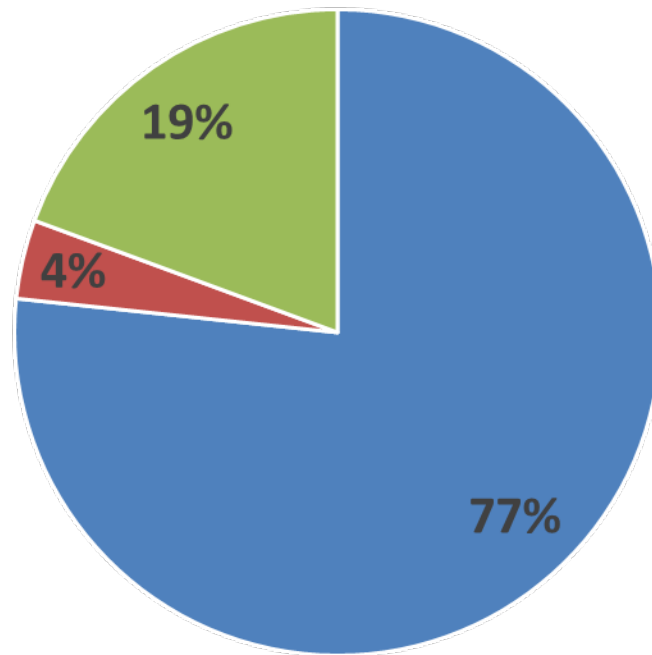


■ Yes ■ No ■ I do not know

Does your mobility program have the following 4 elements?

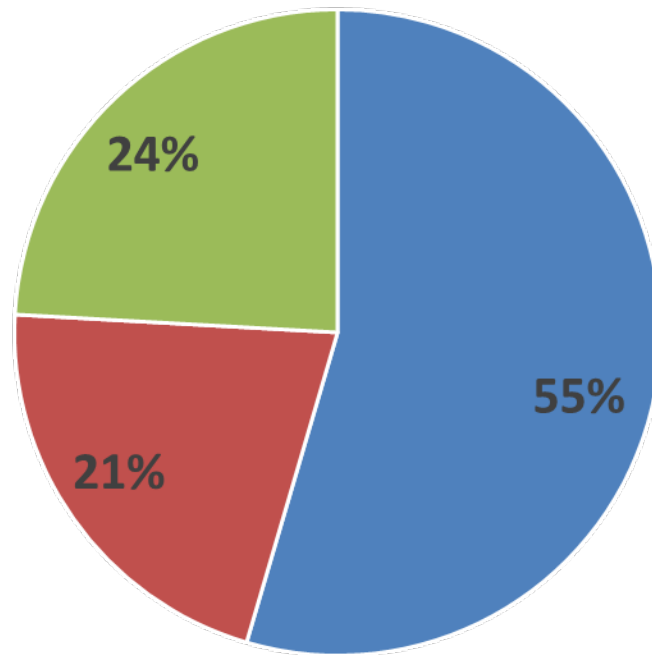


Does your organization currently use bed and/or chair alarms?



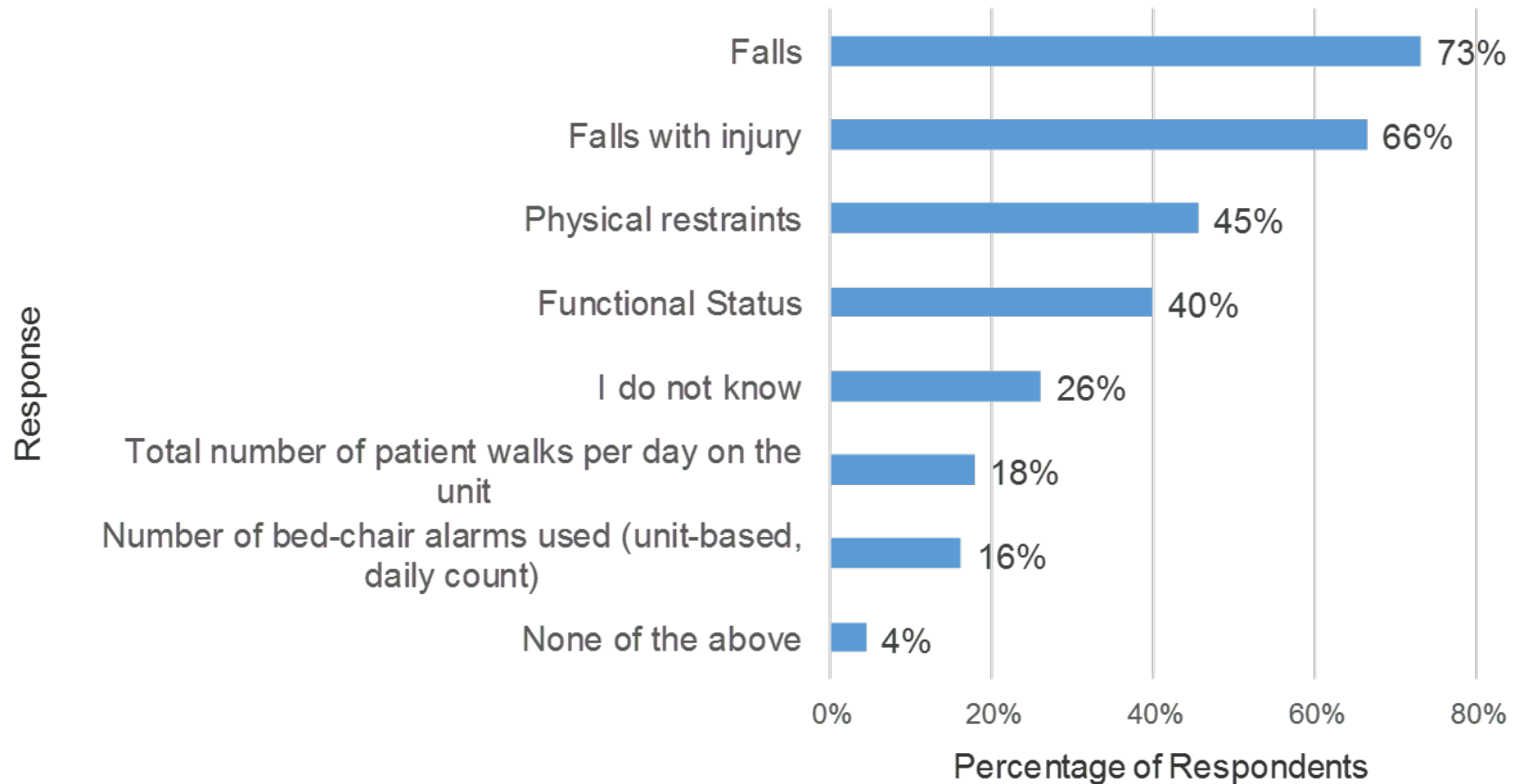
■ Yes ■ No ■ I do not know

Does your organization currently track mobility or ambulation?



■ Yes ■ No ■ I do not know

What measures is your organization currently monitoring?



CMMI Mobility Initiative Measurement Matters

Sharon K. Inouye, MD, MPH

Nicolas Stettler-Davis, MD, MSCE



Importance of Measurement

- Direct benefits to your site:
 - Helps you see how you are doing with mobility and helps to track improvement over time
 - Use the data to monitor and improve at your site
 - Benchmark your progress with other sites
 - Provides long-term benefit in terms of sustainability of the program, tracking benefits over time
 - Share measures and approaches with each other

How the Initiative will use the Measures

- We will present group data to you to track the initiative and monitor change over time
- From the data submissions, we will ask sites to present at these sessions
- If the initiative is successful (based on your data and improvements over time), then Mobility may be considered/incorporated in other initiatives

Measurement can be Challenging

- We realize that measurement that is consistent and complete can be quite challenging
- We plan updates at each webinar
- We encourage your questions via the Connect site on any measurement issues
- Please reach out to the CMMI team if there are substantial challenges that we can help you address

Critical Measures

- Walks/day
- Use of bed/chair alarms

[Other measures will be covered
on future dates]

Critical Measure: Walks

- Walk: Defined as an episode of patient leaving their room on foot. Goal: 3x/day
 - Do not include walks in the room or to bathroom only
 - No specified distance required, but optimally one lap of the unit or length of the hallway 3x/day
 - Use of assistive device or assistance of a person is allowable
 - We will cap at 4 walks per day in the count (more walks are good, but enter 4 on your sheets for 4 or more)

Critical Measure: Bed/Chair Alarms

- Defined as ANY use of a bed or chair alarm
- Count as positive if a patient is on a bed or chair alarm for **any amount of time** on a given day (even a short period)
- Only count once per patient on a given day, even if multiple alarms used on the patient or used across multiple shifts

Logistics

- Identify who, what, where, when:
 - Identify the population to measure
 - You choose, then be consistent
 - Who is responsible to measure and who will coordinate/monitor (program champion)
 - Who will enter data into the spreadsheets and compile summary reports
 - How will the data be collected? Brown Mobility tool? Whiteboards in rooms? Vitals sheets? EHR?
 - Wanted to give you flexibility to work out preferred procedure at your site

HOSPITAL MOBILITY DOCUMENTATION
(Record daily)

Patient ID

DURING THE PAST 24 HOURS HAVE YOU...

FREQUENCY

HOW DID YOU GET THERE?

*Did you have help from
Another person?*

*Did you use aids or
Special equipment?*

Gotten out of bed to the chair (Level 1)	Yes	No	Once	twice	3x	≥4x	Yes	No	Yes	No
	1	0	1	2	3	4	0	1	0	1
Score	_____ +		_____ +				_____		= Level 1 Score _____	

Walked in the room (Level 2)	Yes	No	Once	twice	3x	≥4x	Yes	No	Yes	No
	1	0	1	2	3	4	0	1	0	1
Score	_____ +		_____ +				_____		= Level 2 Score _____	

Walked in the hall on the unit (Level 3)	Yes	No	Once	twice	3x	≥4x	Yes	No	Yes	No
	1	0	1	2	3	4	0	1	0	1
Score	_____ +		_____ +				_____		= Level 3 Score _____	

Walked off the unit (Level 4)	Yes	No	Once	twice	3x	≥4x	Yes	No	Yes	No
	1	0	1	2	3	4	0	1	0	1
Score	_____ +		_____ +				_____		= Level 4 Score _____	

Type of equipment used:

_____ Trapeze _____ Bed rails _____ Transfer board _____ Cane _____ Walker _____ Rolling walker _____ Crutches _____
Other (specify): _____

Have you fallen in the last 24 hours? _____ Yes _____ No **Did you sustain an injury when you fell?** _____ Yes _____ No

What were the injuries? (Explain) _____

Tracking Mobility

- Sites use many approaches—you will hear more from our expert faculty later today
- Track on:
 - Vitals sheets
 - Whiteboards in rooms
 - EMR documentation
 - Nursing flow charts
- Individual results then need to be aggregated across the unit weekly for the CMMI summary
- Dr. Stettler-Davis will walk you through that process

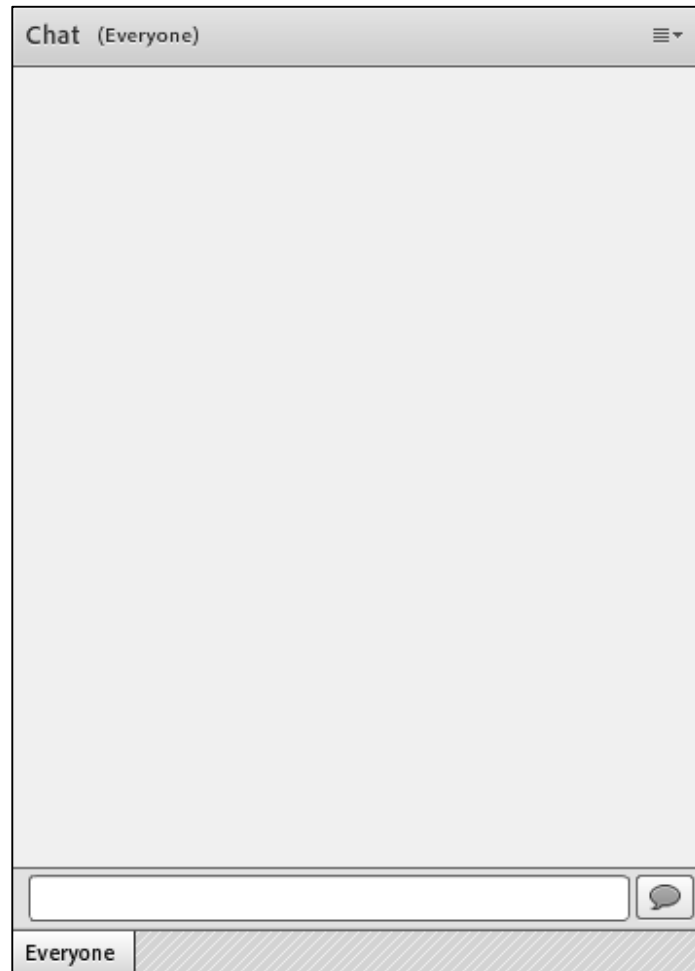
Data Entry Demonstration

The screenshot shows a meeting interface with several panels. The main panel displays a spreadsheet titled "Data Collection - Nicolas Stettler-Davis (Lewin) 2". The spreadsheet content includes a welcome message, a list of five standardized measures to track, instructions on when to use the workbook, and a section for selecting an intervention unit. A green circle highlights a button in the top right corner of the spreadsheet window, with a green arrow pointing to it from the right. Other panels include "Video" with a "Start My Web" button, "Dial In Information" with contact details, "Chat" with a cleared history, and "Event Resources" with a table of files.

Name	Size
Non-Standardized Measures Form	124 KB
Standardized Measures Tracking Tool	166 KB

Click here to enlarge the presentation. Also click here again to return to normal view.

Questions?



Panel Discussion

Susan Heisey, LCSW, MSW, ASW-G

HELP Program Director

Inova Fairfax Hospital

Cynthia Brown, MD, MSPH

Parrish Professor of Medicine, Director of Gerontology, Geriatrics and
Palliative Care

University of Alabama at Birmingham

Inova Fairfax Flowsheet

	Admission (Current) from 5/1/2017 in Heart...			
	5/8/17	2035	0847	1500
Positioning Frequency		Able to t...	Able to t...	
Head of Bed Elevated		HOB 30	HOB 30	
Heels/Feet		Foot of ...	Foot of ...	
Range of Motion		Active.A...	Active.A...	
Transport Method		Stretcher	Stretcher	
Progressive Mobility Protocol (PMP)				
PMP Importance Explained to Patient/Family				
PMP Contraindications				
PMP Mobility				
Is PM&R Consult Appropriate At This Time?				
Reason for Therapy on Hold				
VTE Prophylaxis/Anti-embolism Devices				
SCD's Status				
SCD's Off		Yes	Yes	
SCD's-Patient Refuses to Wear		Yes	Yes	
Foot Pumps Status				
Foot Pumps Off				
Foot Pumps-Patient Refuses to Wear				
Elastic Stockings Status				
Elastic Stockings Off				
Elastic Stockings-Patient Refuses to Wear				
Nutrition				
Diet Type			Consist...	
Feeding Route			Able to f...	
Feeding				
Percent Meal Consumed (%)				
Nutritional Supplements				

PMP Contraindications

Select Multiple Options: (F5)

- Rapidly developing neuromuscular disease
- Continuous intracranial pressure monitoring until cleared by neurosurgeon, trauma surgeon, and/or intensivist
- Presence of external ventricular drain until cleared by the neurosurgeon
- Presence of lumbar drain until cleared by the neurosurgeon
- Spinal column injuries until cleared by spine or trauma surgeon
- Required spine brace not yet available
- Required helmet not yet available
- Mean arterial pressure (MAP) less than 60 mmHG or greater than 110 mmHG
- Heart rate (HR) less than 40 bpm or greater than 120 bpm-if mechanically ventilated with HR greater than 100 bpm discuss mobility with LIP
- Respiratory rate (RR) less than 8 or greater than 35 per minute
- FiO2 greater than 60% or PEEP greater than 10 cmH2O
- Active GI bleed
- Active myocardial ischemia
- Patient agitation that has required increased sedation within the past 30 minutes
- Unsecured airway-for any airway other than standard oral endotracheal tube, such as tracheostomy, check with the intensivist or trauma surgeon
- Any evidence of cerebral vasospasm defined by a worsening exam or increased velocity by Trans Cranial Doppler or angiography
- Presence of groin sheath (not central line)
- Presence of intra aortic balloon pump
- Trauma patients with liver, spleen, or kidney injury on bedrest for the first 24 to 48 hours may not progress past Step 5 until cleared by trauma su
- Unstable hemorrhagic stroke
- Presence of an epidural (compromised motor strength)

Comment (F6)

Group Information

The RN in collaboration with the health care team is responsible for assessing all patients for the initiation and discontinuation of progressive mobility. A physician order is not required to initiate the progressive mobility protocol unless the patient has a contraindication or potential contraindication to therapy. If either is present, then a physician order is required.

	Admission (Current) from 5/1/2017 in Heart a...			
	5/6/17	0742	1100	1222
Precautions	<input checked="" type="checkbox"/>			
Safe Environment	<input checked="" type="checkbox"/>			
Cardiac Monitor	<input checked="" type="checkbox"/>			
Family/Significant Oth...	<input checked="" type="checkbox"/>			
Johns Hopkins Fall Ris...	<input checked="" type="checkbox"/>			
Complete the Followin...	<input checked="" type="checkbox"/>			
Interventions Based on	<input checked="" type="checkbox"/>			
Moderate Risk Falls Int...	<input checked="" type="checkbox"/>			
Mobility	<input checked="" type="checkbox"/>			
Progressive Mobility ...	<input checked="" type="checkbox"/>			
VTE Prophylaxis/Anti...	<input checked="" type="checkbox"/>			
Nutrition	<input checked="" type="checkbox"/>			
Nutritional Supplements	<input checked="" type="checkbox"/>			
Hygiene	<input checked="" type="checkbox"/>			
Comfort and Environme...	<input checked="" type="checkbox"/>			
Miscellaneous Devices	<input checked="" type="checkbox"/>			
Elopement Risk Screen	<input checked="" type="checkbox"/>			
		Step 6 ...		
Reason for Therapy on Hold				
VTE Prophylaxis/Anti-embolism Devices				
SCD's Status				
SCD's Off		Yes		
SCD's-Patient Refuses to Wear		Yes		
Foot Pumps Status				
Foot Pumps Off				
Foot Pumps-Patient Refuses to Wear				
Elastic Stockings Status				
Elastic Stockings Off				
Elastic Stockings-Patient Refuses to Wear				
Nutrition				
Diet Type		Consist...		
Feeding Route				
Feeding				
Percent Meal Consumed (%)		25%	50%	
Nutritional Supplements				

05/07/17 0742

PMP Mobility

Previous: Step 6 - Walks in Room

Select Multiple Options: (F5)

Step 1 - Bedrest
Step 2 - Supine Exercises
Step 3 - Bed Mobility
Step 4 - Dangle at Bedside
Step 5 - Chair
Step 6 - Walks in Room
Step 7 - Walks out of Room

Comment (F6)

Group Information

The RN in collaboration with the health care team is responsible for assessing all patients for the initiation and discontinuation of progressive mobility. A physician order is not required to initiate the progressive mobility protocol unless the patient has a contraindication or potential contraindication to therapy. If either is present, then a physician order is required.

Row Information

Step 1 - Patient Participation = Not Required; Range of Motion = Passive ROM 3x daily; Positioning = Every 2 hours; New Activity = 1. HOB 30 degrees or reverse Trendelenburg 2. Evaluate for CLRT; Progress When = 1. Participation in care 2. Clinical stability ***Progress to next level once goal has been achieved; allow patient to skip Steps as tolerated or return to previous level if level is not tolerated

Step 2 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = Turn every 2 hours; New Activity = 1. Active participation in standardized supine exercise program; 2. Sitting position using chair mode on bed; Progress When = 1. Able to perform active movement 2. Upright Sitting ***Patients should be encouraged to assist with turning as they are able on all Steps starting at Step 2.

Step 3 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = Assist with turns every 2 hours; New Activity = 1. Assist with rolling in bed 2. Assist with scooting to HOB 3. Assist with hygiene; Progress When = 1. Assist with bed mobility 2. Can lift arms and legs off the bed

Step 4 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = Remind patient to turn every 2 hours; New Activity = Dangle on side of bed; Progress When = Able to dangle 5 to 10 minutes

Step 5 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = 1. Stand at side of bed 2. Transfer to chair; Progress When = 1. Tolerates sitting in chair BID and participate in upper body ADLs 2. Stands with minimal assistance 3. Able to march in place

Step 6 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = Remind patient to turn every 2 hours; New Activity = Progress to ambulation in room; Progress When = Walk in room with hand-held assistance of one person

Step 7 - Patient Participation = Required; Range of Motion = Supine Exercise Program; Positioning = Remind patient to turn every 2 hours; New Activity = 1. Ambulate out of room 2. Participate in full body ADLs; Progress When = Goal: 1. Increase distance in ambulation 2. Increase ability to perform ADLs

First Filed Value

05/08/17 0830

Reason for Therapy on Hold

Select Multiple Options: (F5)

- Marked ventilator asynchrony or dyssynchrony
- Patient physically combative
- New arrhythmia
- Concern for myocardial ischemia
- Concern for airway device integrity

Comment (F6)

Group Information

The RN in collaboration with the health care team is respon required to initiate the progressive mobility protocol unless I patient has a contraindication or potential contraindication b

Inova Fairfax Data Aggregation Report

Name/Age/Sex	Hosp Acct	MRN	Bed	Unit	Isolation Status	Primary Prob	Language	CAM Result	PMP Contraindications	PM Step	PMP Cessation	PMP Mobility	
						Penetrating atherosclerotic ulcer of aorta (Additional Hospital Problems)	English	Negative; 5/9/2017 0146		Step 5 - Chair		5/9/17 0153 [Step 5 - Chair]	
						HTN (hypertension) (Additional Hospital Problems)	English			Step 6 - Walks in Room		5/6/17 1950 [Step 6 - Walks in Room]	
						Lumbar stenosis	English			Step 3 - Bed Mobility		5/8/17 2200 [Step 3 - Bed Mobility]	
						Contact Contact Special	Cellulitis (Additional Hospital Problems)	English			Step 5 - Chair; Step 4 - Dangle at Bedside		4/25/17 0221 [Step 5 - Chair; Step 4 - Dangle at Bedside]
							GI bleed	English			Step 3 - Bed Mobility		5/8/17 1313 [Step 3 - Bed Mobility]
							Atherosclerosis of native arteries of extremities with gangrene, right leg (Additional Hospital Problems)	English			Step 1 - Bedrest		5/8/17 2141 [Step 1 - Bedrest]
							Ischemic cardiomyopathy (Additional Hospital Problems)	Pt states interpreter not required	Negative; 5/9/2017 0116		Step 5 - Chair		5/9/17 0125 [Step 5 - Chair]
						Contact	Diabetic foot infection (Additional Hospital Problems)	Tagalog			Step 3 - Bed Mobility		4/30/17 2225 [Step 3 - Bed Mobility]
							Acute renal failure (Additional Hospital Problems)	English			Step 3 - Bed Mobility		5/8/17 0800 [Step 3 - Bed Mobility]
							Mitral regurgitation (Additional Hospital Problems)	English			Step 5 - Chair	4/18/17 1800 [Concern for airway device integrity]	5/5/17 2000 [Step 5 - Chair]
							Diabetic infection of right foot (Additional Hospital Problems)	English			Step 5 - Chair		5/8/17 0000 [Step 5 - Chair]

Questions, Reactions & Insights



Tell us using Chat!

- What questions do you have?
- Are you using similar approaches for tracking mobility?

Poll

Do you have a good understanding of the expectations of the Mobility Action Group, including the measures?

Yes

No

I'm not sure

Continue Discussion on ILS Connect

- You will be 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

Continuing Education Credits

Get credit for your participation in the Mobility Action Group Kick-off on April 27, 2017!

- A post-activity assessment is available at <https://learner.mlnlms.com>
- Reference the PDF you were sent for specific instructions

Accreditation Council for Continuing Medical Education (ACCME)

The Centers for Medicare & Medicaid Services (CMS) designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Credit for this course expires at midnight on May 15, 2017.

International Association for Continuing Education and Training (IACET)

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer 0.1 Continuing Education Unit (CEU) for this activity. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity. CEU credit for this course expires at midnight on May 15, 2017.

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

Continuing Education Credits

- CMS is evaluating today's activity for continuing education (CE) credit.
- The number of credits awarded will be calculated following the activity based on the actual learning time.
- Final CE information on the amount of credit will be available to participants within the Learning Management and Product Ordering System (LM/POS) after the live activity.

Commitment to Action

- What are you going to test or implement in the next two weeks? Share in Chat now!
- For the next Mobility Action Group session, be prepared to share:
 - Current work in mobility
 - New work to try in mobility



Upcoming Mobility Action Group Sessions

Mobility Action Group Session Three	May 25, 2017 12-1 pm EDT
Mobility Action Group Session Four	June 8, 2017 12-1 pm EDT
Mobility Action Group Session Five	June 22, 2017 12 – 1 pm EDT

Reminder: Only those organizations who have completed the pre-work survey will receive invitations for the remaining Mobility Action Group sessions.

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

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