

The Impact of Implementing the "6-Clicks" Basic Mobility Screening Tool on Patient Care and Physical Therapy Utilization at UMC



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BACKGROUND

In acute care settings, the pivotal contribution of physical therapists to patient recovery from surgeries, traumas, and illnesses cannot be overstated.

The statistics from the initial five months of 2023 reveal a significant and dynamic workload for our physical therapists. The average physical therapy caseload was 246 patients/day during this period. This figure represents a substantial 51.2% of the hospital census, emphasizing the high demand for our PT team's services. However, within this demand lies a challenge: a considerable portion of these referrals were observed to be unnecessary. This inefficiency has far-reaching implications. It regrettably diverts the attention of our expert physical therapy staff from patients with acute and critical needs, including those recovering from severe diseases or navigating the complexities of trauma and intricate surgeries. Consequently, the optimal allocation of resources to patients most in need of intense rehabilitation became a pressing concern.

Addressing this issue is essential for the effective utilization of our skilled physical therapy team and the well-being of the patients

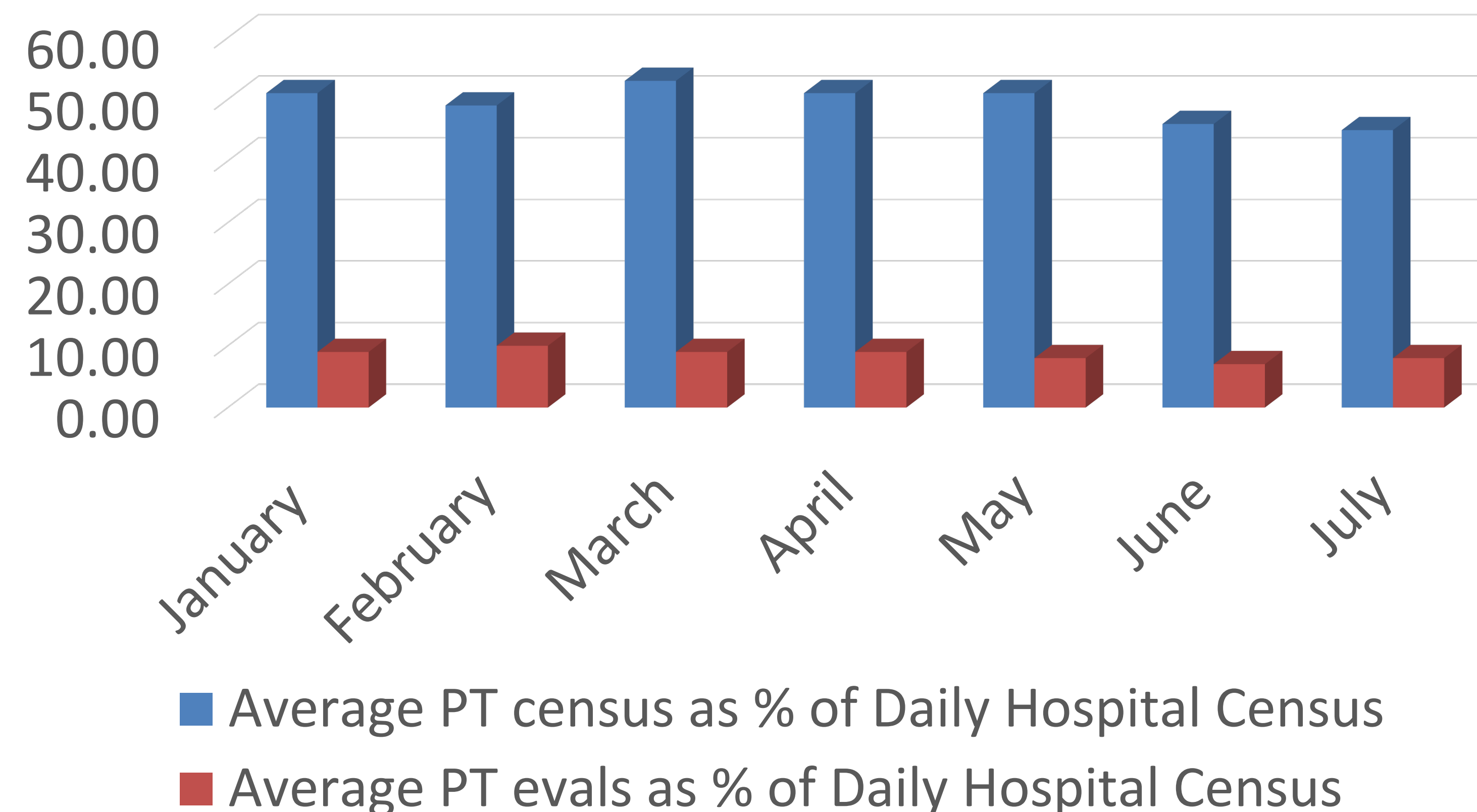
PURPOSE

In light of these challenges, this initiative aimed to implement the Basic Mobility Screening (6-Clicks) as a strategy to measure patient mobility from day one and guide our MDs toward a more efficient utilization of physical therapy resources by reducing unnecessary referrals and ensuring that patients with the most significant clinical needs receive the specialized PT care they require.

METHODS

The Basic Mobility Screening, or "6-Clicks," was implemented as the screening tool at UMC on June 5th, 2023. Under this new process, the admitting nurse performs the Basic Mobility Screen on every patient over 18 admitted to UMC. The results of the mobility screen are documented in Epic, and a research-based algorithm is then used to categorize each patient into one of the five levels of mobility used at UMC. The patient's mobility score plays a crucial role in aiding the MD's determination of whether Physical Therapy (PT) services would be necessary for the patient. To provide an accurate and updated mobility score for each patient, our fantastic nursing staff performs the Basic Mobility Screen daily for every patient. Moreover, if a patient is part of the PT caseload, the PT team conducts the same screening on every physical therapy visit.

PT Caseload & Evals trend



RESULTS

Initially comprising 51.2% of the hospital census, the physical therapy census decreased to 45.5% in the first two months following the tool's implementation.

If we consider a scenario where the physical therapy census remained consistent at the previous level of 51.2% of the average census during June and July, the expected average physical therapy census would have been 218 patients per day. However, from an initial load of 246 patients per day during the first five months of the year, the caseload decreased to an average of 194.5 patients per day within the first two months post-implementation.

Financially, this reduction translates into a daily saving equivalent to 2.3 full-time equivalents (FTEs).

Clinically, the reduction in unnecessary orders allowed our PT team to make the following practice changes:

Increase PT frequency for elective joint and spine surgeries "7 days/week" from "1" to "2x/day."

Increase PT frequency for orthopedic/trauma patients to "5-7x/week" and from "1" to "2x/day".

Increase PT frequency for cardiac surgery patients to "5-7x/week" and from "1" to "2x/day".

CONCLUSIONS

By implementing the Basic Mobility Screening as a guide toward a more efficient utilization of Physical Therapy, UMC paves the way for an enhanced model of care in NV, with the overarching goal of delivering effective rehabilitation interventions in acute care settings. A model that aligns UMC with the top hospitals in the nation.

Further clinical research will be conducted on this topic.

REFERENCES

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Month	Average Daily PT Census	Average PT census as % of Daily Hospital Census
January	243.00	51%
February	265.00	49%
March	249.00	53%
April	240.00	51%
May	236.00	51%
June	194.00	46%
July	195.00	45%

Average Daily PT Census Before 6-Clicks Implementation	246
Average PT Daily Hospital Census After 6-Clicks Implementation	194.5
Average PT Census as % of Daily Hospital Census Before 6-Clicks Implementation	51.20%
Average PT Census as % of Daily Hospital Census After 6-Clicks Implementation	45.63%

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