

# Comparing Patient Mobility Pre- and Post AMP Implementation Across Medical 5, 4MNT, STU, and Neurology Units at Our Lady of the Lake Regional Medical Center



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## Introduction

Decreased mobility during hospitalization and recovery is a major contributor to poor healthcare outcomes and increased lengths of stay. Neglecting patient mobility also carries risks including, but not limited to, an increased likelihood of falling, difficulties performing basic activities, pressure injuries, and venous thromboembolism. Prevention of hospital-acquired loss of function is therefore essential in improving patient care and the healing process. Our Lady of the Lake Regional Medical Center was chosen to participate in a proposed project in association with Johns Hopkins to evaluate the implementation and impact of a transdisciplinary and multifaceted mobility program known as Activity and Mobility Promotion (AMP) on clinical outcomes among hospitalized adults. The overall goal of AMP implementation is to increase hospital in-patient mobility to address issues associated with a lack thereof.

## Methods

To date, Our Lady of the Lake has implemented AMP throughout four in-patient units: Medical 5, 4MNT, STU, and Neurology. A comparison of the percentage of time patients spent in bed vs out of bed on weekdays both pre-and post-implementation of AMP was performed by documenting mobility at various times during their stay. Documentation of patient mobility was recorded through the Activity Measure for Post-Acute Care (AM-PAC). The AM-PAC score then suggests an appropriate mobility goal on the Johns Hopkins Highest Level of Mobility scale (JH-HLM) of 1-8 where medical personnel (nurses, physical therapists, medical research students, etc.) would record the patient's level of mobility throughout the day. The JH-HLM values are: 1 = Lying in bed, 2 = Turn self in bed/Bed activity/Dependent transfer, 3 = Sit on edge of bed, 4 = Transfer to chair/commode, 5 = Stand for 1 minute, 6 = Walk 10+ steps, 7 = Walk 25+ feet, 8 = Walk 250+ feet.

## Mobility Goal Calculator

Figure 1. AM-PAC score recorded by medical professionals which correlates to an appropriate mobility goal on the JH-HLM scale.

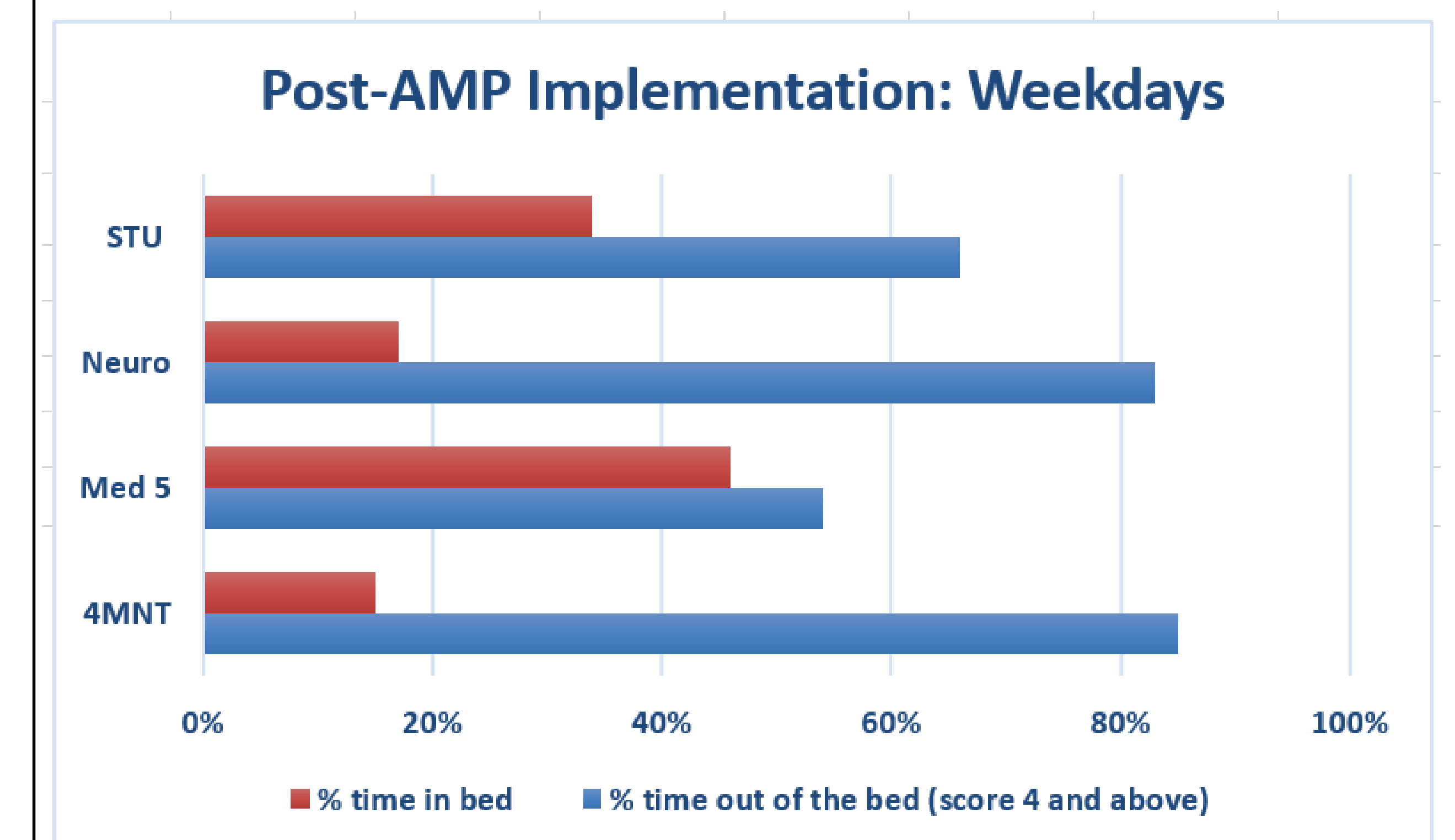
DAILY MOBILITY SCORE (JOHNS HOPKINS HIGHEST LEVEL OF MOBILITY)	
24	8 WALK 250 FEET OR MORE
22-23	7 WALK 25 FEET OR MORE
18-21	6 WALK 10 STEPS OR MORE
16-17	5 STANDING (1 OR MORE MINUTES)
10-15	4 MOVE TO CHAIR/COMMUNE
8-9	3 SIT AT EDGE OF BED
6-7	2 BED ACTIVITIES / DEPENDENT TRANSFER
	1 LYING IN BED

## Results

The data collected showed an increase in the percentage of time patients spent out of the bed across the four units (a value of 4 or higher on the Basic Mobility Scale). 4MNT demonstrated the largest increase in the percentage of time patients spent out of their bed beginning at 16% pre-implementation and then rising to 85% post-implementation of AMP. The average mobility across this unit also doubled from a score of 2 to a score of 4. Neurology and STU had more than doubled the percentage of time patients spent out of their beds; however, the patients' average mobility had increased by one unit since AMP implementation. Med 5 was the only unit to increase by only 12% and the unit's average mobility score had decreased by a value of 1.

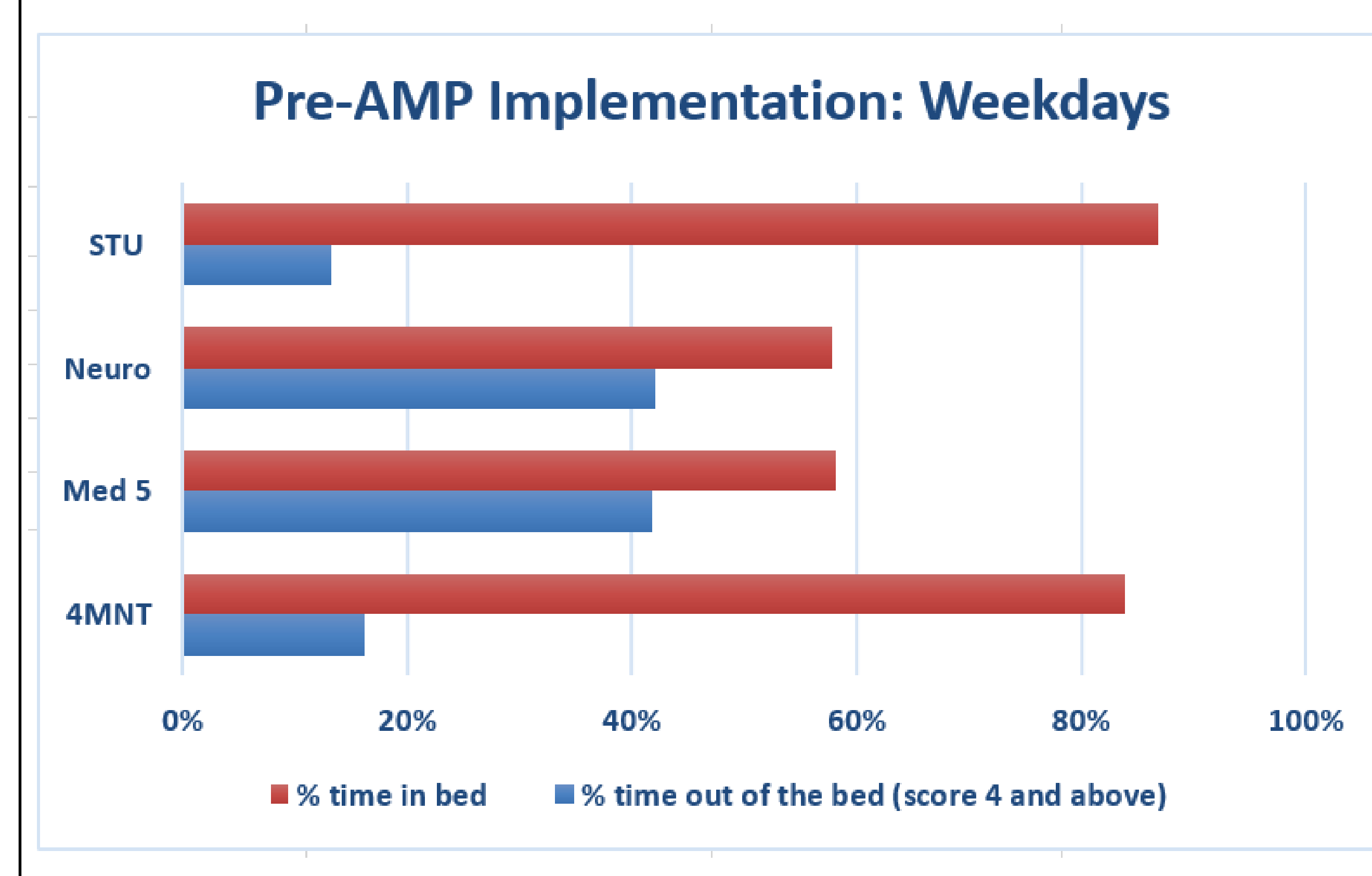
## Post-AMP Implementation

Figure 3. Percentage of time patients were reported in bed vs. out of bed across STU, Neuro, Med 5, and 4MNT at Our Lady of the Lake post-implementation of AMP.



## Pre-AMP Implementation

Figure 2. Percentage of time patients were reported in bed vs. out of bed across STU, Neuro, Med 5, and 4MNT at Our Lady of the Lake pre-implementation of AMP.



## Conclusion

In our study, AMP has contributed to an overall increase in patient mobility across all 4 units at Our Lady of the Lake Regional Medical Center. Further exploration and comparison of this data to hospital-acquired loss of physical function across the units are necessary to show an increase in patient mobility aids in patient care and the recovery process.