

2024 VIZIENT CONNECTIONS SUMMIT

vizient.

# REFLECTION

REFLECT | ADAPT | EVOLVE



# Scaling Mobility Guided by the Vizient Mobility Collaborative

Matthew McCambridge, MD, MS, CPPS, CPHQ, Chief Quality and Patient Safety Officer

Matthew Schreiber, MD, Chief Medical Officer

Melissa Visco, PT, DPT, CPHQ, Manager, Quality Services

Lehigh Valley Health Network, Allentown, PA

REFLECTION

# Disclosure of Financial Relationships



Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

REFLECTION

# Learning Objectives

- Discuss the application of current literature related to a mobility project into organizational initiatives.
- Describe ways to assess quality indicators related to mobility.

# Scaling Mobility Guided by the Vizient Mobility Collaborative

Matthew McCambridge, MD, MS, CPPS, CPHQ, Chief Quality and Patient Safety Officer

Matthew Schreiber, MD, Chief Medical Officer

Melissa Visco, PT, DPT, CPHQ, Manager, Quality Services

Lehigh Valley Health Network, Allentown, PA

**125**

**Lehigh Valley  
Health Network**

**vizient.**

## **WHO WE ARE**

LEHIGH VALLEY HEALTH NETWORK

**14 HOSPITAL CAMPUSES**  
**5 INSTITUTES**  
**1 CHILDREN'S HOSPITAL**  
**300+ PRACTICE LOCATIONS**  
**9 COMMUNITY CLINICS**  
**29 HEALTH CENTERS**  
**19 EXPRESSCARE LOCATIONS**  
**2 CHILDREN'S EXPRESSCARE LOCATIONS**  
**60+ REHABILITATION LOCATIONS**  
**80+ TESTING AND IMAGING LOCATIONS**  
**22,000+ EMPLOYEES**  
**1,900+ PHYSICIANS**  
**1,200+ ADVANCED PRACTICE CLINICIANS**  
**4,100+ REGISTERED NURSES**  
**75,400 ACUTE ADMISSIONS**  
**327,600 ED VISITS**  
**1,700+ LICENSED BEDS**  
**5-TIME MAGNET® HOSPITAL**

REFLECTION



**Two Years of Work to Date:**  
Vizient Mobility Collaborative  
First Rapid Improvement Event  
Second Rapid Improvement Event

REFLECTION



# **Vizient Mobility Collaborative**

First Education Call November 2022

Participation included:

- Chief Quality Patient Safety Officer
- Chief Medical Officer
- Patient Care Services Administrator
- Acute Care Rehabilitation Director
- Clinical Quality Specialist
- Pharmacist

REFLECTION





# First Rapid Improvement Event

## Cedar Crest Hospital, November 2022

- Multi-disciplinary team
- PDCA/DMAIC processes
- Piloted on 2 units
- Nursing focus on AM-PAC =>22
- Dedicated an existing staff member to mobilize patients
- Weekly meetings with improvement team during pilot phase

REFLECTION



## First Rapid Improvement Event

### Key Steps:

- Rehab re-trained nursing with mobility techniques & scoring AM-PAC
- AM-PAC discussions at care progression rounds and huddles
- Re-focus on AM-PAC completion and documentation
- Re-education on gait and mobility documentation in EHR
- Shared accountability tool made for staff and patient/family
- Scaled to all hospitals (about 3-4 months later)

REFLECTION



# Using the CDB to Drive Performance in Value-Based Care

Matthew McCambridge, MD, MHQS, CPHQ, CPPS, Chief Quality and Patient Safety Officer, Michele Hartzell, PA-C, MBA, CPHQ, Assistant Chief Quality and Patient Safety Officer, Melissa Visco, PT, DPT, Clinical Quality Specialist

Lehigh Valley Health Network, Allentown, Pennsylvania

### Overview:

- Analyze factors affecting value-based reimbursement.
- Use the Clinical Data Base (CDB) to analyze length of stay (LOS), direct costs and discharge disposition.
- Regression analysis identifies decreased mobility as contributor to LOS.
- Discharge to SNF was higher than AMC median.
- Leverage rehab and mobility to reduce LOS.

### Learning Objectives:

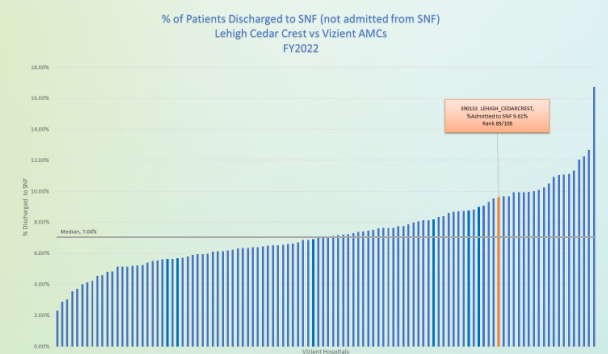
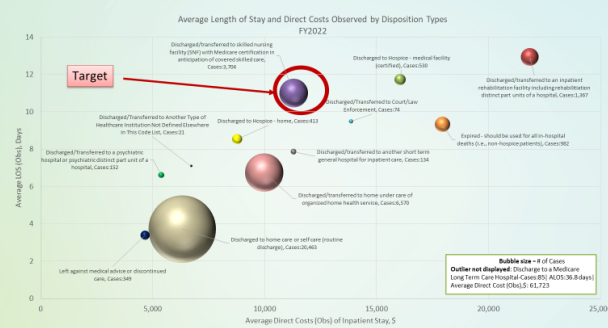
- Explain successful methods for analyzing factors that affect value-based reimbursement.
- Discuss how to evaluate the overall utilization of PT and OT with all admitted patients to improve discharge disposition to home.
- Outline process steps that can be used to create a mobility trial.

### Key Takeaways:

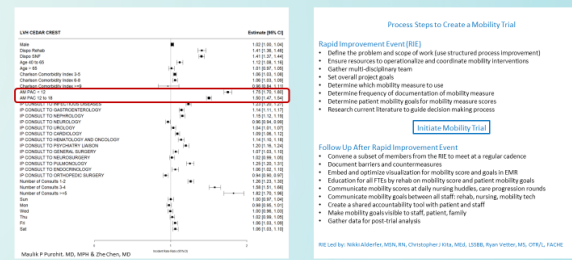
- Multi-disciplinary team is essential.
- Engage an executive project sponsor.
- Create realistic goals.
- Keep roles and responsibilities clearly defined.
- Visible leadership helps staff engagement.
- Follow up with rapid improvement team to continuously identify barriers and countermeasures.

### Lessons Learned:

- Try to keep mobility tech assigned to mobility only.
- Visibility of the mobility score and matching target activities in EMR helps staff set mobility goals.
- Utilize rehab for patients with lower mobility scores.



	Patient Population Receiving PT & OT	
	FY 22 January – June	FY 23 January – June
Cedar Crest Hospital		
Discharged to Home	41.8%	42.4%
Discharged to SNF	15.6%	15.3%
Mean Days PT & OT Used per case/ Observed LOS, Discharged to Home	43.7%	46.1%
Mean Days PT & OT Used per case/ Observed LOS, Discharged to SNF	38.2%	41.9%



LOS decreased by 0.5 days over the mobility trial period of three months

References:  
 Warren, M., Knecht, J., Verheijde, J., Tompkins, J. (2021). Association of AM-PAC "6-Clicks" Basic Mobility and Daily Activity Scores With Discharge Destination. *Phys Ther* Apr 4; 101(4):gab043. doi: 10.1093/ptj/pzab043.  
 Capo-Lugo, C., McLaughlin, K.H., Bingqing, Y., Daley, K., Young, D., Lavezza, A., Friedman, M., Hoyer, E. H. (2021). Using Nursing Assessments of Mobility and Activity to Prioritize Patients Most Likely to Need Rehabilitation Services. *Arch Phys Med Rehabil* Apr 5; S0003-9993(23)00186-7. doi: 10.1016/j.apmr.2023.03.018.

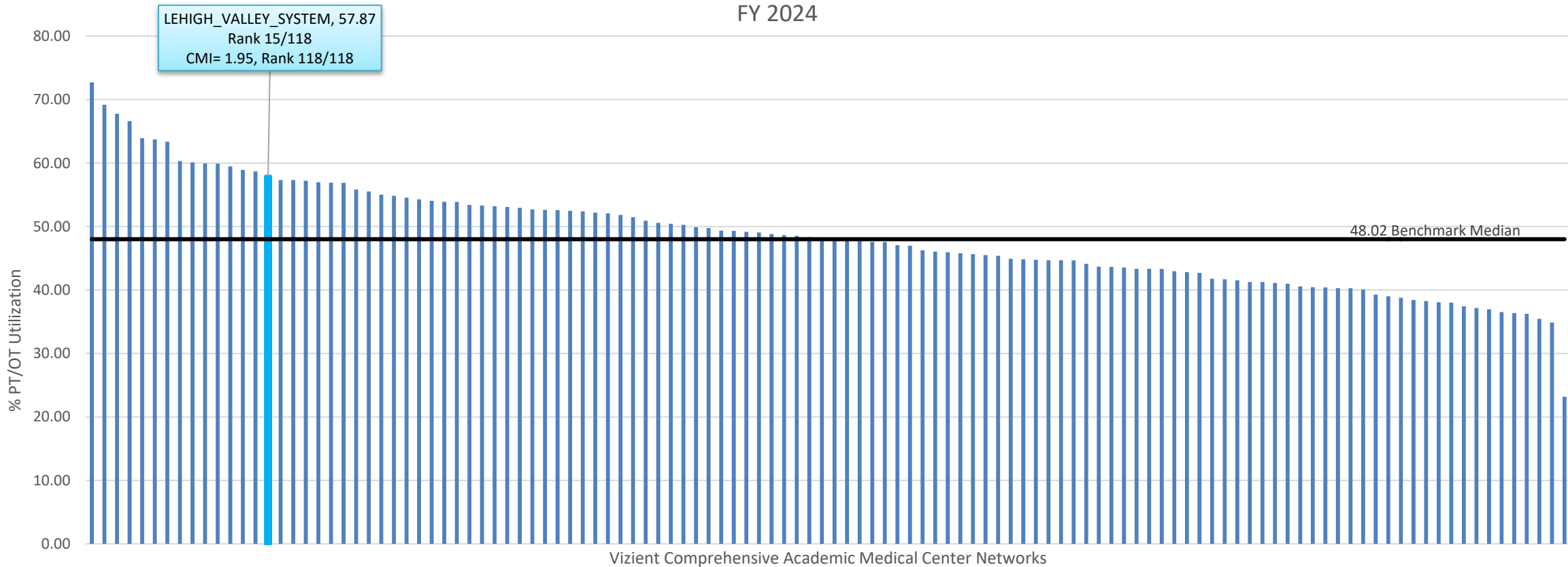
Contact information: [Melissa.Visco@lvhn.org](mailto:Melissa.Visco@lvhn.org)  
 Speaker Disclosure: No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

Poster Presentation at Vizient Summit in 2023 relating cost to LOS, discharge to SNF, included mobility: **0.5 day decrease in LOS on both units**

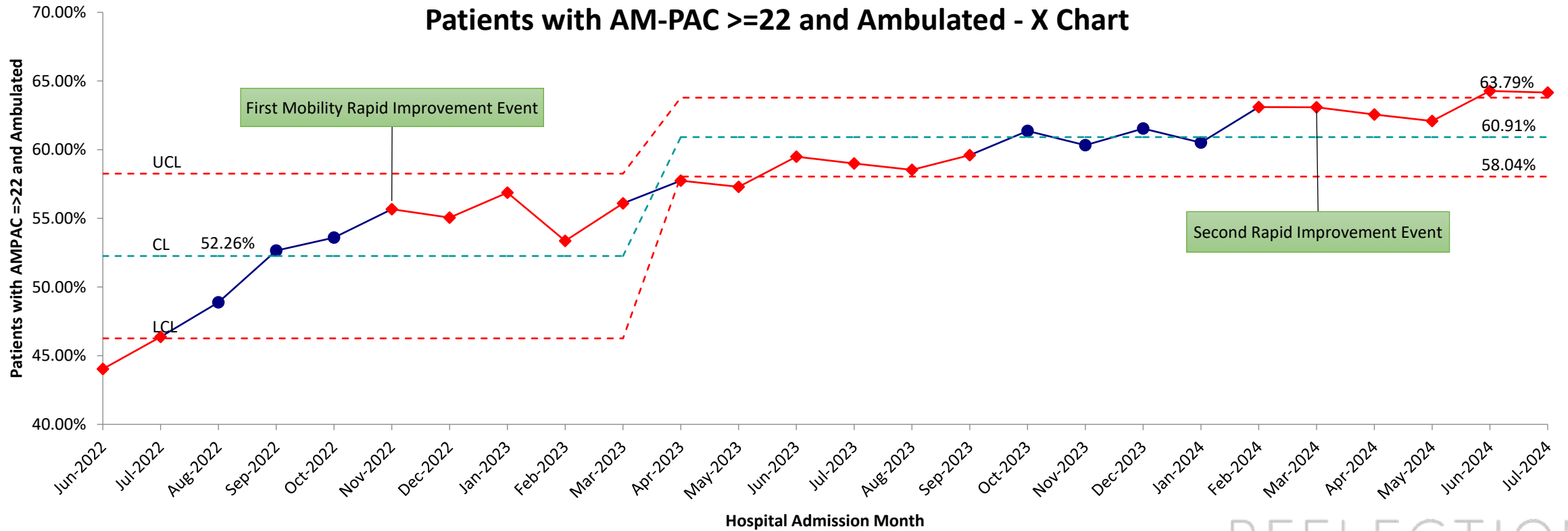




### Network % PT/OT Utilization FY 2024



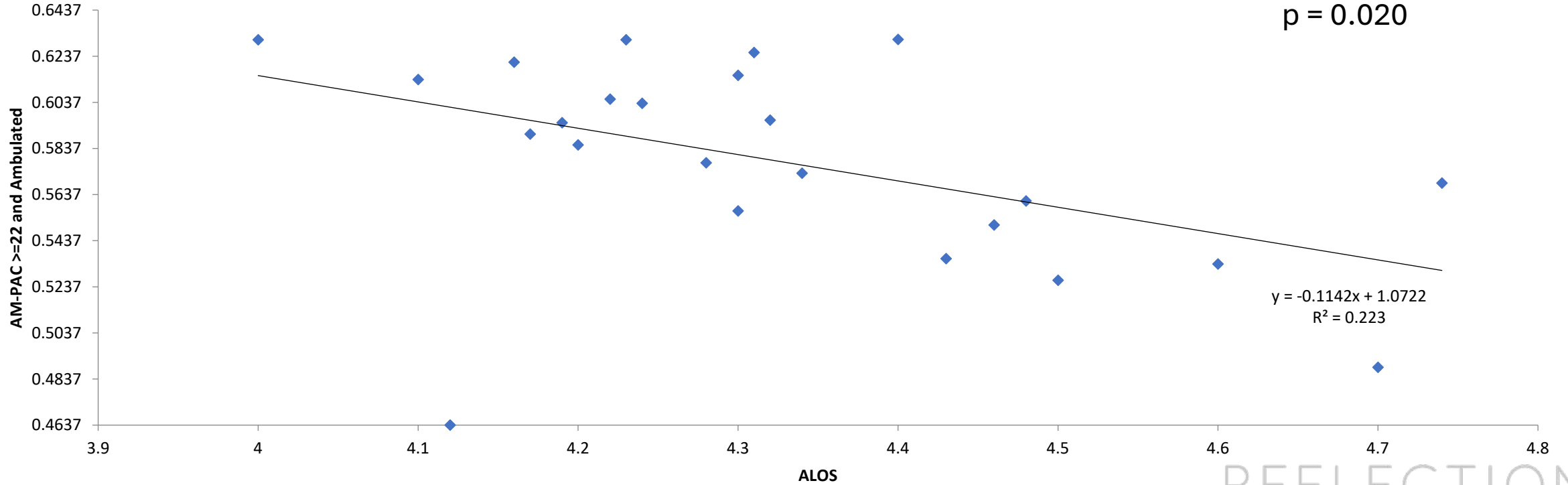
### LVHN Network Patients with AM-PAC $\geq 22$ and Ambulated - X Chart



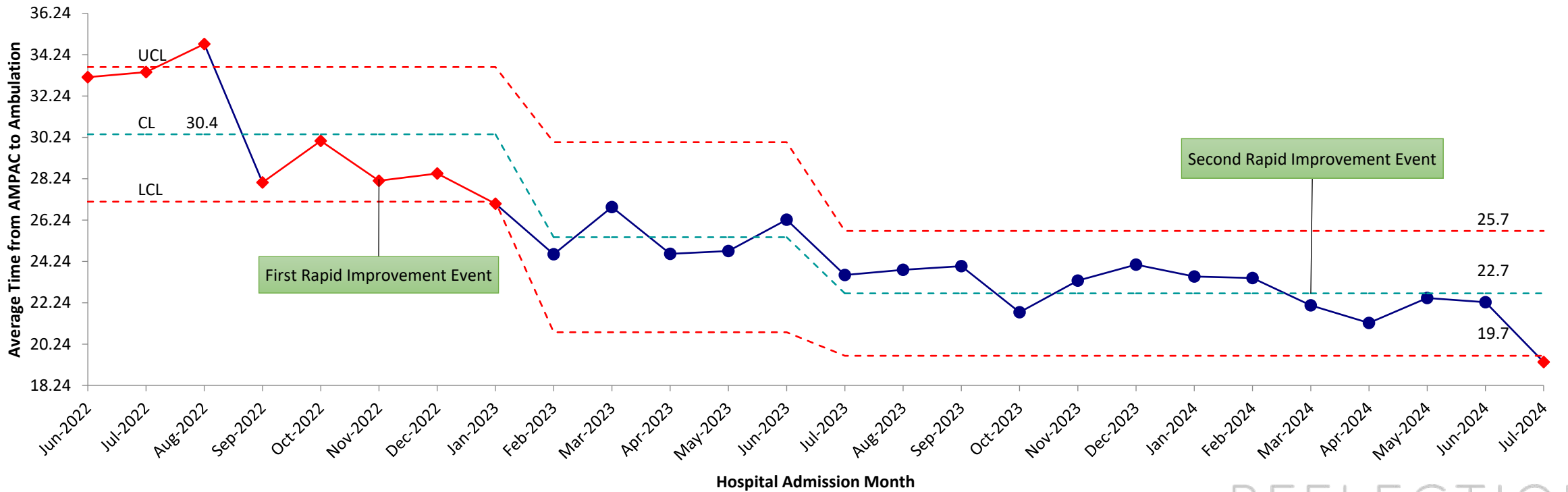


### LVHN Network % Patients with AM-PAC >=22 and Ambulated Correlated with ALOS

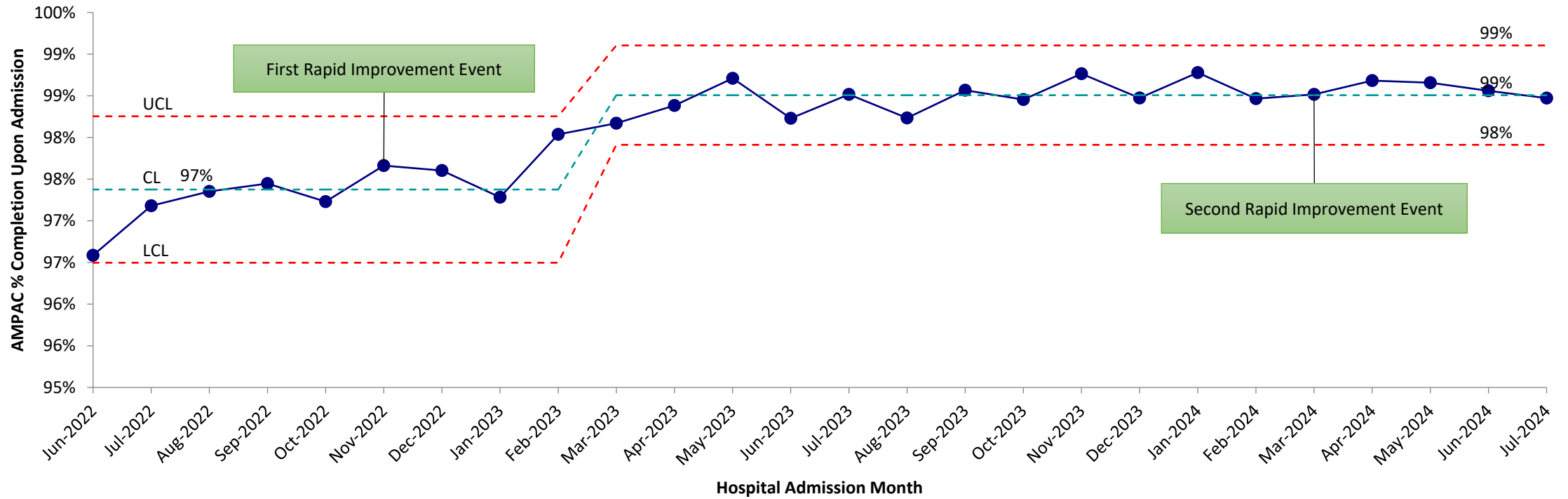
$r = -0.472$   
 $p = 0.020$



### LVHN Network Average Time from AM-PAC to Ambulation - X Chart



### LVHN Network AM-PAC % Completion Upon Admission - X Chart







# Second Rapid Improvement Event

All Hospitals, March 2024

- Standardize mobility goals
- Nursing focus on AM-PAC =>18
- Meet mobility goals twice a day
- EHR modifications
- Adopt JHLM to compare metrics to industry standard
- Hired and hiring rehab partners (mobility techs)

REFLECTION

# Lessons Learned

- Dedicate staff to mobility, nursing ancillary support
- Pairing rehab with patients scoring lower on AM-PAC
- Using industry standards for data comparisons
- Visible and engaged leadership
- EHR changes take time
- Communication

# Key Takeaways

- Current state still needs to improve
- Better define mobility work
- Need to have appropriate tools in place
- Mobility brings joy and pride in the work



## • References

- Ley, Lenore RN, PhD, MAEd, BN, Khaw, Damien PhD, BA, Duke, Maxine, RN, PhD, Botti, Mari, RN, PhD (2022). Low dose mobility and functional status outcomes in hospitalized older general medicine patients. *Geriatric Nursing, 01-01, Volume 43, Pages 7-14*. doi.org/10.1016/j.gerinurse.2021.10.020
- Warren, M., Knecht, J., Verheijde, J., Tompkins, J. (2021). Association of AM-PAC "6-Clicks" Basic Mobility and Daily Activity Scores With Discharge Destination. *Phys Ther Apr 4; 101(4):pzab043*. doi: 10.1093/ptj/pzab043.
- Capo-Lugo, C., McLaughlin, K.H., Bingqing, Y., Daley, K., Young, D., Lavezza, A., Friedman, M., Hoyer, E. H. (2021). Using Nursing Assessments of Mobility and Activity to Prioritize Patients Most Likely to Need Rehabilitation Services. *Arch Phys Med Rehabil Apr 5; S0003-9993(23)00186-7*. doi: 10.1016/j.apmr.2023.03.018.



## • References Cont.

- AC, Lee N, Stilphen M, Hu B, Schramm S, Frost F, Fox J, Rothberg MB. (2019). Increasing Mobility via In-hospital Ambulation Protocol Delivered by Mobility Technicians: A Pilot Randomized Controlled Trial. *J Hosp Med*. May;14(5):272-277. doi: 10.12788/jhm.3153
- Dammeyer, Jennifer A. MSN, RN, ANP, CCRN; Baldwin, Noel BSN, RN; Packard, Don PT; Harrington, Susan PT, NCS, C/NDT; Christofferson, Brooke MSN, RN, ACNP-BC; Christopher, Julie BSN, RN; Strachan, Cathy L. MS, RN; Iwashyna, Jack MD. (2013). Mobilizing Outcomes. Implementation of a Nurse-Led Multidisciplinary Mobility Program. *Critical Care Nursing Quarterly* 36 (1): p 109-119 Jan/Mar doi: 10.1097/CNQ .0b013e31827535db
- [JH-AMP Toolkit: Tools and Resources | Johns Hopkins Activity and Mobility Promotion \(hopkinsmedicine.org\)](https://www.hopkinsmedicine.org)

Questions?



vizient.

Contact:

Melissa Visco, PT, DPT, CPHQ, Manager Quality Services [melissa.visco@lvhn.org](mailto:melissa.visco@lvhn.org)

REFLECTION