Age-Friendly Health Systems 4M Training For Healthcare Practitioners

Module 2: What Matters Most and Mobility

Presenters:
Isabel Rovira, MPH
Lil Banchero, RN
Christine Waszynski, DNP, APRN, GNP-BC FAAN

UHP
Urban Health Partnerships

Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

South Florida Geriatric Workforce Enhancement Program

Age-Friendly Health Systems
4M Training For Healthcare Practitioners

Series Objectives

By the end of the training, participants will be able to:

1. Understand the need for Age-Friendly Health Systems (AFHS)
2. Communicate the AFHS 4'M model
3. Identify your scope, role, and opportunities to practice the 4Ms in the healthcare setting

Schedule

Age-Friendly Health Systems
4M Training For Healthcare Practitioners

Module 1: Introduction to Age-Friendly Health Systems
- *Thursday, June 3, 2021 • 10:00 am EST*

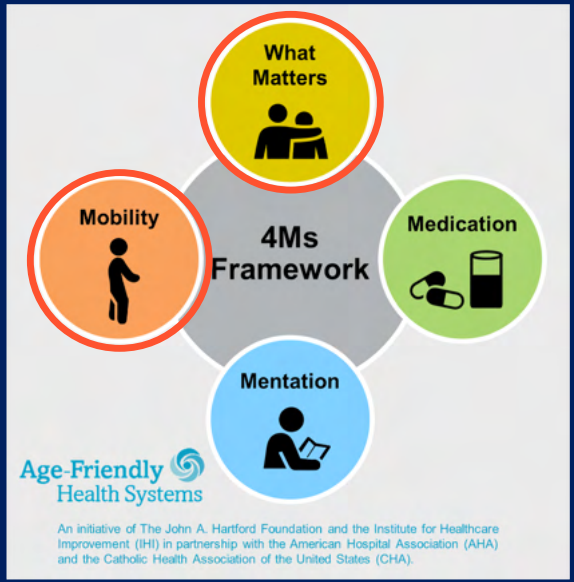
Module 2: Deep Dives – What Matters Most & Mobility
- *Thursday, June 10, 2021 • 10:00 am EST*

Module 3: Deep Dives – Mentation & Medication
- *Thursday, June 17, 2021 • 10:00 am EST*

Module 4: Putting it All Together
- *Thursday, June 24, 2021 • 10:00 am EST*

Module 2:
What Matters Most and Mobility

June 10th, 2021



Agenda

Module 2:
What Matters Most and Mobility

Welcome & Introduction
Isabel Rovira, MPH

What Matters Most
Lil Banchero, RN

Mobility
Christine Waszynski, DNP, APRN, GNP-BC FAAN

Q & A

What Matters Most

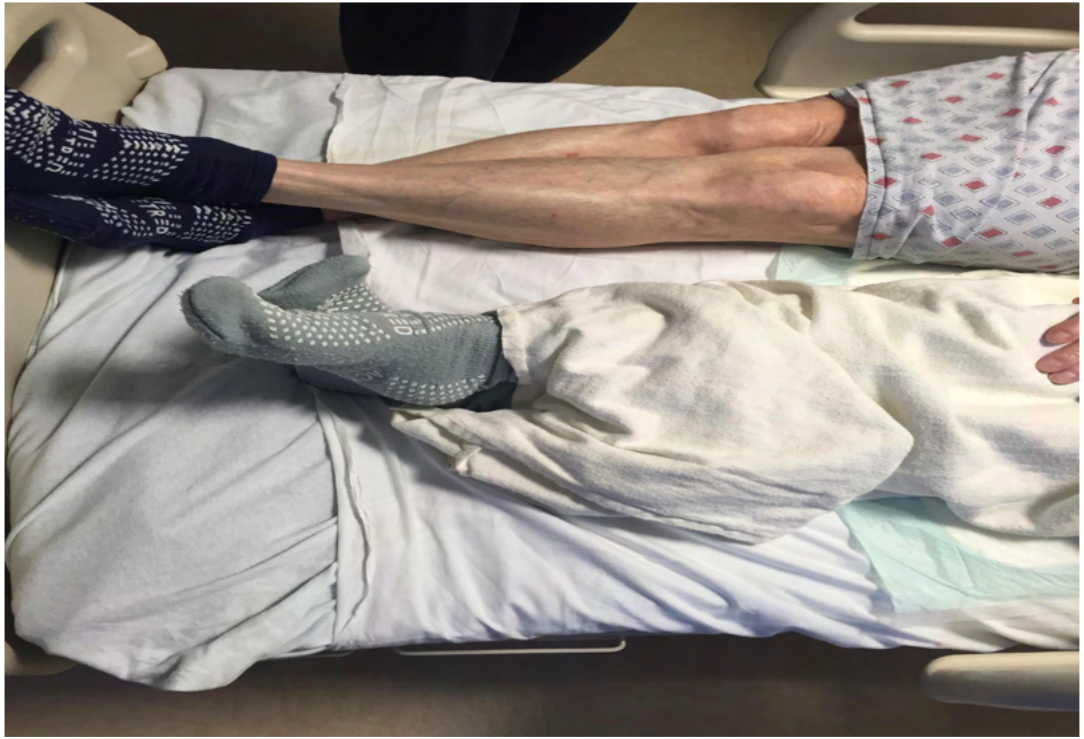
Lil Banchero, RN
Senior Nurse Director, Institute for Healthy Aging
Anne Arundel Medical Center

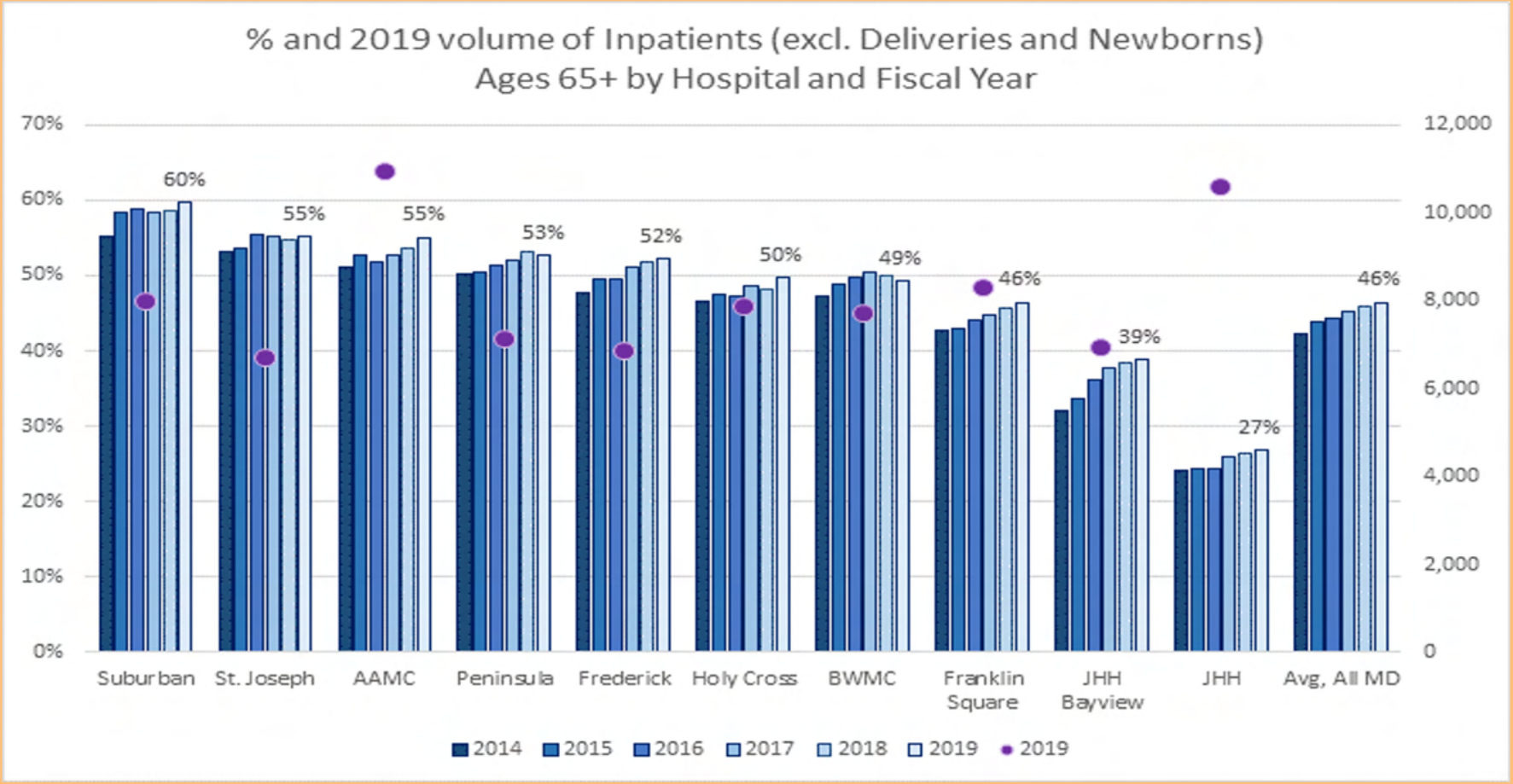
Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY
NSU Florida
South Florida Geriatric Workforce Education Program

Luminis Health℠

Transforming Luminis Anne Arundel Medical Center to an Age Friendly Health System

What Matters




% and 2019 volume of Inpatients (excl. Deliveries and Newborns)
Ages 65+ by Hospital and Fiscal Year
70%
60%
50%
40%
30%
20%
10%
0%
12,000
10,000
8,000
6,000
4,000
2,000
0
60%
55%
55%
53%
52%
50%
49%
46%
39%
27%
46%
Suburban
St. Joseph
AAMC
Peninsula
Frederick
Holy Cross
BWMC
Franklin Square
JHH Bayview
JHH
Avg, All MD
2014
2015
2016
2017
2018
2019
2019

Traditional hospital care often fails to take into account the unique needs of older patients. To address this gap, Acute Care for the Elderly (ACE) units were developed to improve how care is delivered. As part of a broader strategic direction to improve geriatric care, AAMC opened our ACE Unit on May 1, 2013.

2013-2016

- An infusion of geriatric education on ACE
- Learning requirements for staff yearly through NICHE
- Certifications highly recommended
- Included PT,OT, care management and pharmacy with all initiatives
- We began work on mobility, undisturbed sleep ,dedicated trained volunteers, open visiting hours ,diversion activates , palliative care, elder abuse.

2017

- We began our work with IHI and Hartford
- Engaged interdisciplinary team leaders by including them in age friendly work learning and collaboration in Boston (Hospitalists, PT, Pharmacy, Physician practices, unit based educators and Directors)
- C-suite committed
- Understanding this work was a movement
- Providing the 4ms framework laid the ground work for spread
- Having the resources, collaboration and encouragement of IhI
- Using “ What matters” as our 4m driver

Patient Centered Care
“Nothing without me”

It takes a team: Patient, Nursing, Physical Therapy, Physician, Pharmacy, Patient Technicians

Spreading the word of the 4Ms

- Leadership council
- Nursing council
- Content expert lectures in house
- House wide actives
- Webinars
- Radio
- Patient family centered committee
- Assisted living providers
- Part of the new residency orientation

Spreading awareness though expert practice

Terry Fulmer
PHD, RN, FAAN
President- The John A Hartford Foundation

EVELYN IVY NWANGI, MD
LUMINIS AAMC GERIATRICIAN

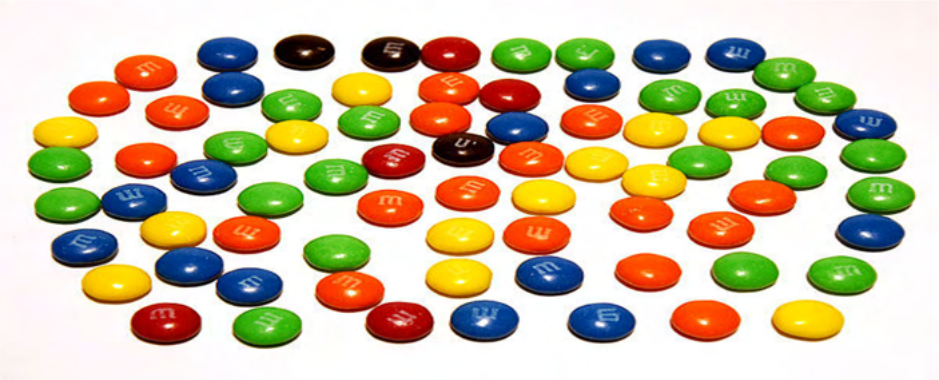
Dr.Biese Associate Professor, Division of Geriatric Medicine Co-Director, Division of Geriatric Emergency Medicine Chapel Hill NC

DR. DONNA M. FICK
Director of the Center of Geriatric Nursing Excellence
Penn. State

MS, OTR/L, FAOTA
advocate for those living with dementia

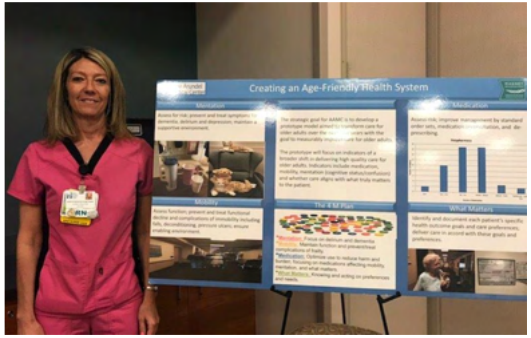
Dr. Erik **Hoyer** is an assistant professor of physical medicine and rehabilitation at Johns **Hopkins**

The 4 M Plan



- **Mentation:** Focus on delirium and dementia
- **Mobility:** Maintain function and prevent/treat complications of frailty.
- **Medication:** Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.
- **What Matters:** Knowing and acting on preferences and needs.

Educating our staff in multiple ways



What Matters Most to Me

What Matters to You vs What's the Matter with You

Shifting away for the disease and back to the patient and family

- What is important to you today?
- What do you worry about?
- What would make tomorrow a really great day for you?

Guiding questions for life matters

- What is important to you today?
- What brings you joy what makes you happy?
- What do you worry about?
- What would make today a great day for you?

Qualitative Results – What Matters

During a mobility session the patient mentioned that she really just wanted to watch a movie and enjoy some popcorn. She had been in the hospital for an extended time in Critical Care on a ventilator and transitioned to ACE and was improving.

The Ace Unit Quality Tech arranged a viewing for her that afternoon

Guiding questions for treatment goals

- What is the on thing about your health you most want to focus on?
- What are your most important goals now and in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health may worsen?

Qualitative Results – What Matters

What Matters story…

A patient on the ACE Unit was experiencing serious health problems. He stated that his desire was to stop fighting and pass peacefully. He was done. However, a few members of the care team believed it was best to press him to continue. But after a "what matters" conversation with the patient and wife, the patient elected to go on hospice. He passed peacefully in the hospital.

His obituary stated that in lieu of flowers, his family would like contributions to go to the ACE Unit as thanks for the exemplary care.

Coy Simmons Jr. (1946 - 2018)

Obituary

Guest Book

"Thanks Ed!"

View Sign

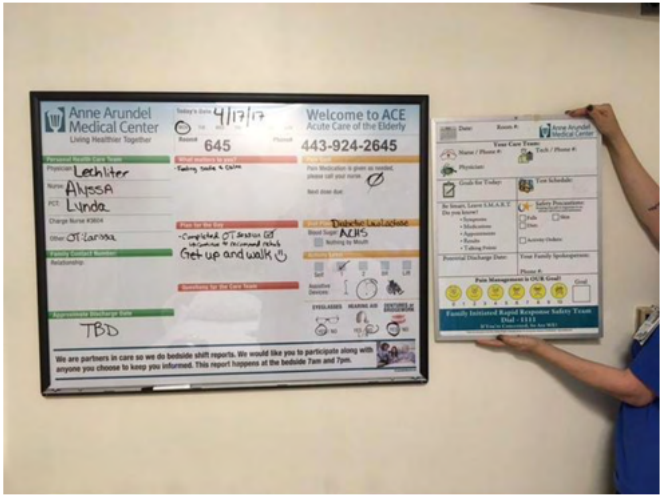
Coy Edward "Ed" Simmons, Jr., 72, a 15-year resident of Heritage Harbour in Annapolis and previously of Timonium, MD, passed away on August 31, 2018. Born on April 18, 1946, in Washington, DC to the late Elenore and Coy Simmons, Sr., Ed served in the U.S. Navy before pursuing a career in telecommunications. He worked for AT&T, NCR and briefly at Northrop Grumman. Ed was a Ravens and Orioles fan and enjoyed playing golf. He is survived by his wife, Frances Cook Simmons. Family and friends are invited to a memorial gathering from 12:30 to 3:00 p.m. on Saturday, September 15 at the Kalas Funeral Home, 2973 Solomons Island Rd., Edgewater, MD. Burial will be private. In lieu of flowers, donations may be made to the Acute Care for the Elderly Unit at the AAMC Foundation, 2000 Medical Parkway, Belcher Pavilion, Ste. 604, Annapolis, MD 21401. Please specify "Coy Simmons – ACE" in the memo section of the check. Donations may also be made at: www.aahs.org/fdn. Online condolences and tributes may be offered at:

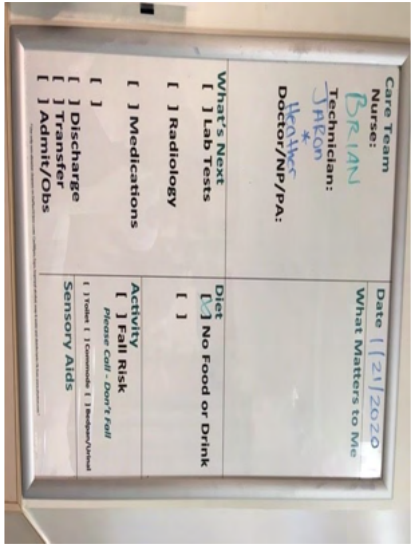
Emergency Department
What Matters

What worries you the most about your health and being in the ED today?

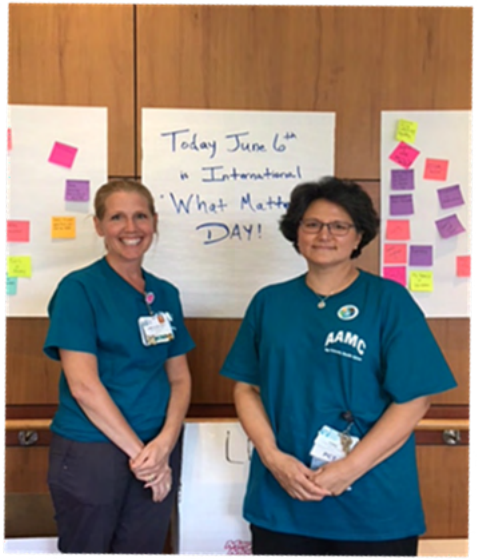
What would be a good outcome for you from this ED visit?

White Boards

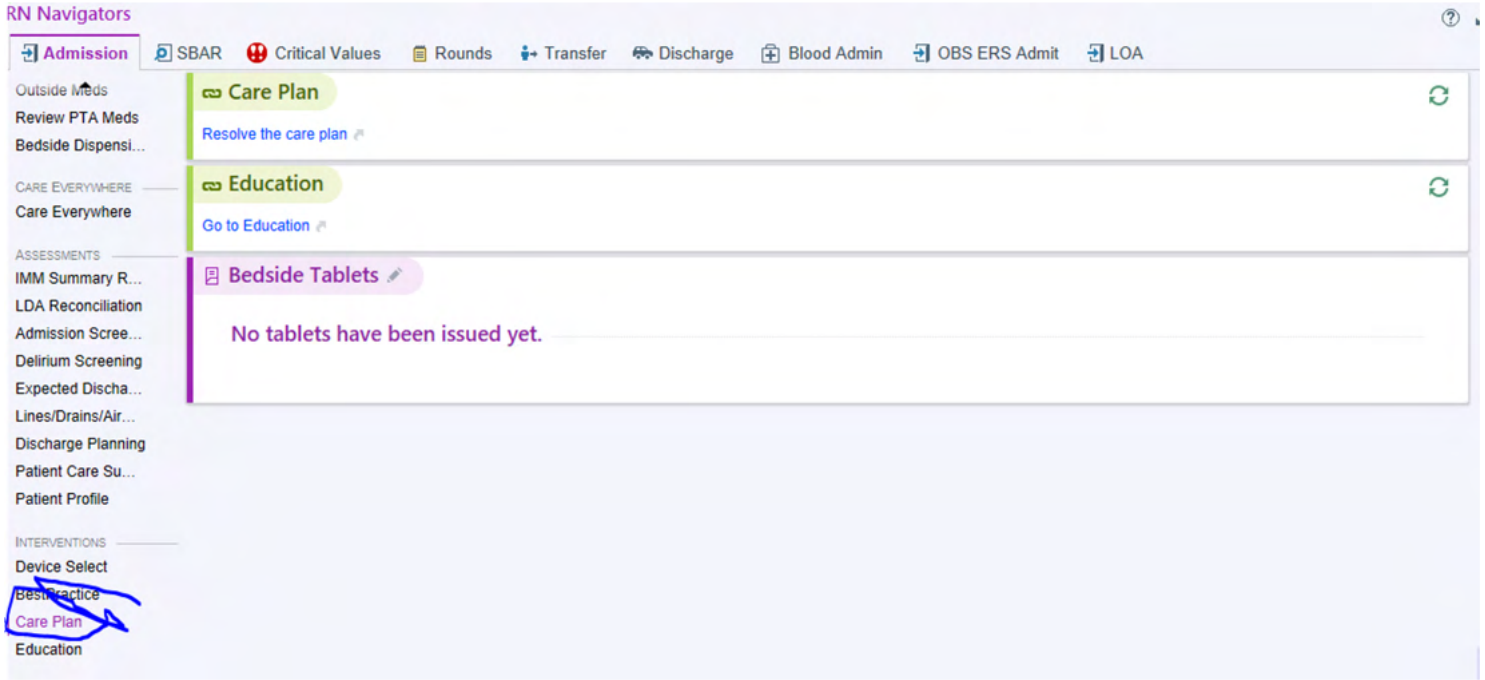


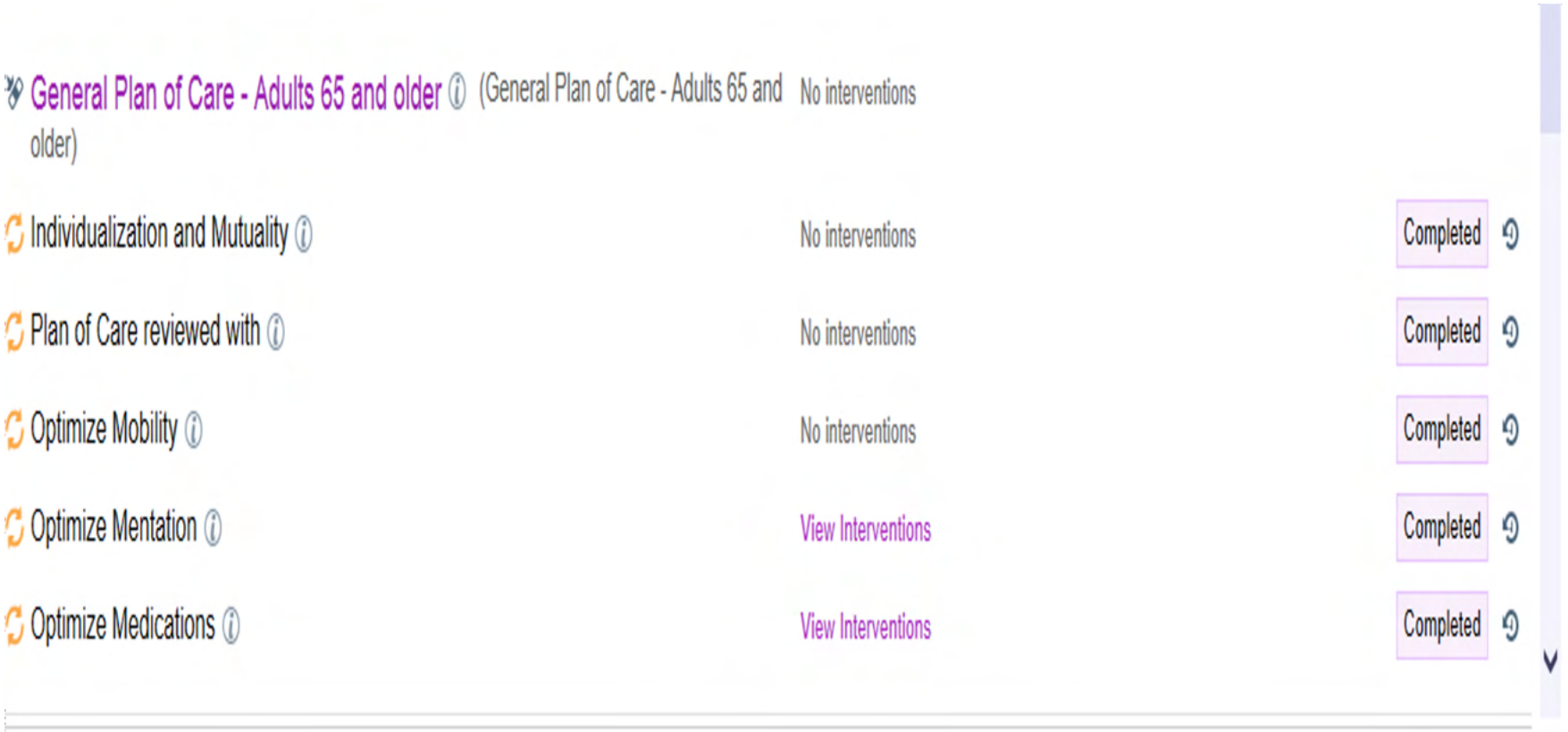


JUNE 6th What Matters Day

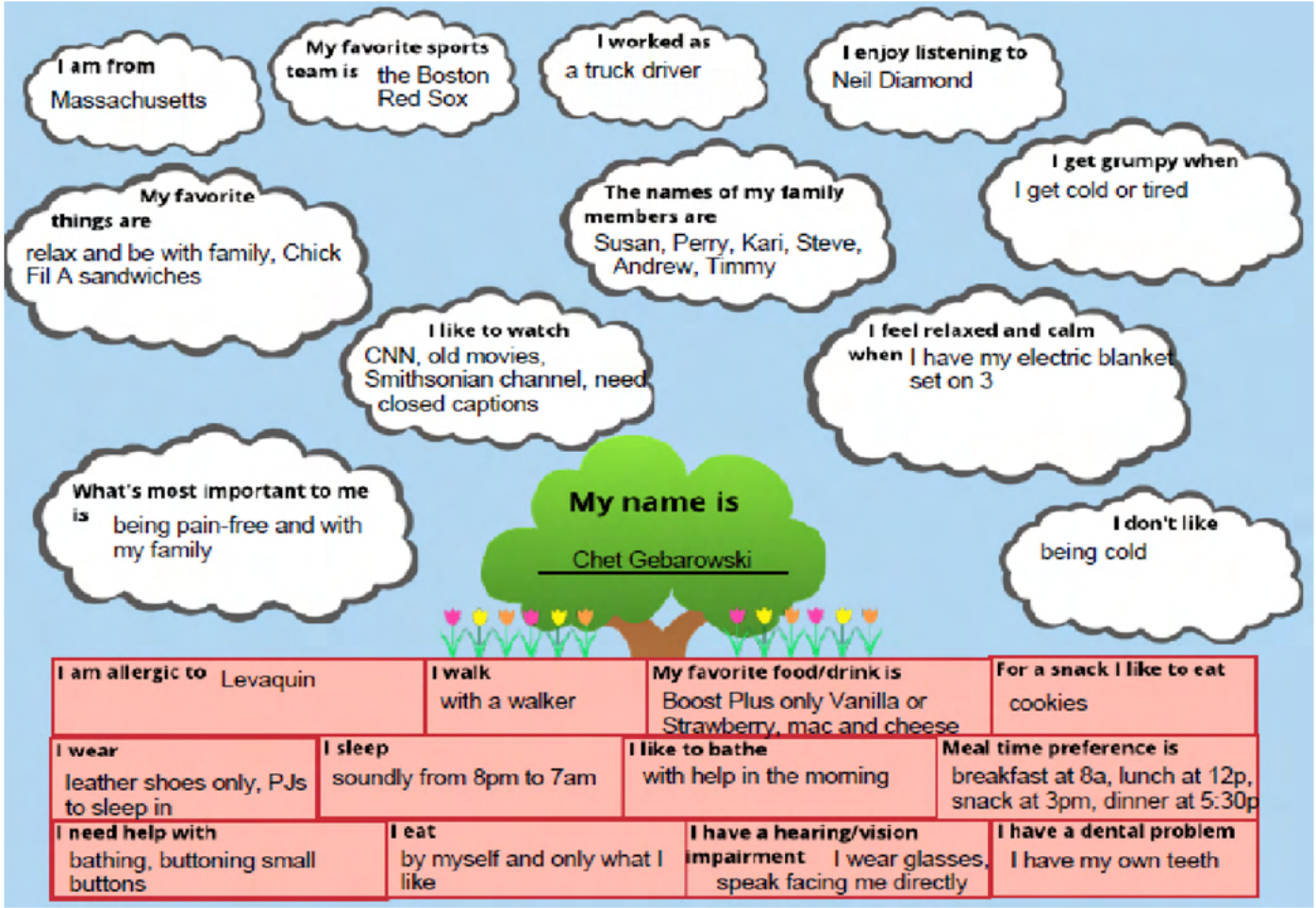


For any patient 65 and older a care plan will automatically drop in

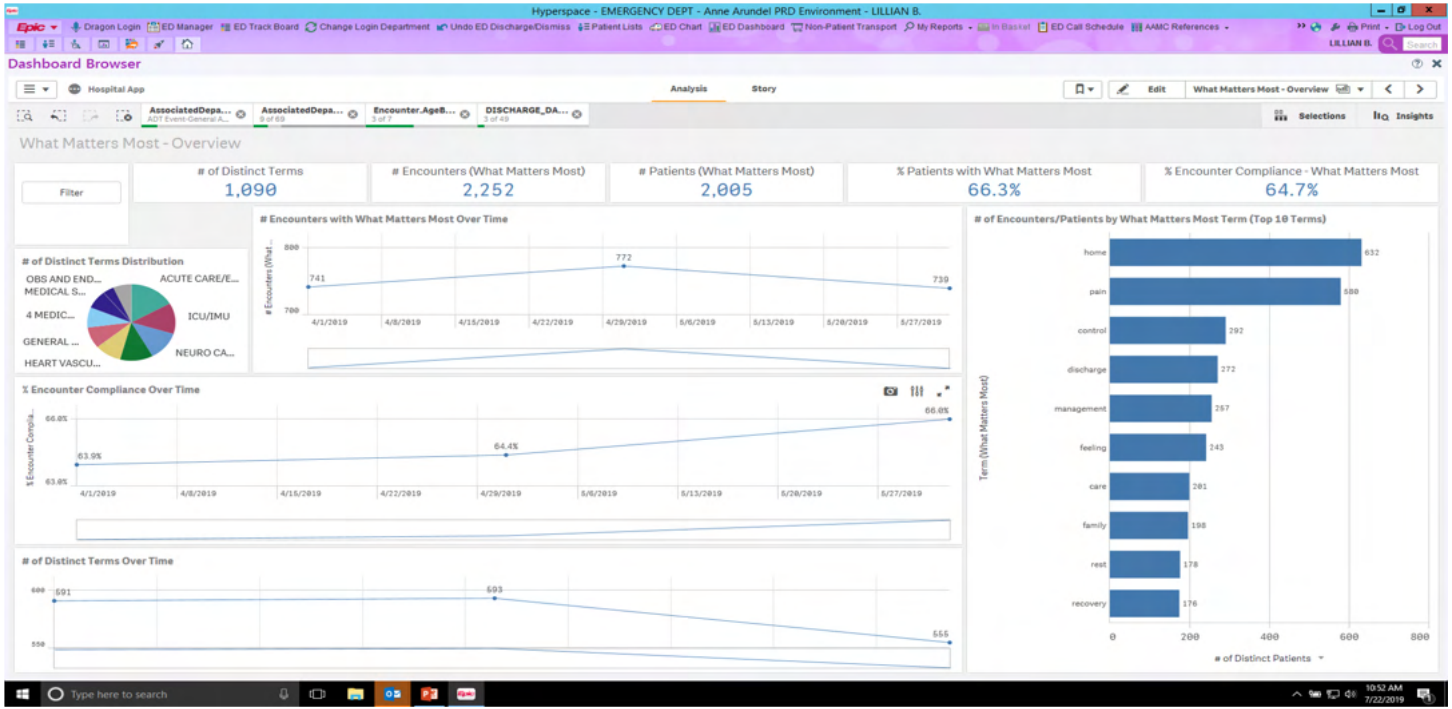



General Plan of Care - Adults 65 and older (General Plan of Care - Adults 65 and older)
No interventions
Individualization and Mutuality
No interventions
Completed
Plan of Care reviewed with
No interventions
Completed
Optimize Mobility
No interventions
Completed
Optimize Mentation
View Interventions
Completed
Optimize Medications
View Interventions
Completed

MY STORY: _____


I am from
Massachusetts
My favorite sports team is the Boston Red Sox
I worked as
a truck driver
I enjoy listening to
Neil Diamond
I get grumpy when
I get cold or tired
My favorite things are
relax and be with family, Chick Fil A sandwiches
The names of my family members are
Susan, Perry, Kari, Steve, Andrew, Timmy
I like to watch
CNN, old movies, Smithsonian channel, need closed captions
I feel relaxed and calm when
I have my electric blanket set on 3
What's most important to me is
being pain-free and with my family
My name is
Chet Gebarowski
I don't like
being cold
I am allergic to Levaquin
I walk
with a walker
My favorite food/drink is
Boost Plus only Vanilla or Strawberry, mac and cheese
For a snack I like to eat
cookies
I wear
leather shoes only, PJs to sleep in
I sleep
soundly from 8pm to 7am
I like to bathe
with help in the morning
Meal time preference is
breakfast at 8a, lunch at 12p, snack at 3pm, dinner at 5:30p
I need help with
bathing, buttoning small buttons
I eat
by myself and only what I like
I have a hearing/vision impairment
I wear glasses, speak facing me directly
I have a dental problem
I have my own teeth

What matters data for 65 and older you can see home/pain top concerns



" I am going home"

92 yr. old , living independently at home, using walker, fell at home broke a hip. Hospital normal course for a 92 with hip fracture is rehab/SNF. One dramatic moment very early on which made us realize the power of this question involved a 93 year old woman who fell in her yard at home. We were very happy to immediately start planning her discharge to a rehab knowing she could easily qualify. However, we did not really ask the patient what matters. When we did, we realized that the thing that mattered to her more than anything in the world was to get home to

What mattered to the patient: " I want to go home"

Mentation: no delirium, good sleep, family engaged

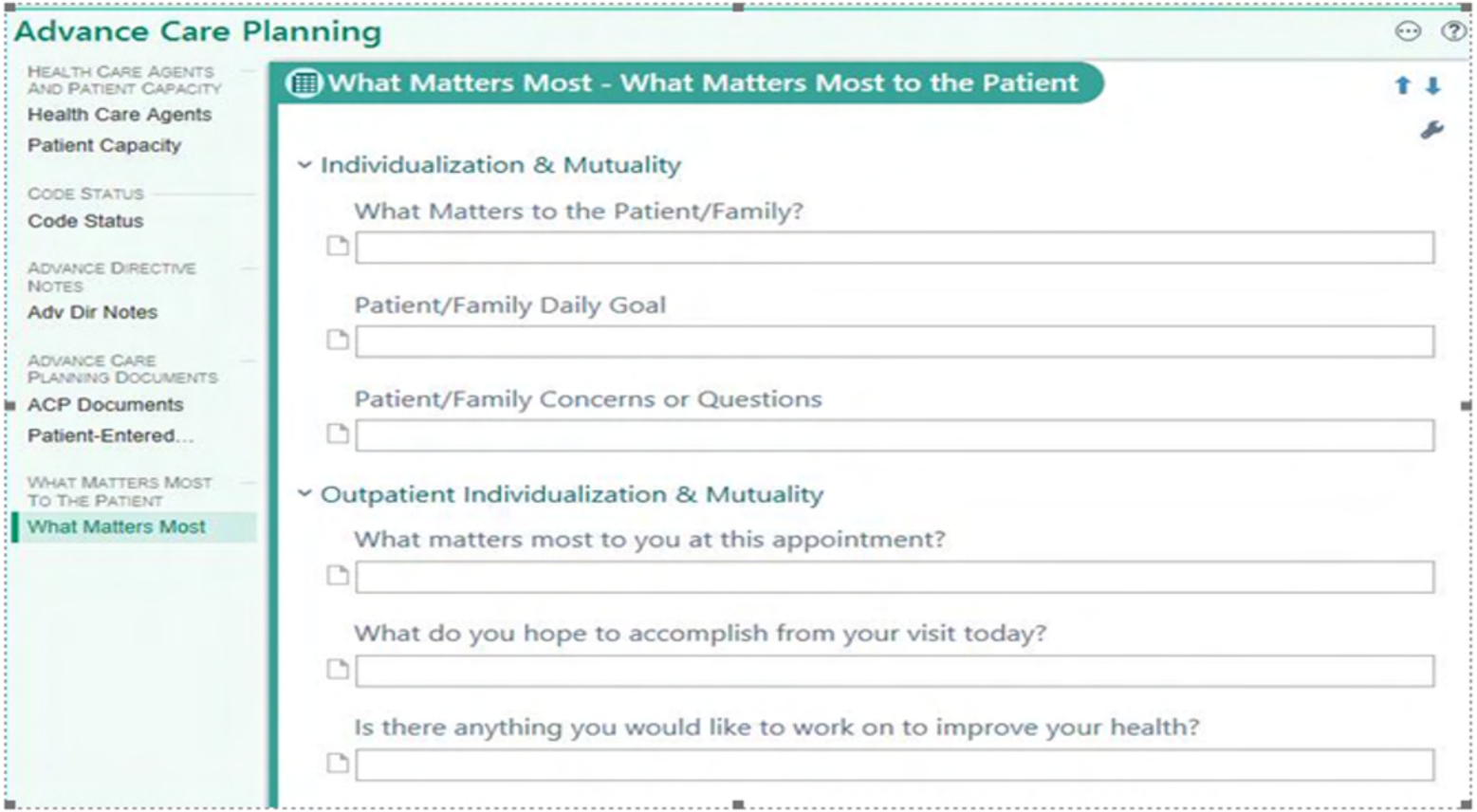
Mobility: Physical therapy revisited care plan to go home, ambulated early/frequently

Medication: medications reviewed, proper pain control

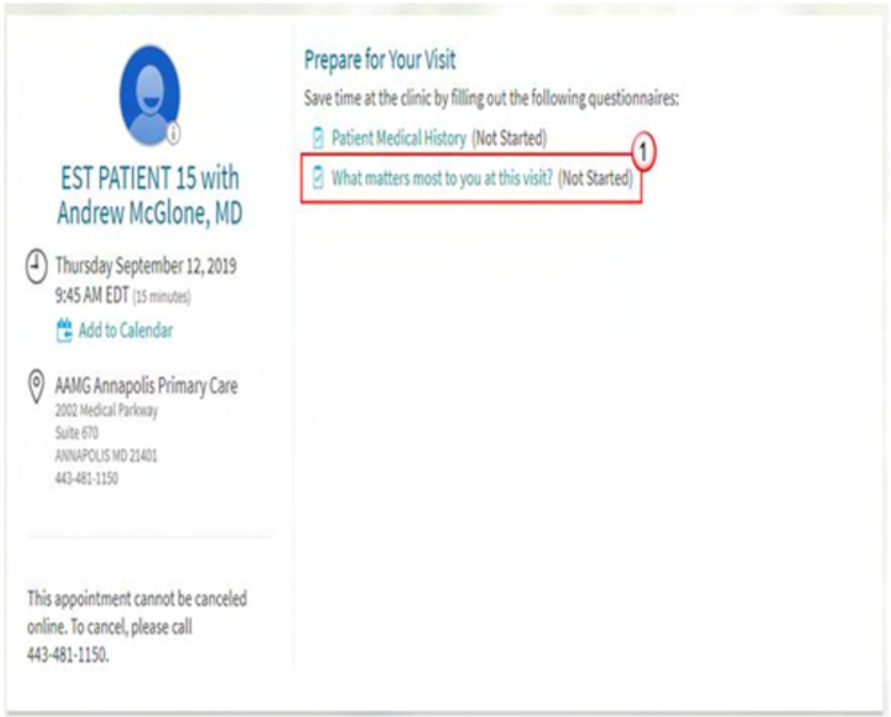
Primary Care Embraces the 4Ms

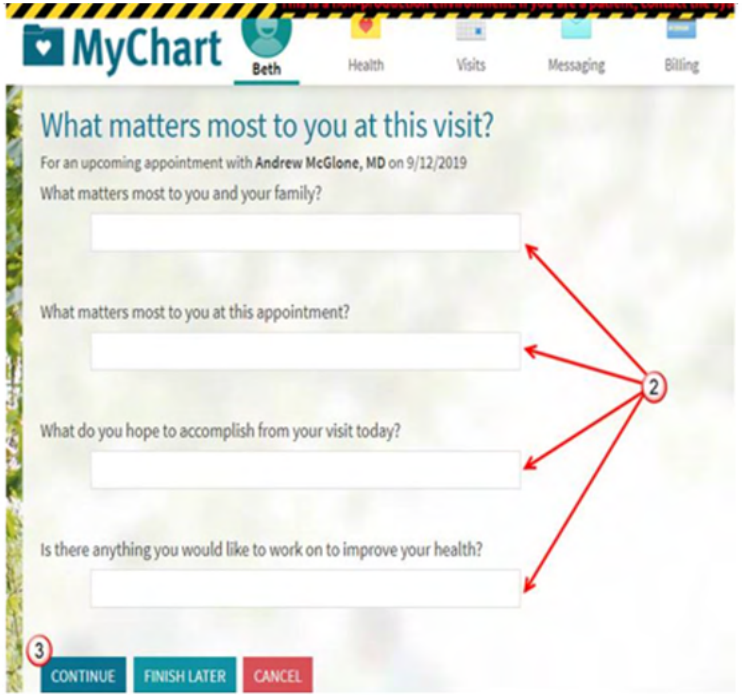
- Physician champion
- Clinical practice managers
- Wellness nurses

Primary Care



My Chart

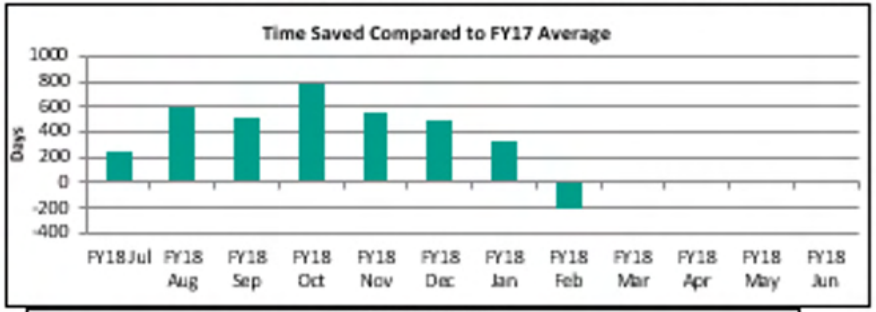

EST PATIENT 15 with Andrew McGlone, MD
Thursday September 12, 2019
9:45 AM EDT (15 minutes)
Add to Calendar
AAMG Annapolis Primary Care
2002 Medical Parkway
Suite 670
ANNAPOLIS MD 21401
443-481-1150
This appointment cannot be canceled online. To cancel, please call 443-481-1150.
Prepare for Your Visit
Save time at the clinic by filling out the following questionnaires:
Patient Medical History (Not Started)
What matters most to you at this visit? (Not Started)
1

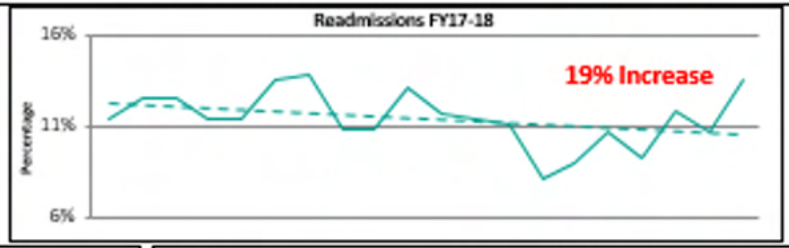

MyChart
Beth
Health
Visits
Messaging
Billing
What matters most to you at this visit?
For an upcoming appointment with Andrew McGlone, MD on 9/12/2019
What matters most to you and your family?
What matters most to you at this appointment?
What do you hope to accomplish from your visit today?
Is there anything you would like to work on to improve your health?
2
3
CONTINUE
FINISH LATER
CANCEL

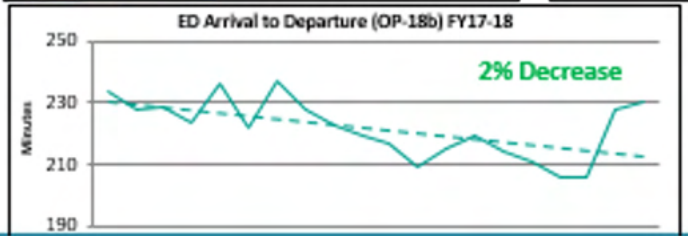
What Matters to Me?

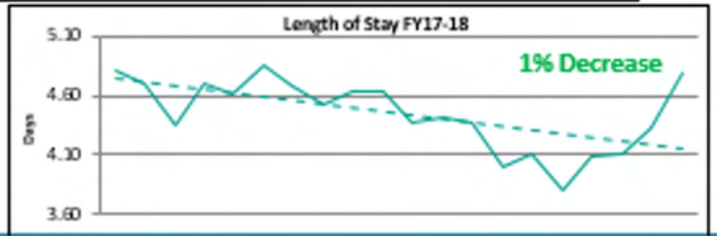
8.99 years

The amount of time AAMC has given back to patients (65+) since FY17









What Matters is a Powerful question

BUT

- It’s just as Important to connect and build relationships
- Really spending time to understand what's important to patients and families
-
- Asking what matters will drive the patient care plan

Proud to be one of five systems nationally designated as Pioneers in Age Friendly work

Mobility

Christine Waszynski, DNP, APRN, GNP-BC FAAN

Coordinator of Inpatient Geriatric Services, ADAPT, Age Friendly Health Systems Inpatient Project, the Hartford HealthCare Systemwide Fall Prevention Committee, NICHE

Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY
NSU Florida

South Florida Geriatric Workforce Education Program

Mobility Is Medicine

Christine Waszynski DNP, APRN, GNP-BC, FAAN
Hartford Hospital: Hartford CT

Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY
NSU Florida
South Florida Geriatric Workforce Education Program

Disclosure Statement

- No conflicts to disclose

Learning Objectives

- The learner will recognize the hazards of immobility for the older adult with acute or chronic illness
- The learner will understand the concepts behind the SAFER mobilization program and outcomes as determined by audits
- Describe interventions to be offered to promote maximum/appropriate level of mobilization

“"I have to get out of here before I become a cripple"

T.M.

Age-Friendly Health Systems: The 4Ms

- *What Matters*: Know and act on each patient's specific health outcome goals and care preferences.
- **Mobility: Maintain mobility and function by ensuring that older adults move safely every day. Prevent and treat complications of immobility.**
- *Medication*: Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.
- *Mind*: Focus on mentation, delirium and dementia and depression.

Mobility in the hospitalized older adult

Brown et al, 2009 accelerometer data:
Inclusion criteria: adults aged 65 and older, absence of delirium, no history of major neurocognitive disorder and ambulating 2 weeks prior to hospitalization

- 13% sitting
- 4% standing or walking
- 83% laying in bed
- <5% of these individuals had physician orders for bed rest

Brown CJ, Redden DT, Flood KL, Allman RM. The underrecognized epidemic of low mobility during hospitalization of older adults. J Am Geriatr Soc. 2009;57(9):1660-1665

Facts

- Loss of strength and balance occur quickly- as early as day 2 of an illness
- For everyday spent in bed, it takes 3 days in rehab to regain lost function
- **Functional decline = poor clinical outcomes**

Potential Complications of Immobility

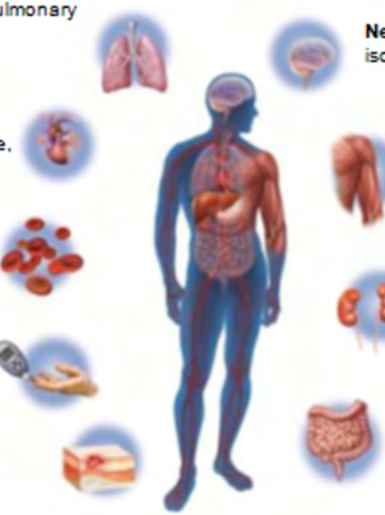
Respiratory: respiratory tract infections, atelectasis, and pulmonary embolism

Cardiovascular: orthostatic hypotension, exercise intolerance, and decreased cardiac output

Hematologic: deep vein thrombosis

Metabolic: glucose intolerance

Skin: pressure ulcers



Neurological: disorientation, delirium, depression, anxiety, and social isolation, sleep-wake cycle disturbance

Musculoskeletal: 10-15% muscle strength loss per week, osteoporosis, muscle atrophy, and contractures

Renal/Genitourinary: urinary tract infection, renal calculi, incontinence

Gastrointestinal: anorexia, constipation and fecal impaction

1. Markey DW, and RJ Brown (2002). An interdisciplinary approach to addressing patient activity and mobility in the medical-surgical patient. *Journal of Nursing Care Quality* 16(4): 1-12. 2.Corcoran PJ (1991). Use it or lose it – the hazards of bed rest and inactivity. *Western Journal of Medicine* 154: 536-538. Gillis A, and B MacDonald (2005). Deconditioning in the Hospitalized Elderly. *The Canadian Nurse* 101(6): 16 20.

Post - Hospital Syndrome

–Immobility
–Sleep-wake cycle disruption
–Sleep deprivation
–Malnutrition
–Uncontrolled pain and other discomforts
–Delirium
–Medication (sedative which can impair cognition and function)

Krumholz H.M. Post-Hospital Syndrome – A Condition of Generalized Risk. N Engl J Med. 2013 January 10; 368(2): 100–102.

>1/3 of older adults age >70 years old were discharged with a new disability that was not present before admission

Wald, H. L., Ramaswamy, R., Perskin, M. H. et al. The Case for Mobility Assessment in Hospitalized Older Adults: American Geriatrics Society White Paper Executive Summary 2018. Journal of the American Geriatrics Society 67

There is no pill to directly treat muscle weakness, loss of power, low endurance and fatigue in hospitalized patients. Increased activity is the treatment and needs to be considered as important as treatments for the other body systems.

Barriers to Mobility During Hospitalization from the Perspectives of Older Patients and Their Nurses and Physicians

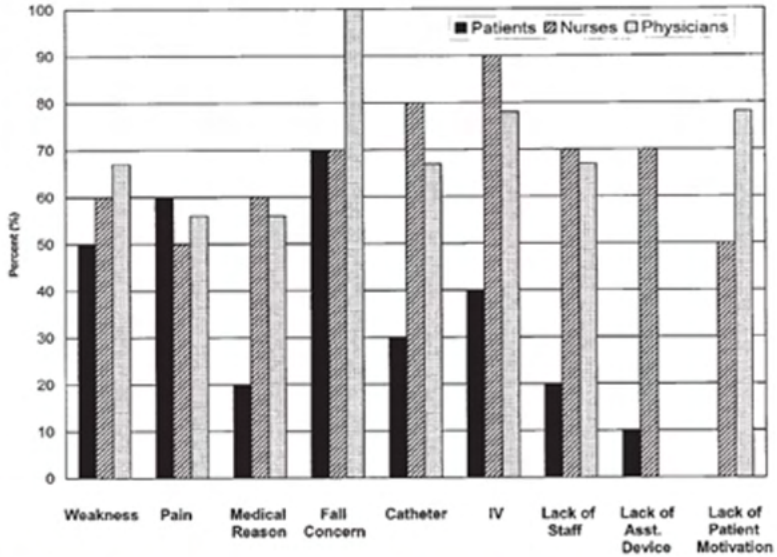


FIGURE 2. Barriers frequently noted by participants, subdivided into patients, nurses, and physicians For each barrier reported, the dark bar corresponds to patient responses, the striped bar to nurse responses, and the dotted bar to physician responses.

Brown CJ, Williams BR, Woodby LL, Davis LL, Allman RM. Barriers to mobility during hospitalization from the perspectives of older patients and their nurses and physicians. *J Hosp Med.* 2007;2(5):305-313.

Promoting Mobility and Preventing Falls in the Hospital

The Hospital Elder Life Program (HELP)(CoCare https://help.agscocare.org/)

- Multicomponent program to prevent delirium, a risk factor for hospital falls- volunteer-based walking and mobility activities
- Enhances mobility while decreasing falls
- Decrease delirium, cognitive and functional decline, length of stay, hospital costs, and institutionalization

Brown et al, randomized, controlled trial of hospitalized older adults assigned to a structured progressive mobility protocol (2016):

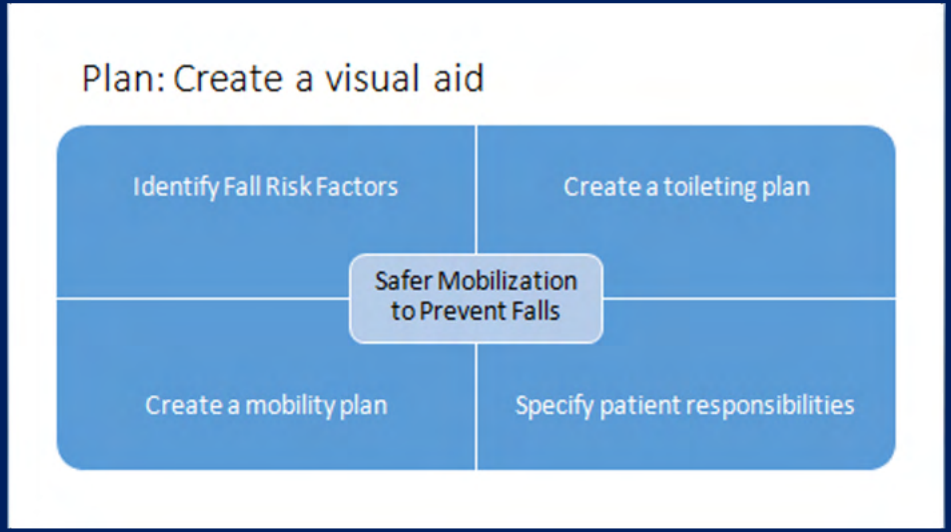
- Maintain their pre-hospitalization community mobility one month following *discharge*

Hshieh TT, Yue J, Oh E, et al. Effectiveness of multi-component non-pharmacologic delirium interventions: a meta-analysis. JAMA Intern Med. 2015; 175(4):512–520.

Brown CJ, Foley KT, Lowman JD, et al. Comparison of Posthospitalization Function and Community Mobility in Hospital Mobility Program and Usual Care Patients: A Randomized Clinical Trial. JAMA Intern Med. 2016; 176(7):921–927.

Our Experience: Hospital Falls

- Most falls involve the act of toileting
- Many falls are assisted falls
- Some patients refuse our interventions
- Patients are under-mobilized
- Each patient's fall risk profile is unique and requires specifics above standard work



Safer Mobilization

Safety Assessment Fall Evaluation Risk


Recent Fall


Dizziness

Toileting Urgency

Weakness


Forgetful/ confusion

Reviewed: _____ _____ _____ _____
(Date) (Time) (Pt. initials) (Staff initials)


Poor Vision


Recent Procedure/Surgery


Poor Hearing


Medication


Low Blood Pressure

Your Safe Mobility Plan

- ❑ Bed/chair alarm
- ❑ Gait belt 
- ❑ Walker
- ❑ Assistance by 1 or 2+ staff
- ❑ Wheelchair follow
- ❑ Other _____

Toileting Plan 

Urinal	Incontinent
Bed Pan	Bathroom
Commode At Bedside	Commode over toilet

Mobility Level

- ❑ Sit at Edge of Bed with Staff Assistance
- ❑ Stand/pivot to chair
- ❑ Walk with Staff Assistance
- ❑ Independent

Rehab Recommendations

Date:_____ Notes:

- ❑ Advance patient per Progressive Mobility Protocol
- ❑ Do not progress pt. without prior approval from rehab staff

Patient Responsibilities

- Avoid sitting on edge of bed alone
- Call for staff assistance
- Participate in mobility activities
- Exercise as directed

Permit Staff To…

- Use a gait belt and walker as needed
- Stay during toileting
- Set exit alarm

Process

- SAFER Mobilization poster is reviewed every shift by the nurse, PCA and patient
- Mitigate active risk factors as possible
- Physical therapy contributes updates as appropriate
- SAFER poster is a driver and appropriate auditing performed
- Additional audits done on documentation of mobilization

Benefits: Up to date reflection of patient’s mobility and safety plan

Safer Mobilization Supportive Measures

- Mobility volunteers since 2011 (PT or other health profession students)
- 17,500 mobility episodes
- Implemented Gait belt and walker for all mobilization of high fall risk patients
- Commodes and shower chairs readily available

Modified Dionne's Egress Test ™

Hartford Hospital
A Hartford HealthCare Partner

Maneuvers to test patient's ability to move away from the bed safely

Test 1

- Rise sit-to-stand
  1. From sitting position, feet flat on floor, able to stand with minimal/moderate assistance of one person
  2. Remain standing

Test 2

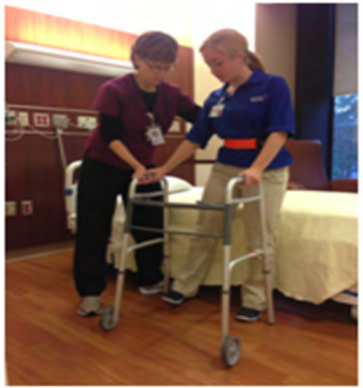
- Step in place
  1. Three steps in place with each foot. Must clear the floor without buckling of the supporting leg
  2. May use an assistive device
  3. Stay standing after last step

Test 3

- Step forward
  1. From comfortable stance width, advance and retreat each foot
  2. May use assistive device
  3. Heel must advance past toes of other stance foot without buckling of stance leg

Test 4

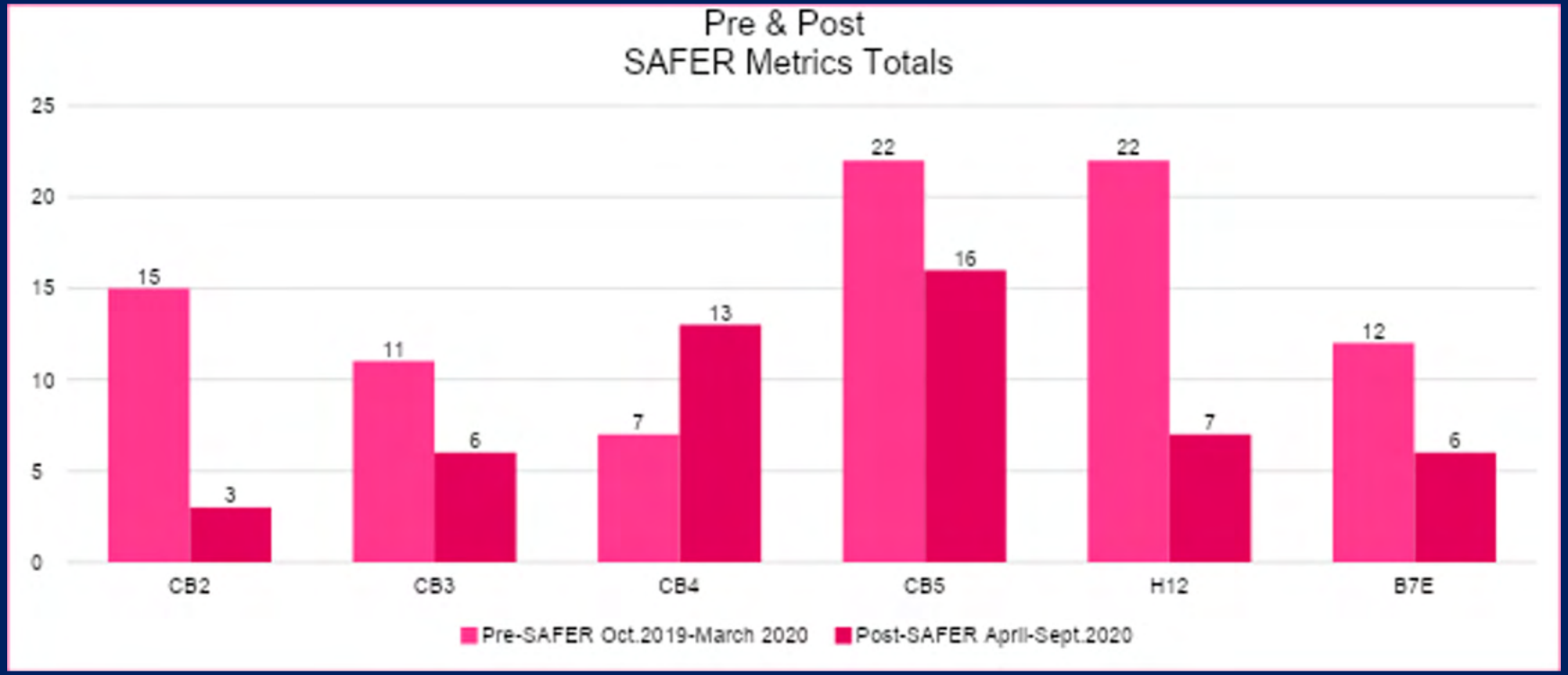
- Step to the Side
  1. Standing with legs in contact with edge of bed.
  2. Take 3 side steps to left and right. (If knees buckle, patient is not safe for stepping transfer to chair)



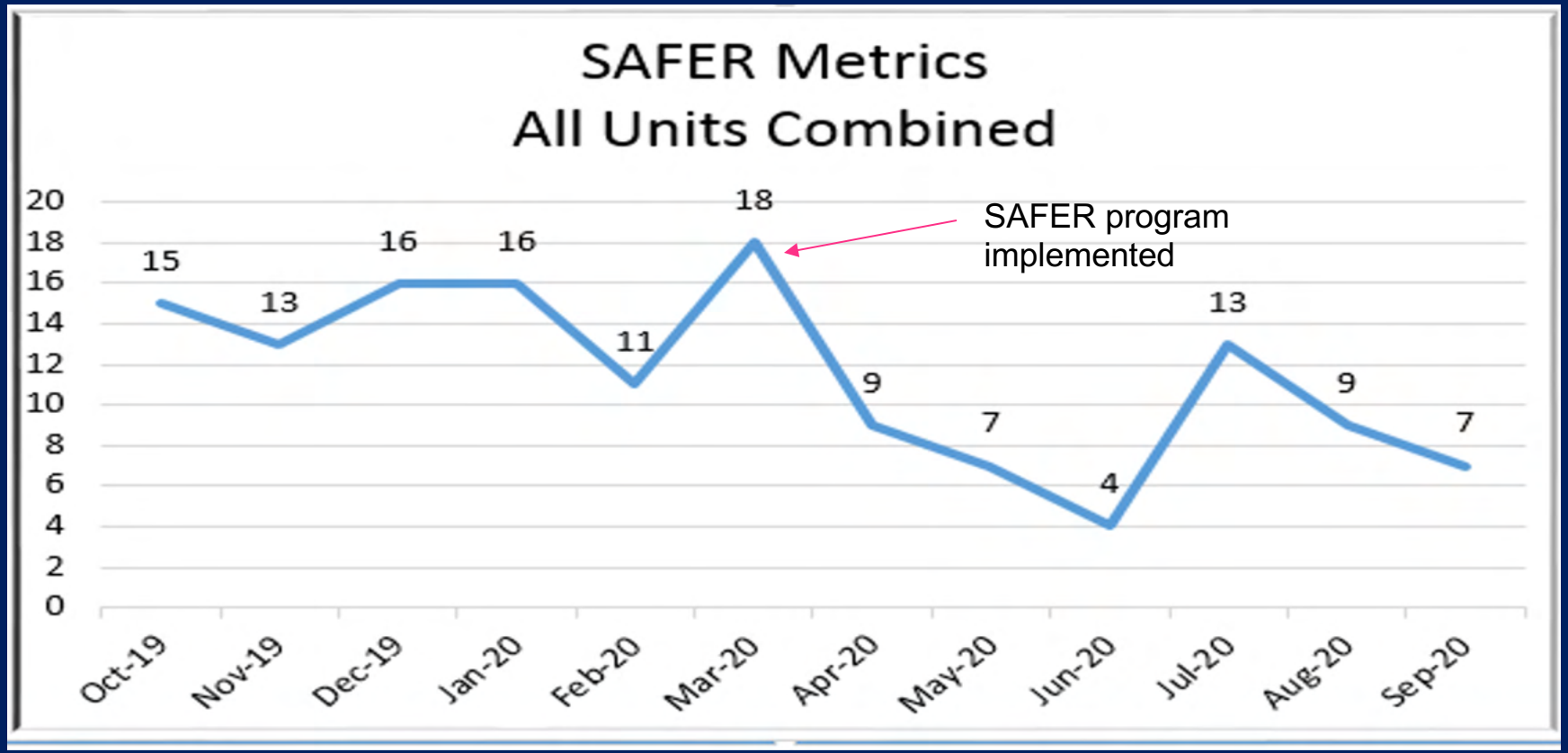
Progressive Mobility Levels

Level	Assessment	Goal	Pass	Fail	Equipment: Safe Patient Handling	Considerations
Level Zero Bed rest, side to side turn /PROM	Flexibility, contractures & skin integrity	TID Daily to each limb	Patient without symptoms & physiologically stable Progress t o l evel One	Reassess within 24 hours to progress within protocol	Rep ositioningsling& floor based hover lift Turn assist on ICU specialty bed	Cross reference: lateral rotation Mo nitor hemodyramics & line integrity
Level One Beach Chair Or Stretcher Chair	Assess tolerance for HOB elevation	1-2 hours two -three times a day	Patient remains asymptomatic without hemodynamic compromise Progress to level Two	Reassess within 24 hours Consider PT/OT	Utilize chair function on bed	Asses pulmonary status and vital signs at every level Skin integrity Changeposition every two hours Knees in extension when not in beach Chair Use full body waffle cushion when in the stretcher chair
Level Two Edg e of Bed (EOB)	Trunk strength and Balance	Balance at EOB, extend one leg at a time and hold 5 seconds	Able to mobilize with assist of one to EOB & maintain balance with no more than one person assist Progress to level Three	Patient cannot maintain sitting balance at EOB with minimal assistance Reassess within 24 hours Initiate PT/ OT	Primary utilize beach chair functions- if clinically indicated transfer to chair using stretcher chair or utilizing hover mat or green slider sheet	
Level Three Standing	lower extremity strength	Weight bear with assist of two for greater than 30 seconds/ three times a **day**	Able to tolerate standing with minimal assistance (with or without adaptive device) Progress to level Four, transferring to a chair	Reassess within 24 hours After two failures, consider a lift for OOB, initiate PT/OT	Transfer patient out of bed to stretcher chair utilizing hover mat or green slider sheet Please consider the use of a trapeze, may call bed express for adaptive device Sara lift : min of 10% weight bearing and can't stand independently	Fall risk Hemodynamic tolerance Patients assistive device Gait belt For specialty populations: recent joint surgery, CVA protocol consider PT/OT assessment prior to progressing Fall pr ecautions Adaptive devices: pr osthetics, ort hotics
Level Four Transferring to a chair	Upper and lower extremity stability and strength	Transfer OOB to chair for meals and/or 2-3x/da y	Patient stands with no more than minimal assist and is able to march/ take side steps in both directions	After two failures, consider lift Reassess with 24 hours Initiate PT/OT	Steady: stand with min assistance and unable to pivot or walk	
Level Five Ambulation	Upper and lower extremity strength,	Ambulates as appropriate 2-3x/day	Patient is able to ambulate with no more than minimal assist of one (with/without adaptive equipment)	Cannot step or unstable when stepping Reassess within 24 hours Consider PT/OT	Use of gait belt and assistive devices	Consider mobility volunteers with minimal assist of 1
Other relative contraindications may exist pertinent to a patient's condition. Clinician must evaluate each patient individually for conditions/factors that ma y JJ reclude the use of therany						

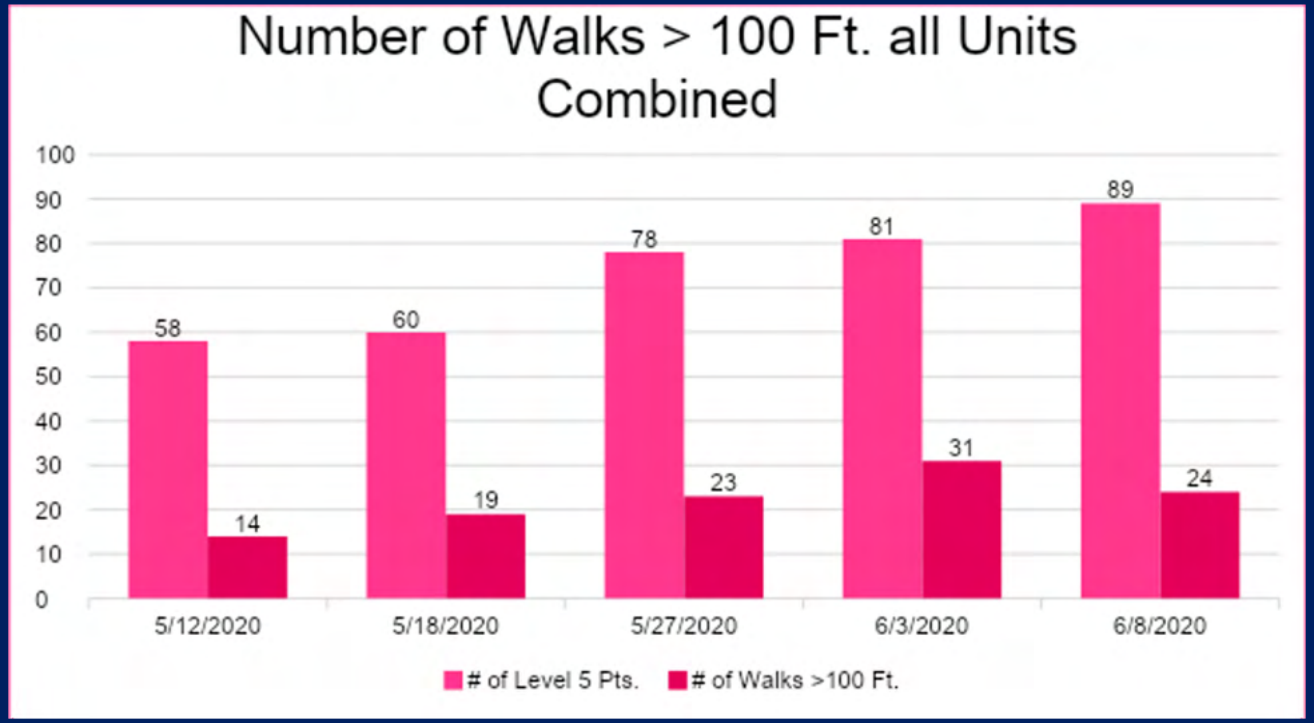
Medicine Units: 43% reduction in falls



Falls on Medicine Units- Trend



Mobilization Opportunity

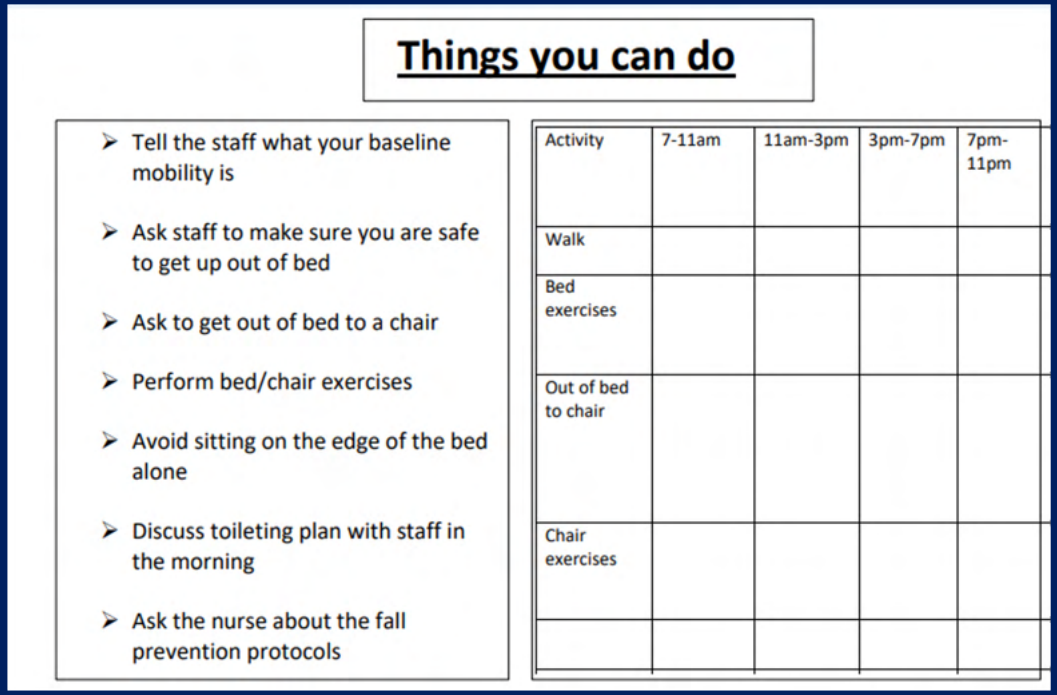


Patient Mobility Score Card

Mobility is Medicine

- Did you know for every day you are in bed it takes 3 days to recover your strength & balance
- Immobility can put you at greater risk for
  - Blood clots
  - Pneumonia
  - Falls
  - Delirium
  - Anxiety
  - Skin breakdown
  - Sadness
  - Constipation
  - Difficulty voiding
- Evidence shows that safe mobilization & bed/chair exercises can help you to recover more quickly

Patient Mobility Score Card

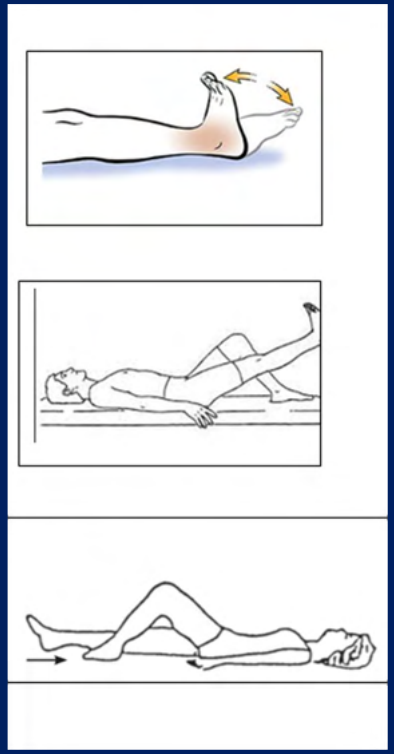


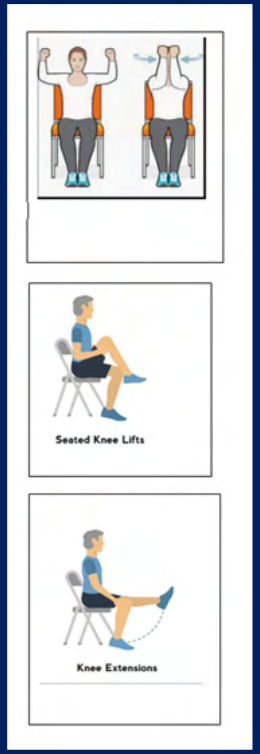
Things you can do

- Tell the staff what your baseline mobility is
- Ask staff to make sure you are safe to get up out of bed
- Ask to get out of bed to a chair
- Perform bed/chair exercises
- Avoid sitting on the edge of the bed alone
- Discuss toileting plan with staff in the morning
- Ask the nurse about the fall prevention protocols

Activity	7-11am	11am-3pm	3pm-7pm	7pm-11pm
Walk				
Bed exercises				
Out of bed to chair				
Chair exercises				

Exercises





Unit Based Mobility Interventions

1 lb Weights

Pedal Bike

Flip the dialogue....

Fall Prevention  Safer Mobilization

Take to the wards....Mobility is Medicine

- Discuss mobility at huddles daily
- Mobility is everyone’s responsibility
- Mobilization needs to be a priority for recovery
- Patients and families should be involved in the SAFER mobilization plan to prevent falls and advance mobilization
- Mobility status should be reported at handoff
- 6th Vital sign!

Encounters In the Community

- Focus on importance of mobilization to maximum every day
- Support way to integrate safe mobilization into daily life with an individualized plan
- Exercise during each TV commercial
- Tai Chi or other group exercise
- Synergism of simultaneous cognitive and physical exercise

References

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Age-Friendly Health Systems 4M Training For Healthcare Practitioners

Questions?

Age-Friendly Health Systems 4M Training For Healthcare Practitioners

Help us by completing an evaluation!

https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4

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South Florida Geriatric Workforce Enhancement Program

Age-Friendly Health Systems 4M Training For Healthcare Practitioners

Join us Next Week!

Module 1: Introduction to Age-Friendly Health Systems

- *Thursday, June 3, 2021 • 10:00 am EST*

Module 2: Deep Dives – What Matters Most & Mobility

- *Thursday, June 10, 2021 • 10:00 am EST*

Module 3: Deep Dives – Mentation & Medication

- *Thursday, June 17, 2021 • 10:00 am EST*

Module 4: Putting it All Together

- *Thursday, June 24, 2021 • 10:00 am EST*

Age-Friendly Health Systems 4M Training For Healthcare Practitioners

Thank you!

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