

Implementation of a Hospital-Wide Progressive Mobility Program at UMC



Ionel Cornea PT, DPT, MBA-HCM, Tonya Bryant DNP, RN, CCRN-K,
Heather Spaulding MSN-Ed, APRN-CNS, RN-BC, CPN, ACCNS-P,
Rosemary Gharibian, BSN, RN, Diane Knapp MSN, RN

BACKGROUND

Language barriers have always hindered effective communication between individuals. A similar challenge exists within interdisciplinary healthcare teams. Varied tests, approaches, and specialized terminology often lead to confusion and impede clear communication channels among healthcare professionals.

At UMC, the absence of a hospital-wide mobility program was identified as a barrier to patient mobility. Therefore, implementing such a program was crucial to enhancing patient mobility in our hospital.

PURPOSE

This quality improvement project aimed to implement a hospital-wide patient mobility program aimed at improving patient mobility at UMC.

METHODS

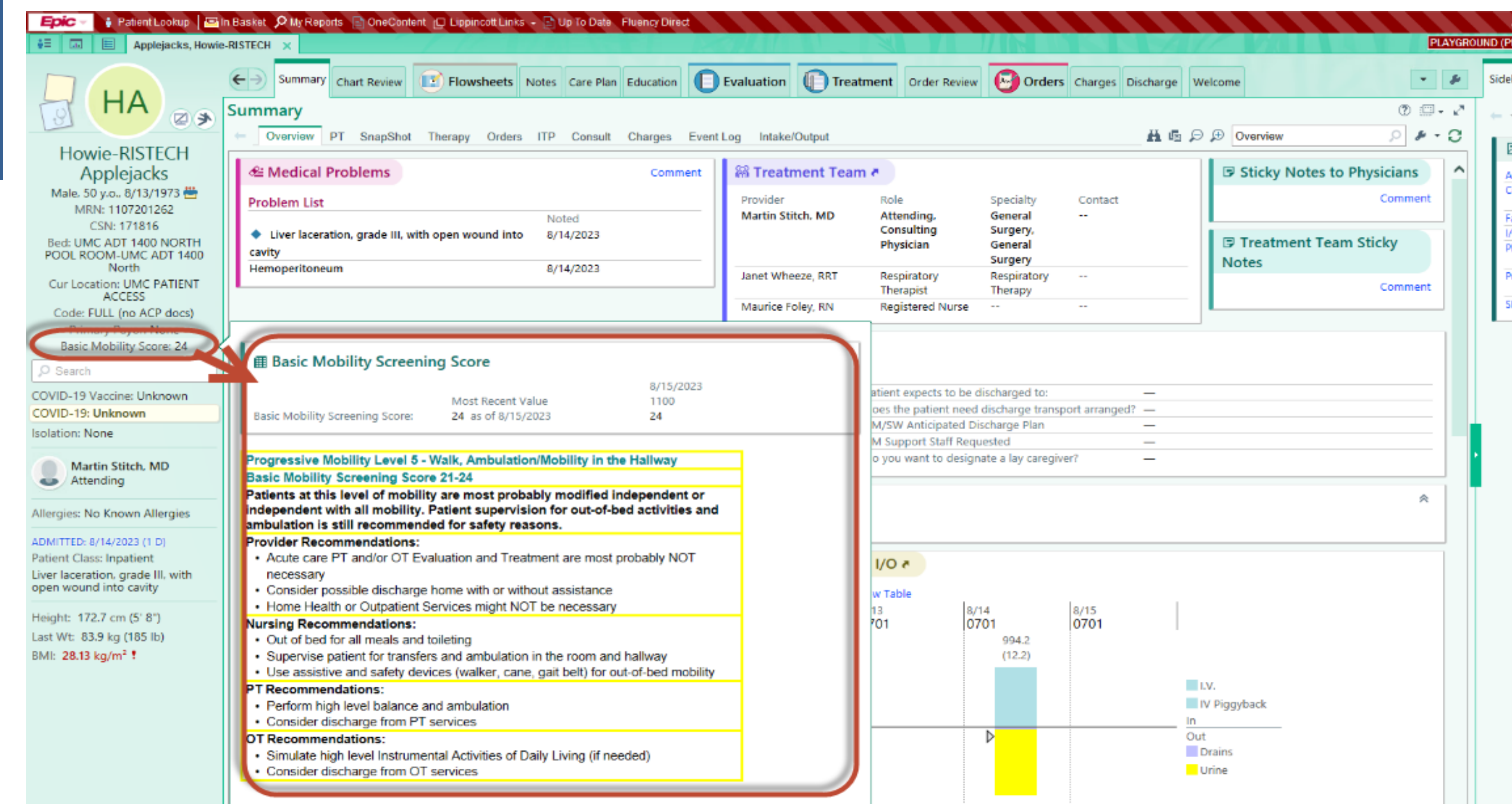
Using the John Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals Model for implementing evidence into practice, a review of the literature on acute care physical therapy (PT) was conducted to identify the most suitable screening tool for the task.

The Activity Measure for Post-Acute Care (AM-PAC) Inpatient Mobility Short Form (IMSF), commonly known as "6-Clicks,"² was selected due to its high interrater and test-retest reliability for both physical therapists and nurses.¹

The Physical Therapy and Nursing departments collaborated in the development and implementation of the UMC Progressive Mobility Program.

The 6-Clicks screening tool is utilized to generate a Basic Mobility Score and "place" each patient over the age of 18 in one of the five levels of mobility used at UMC.

Level-specific recommendations are made for UMC Providers, Nursing, PT, and Occupational Therapy (OT) staff based partially on an algorithm researched by Cleveland Clinic.³



RESULTS

The Progressive Mobility Program was successfully implemented on June 5, 2023.

The Basic Mobility Score, generated using the 6-Clicks screen, is accessible to all healthcare providers involved in patient care.

Research-backed algorithms are employed to offer patient mobility and discharge recommendations, to the care team.

CONCLUSIONS

Through interprofessional collaboration, the UMC Nursing and Rehabilitation teams have developed and implemented a hospital-wide Progressive Mobility Program at UMC to enhance patient mobility.

The program incorporates the 6-Clicks screening tool and research-backed algorithms to provide the care team with accurate mobility assessments and appropriate recommendations.

This initiative moves Physical Therapy and Nursing toward a common language for measuring patient mobility and has the potential to significantly improve patient mobility, length of stay, and outcomes at UMC.

Further clinical research will be conducted on this topic.

REFERENCES

- Hoyer, E. H., Young, D. L., Klein, L. M., Kreif, J., Shumock, K., Hiser, S., Friedman, M., Lavezza, A., Jette, A., Chan, K. S., & Needham, D. M. (Year). Toward a Common Language for Measuring Patient Mobility in the Hospital: Reliability and Construct Validity of Interprofessional Mobility Measures. *Physical Therapy*, 98(2), 133. Retrieved from <https://academic.oup.com/ptj/article/98/2/133/4587745>
- Jette, D. U., Stülphen, M., Ranganathan, V. K., Passek, S. D., Frost, F. S., & Jette, A. M. (Year). AM-PAC "6-Clicks" Functional Assessment Scores Predict Acute Care Hospital Discharge Destination. *Physical Therapy*, 98(2), 133. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24764073/>
- Cleveland Clinic Nurses Adopt 6 Clicks to Assess Patient Mobility. (Year). *ConsultQD*. Retrieved from <https://consultqd.clevelandclinic.org/cleveland-clinic-nurses-adopt-6-clicks-to-assess-patient-mobility/>

Lead Contact: Ionel.Cornea@umcsl.com



UMC
Progressive Mobility Protocol

Progressive Mobility Levels* /Basic Mobility Score				
LEVEL 1 (6-11)	LEVEL 2 (12-15)	LEVEL 3/ (16-17)	LEVEL 4 (18-20)	LEVEL 5 (21-24)
Passive ROM and Bed Mobility	Assisted ROM, Bed Mobility & Assisted Transfers	Transfers & Out-of-Bed Mobility (to recliner)	Transfers & Ambulation in the Room	Ambulation in the Hallway
Passive or Active Assisted ROM	Assisted & Active ROM	Sitting 3x/day for meals	Assist/supervise patient out-of-bed for all meals	Supervise patient for transfers and ambulation (in the room and hallway)
Q2 hours turning	Assist Patient with Q2 hours turning	Assist patient out-of-bed for meals	Assist/supervise patient with bathroom use for all toileting needs	
Progress pt toward sitting in bed (bed in "chair")	Sitting 3x/day (bed in "chair" position or up in recliner) for meals	Assist patient with bedside commode use for toileting		
ADLs with assist	Initiate dangling at edge of bed			
	ADLs with assist			

*All levels include activities from previous levels

Use assistive and safety devices appropriate for your patient's level of function (patient lifts, sit-to-stand devices, walkers, canes, gait belts).