



AM-PAC “6-Clicks”: Implementation and Potential Usefulness in a University Health System

CONTROL ID: 2342600

POSTER NUMBER: 1027

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Purpose/Hypothesis: Mobility as an outcome in acute inpatient settings is reported infrequently. Reasons may include limited physical space, increased time to administer tests, and perceived difficulty implementing testing within clinical practice. An accurate assessment of mobility is necessary in an acute care setting in order for data-driven resource allocation, intervention choices and appropriate discharge planning. Our primary purpose was to determine the feasibility of implementing the Activity Measure for Post-Acute Care “6-Clicks” Basic Mobility Short-Form (AM-PAC- Mobility) among acute care physical therapists (PTs) in a university health system. Secondary purposes included describing discharge destination based on mobility score in 5 common diagnosis groups likely to use PAC and a novel use of the AM-PAC-Mobility.

Number of Subjects: 40 PTs utilized the AM-PAC-Mobility with 10,000 patients in 3 hospitals. Most patients seen by PT were treated in the following service lines: medicine, orthopedics, surgery (general, neuro, cardiothoracic), neurology, cardiology, gastroenterology, and medical oncology (n=8195).

Materials/Methods: AM-PAC-Mobility is a 6-item assessment that uses a 4-point ordinal scale for each, for a total of 24 points with lower scores indicating a greater deficit in mobility. Assessment is completed within or just outside a patient’s room, requires less than a minute to document, and can be integrated into electronic medical records.

Managers agreed to implement the AM-PAC-Mobility across all inpatient units. PTs were trained in a 1-hour course. There was a period of two months from the administrative decision to the first recorded AM-PAC-Mobility.

Results: AM-PAC-Mobility was implemented in 3 hospitals with an overall 71% completion rate. Patient mean age was 55.5 yrs, 51% male. In the entire group, mobility scores were consistent with discharge destination (home with no services-18.1, home with home care-16.6, SNF-11.2, IRF-9.7). In subgroup analyses, discharge destination for patients with total joint arthroplasty, and hip fracture did not follow this trend (home with no services-18.2, 14.6, home

with home care-18.4, 15.5, respectively). We are now investigating the utility of the AM-PAC-Mobility score as part of an index to identify those patients upon discharge from acute care who should be referred to a fall prevention clinic or services.

Conclusions: The AM-PAC-Mobility can be implemented in a university health system and overall, scores are consistent with discharge destination. Subgroup analyses suggest additional clinical and demographic data may be necessary to explain use of home care services. Additional uses for the AM-PAC-Mobility are being investigated.

Clinical Relevance: PT assessed mobility data stemming from the AM-PAC-Mobility can be combined with other data to guide decision-making in the acute inpatient setting. It may be possible to combine AM-PAC-Mobility scores with other clinically relevant data to create algorithms that contribute to optimal use of hospital resources and improve appropriateness of discharge destination and services.