

OBJECTIVES

Understand the current state of mobility in the US

Review specific advocacy outreach for a national mobility quality metric

Update on legislative efforts at the federal level



THE RESEARCH

- ❑ **Complications of immobility** are well researched and documented in the literature. ^{1'6'7}
- ❑ **Prevalence & impact of low mobility during hospitalization:** Previously ambulatory adults admitted to the hospital will spend up to 83% of the day in bed. More than one-third aged 70+ are discharged with a 'major, new disability.' One year later, fewer than one-third have recovered and odds of nursing home admission are 3x higher among adults with hospital-acquired disability.^{4'9}
- ❑ **Fall Prevention & Patient Mobilization:** Some researchers have theorized that hospitals are focused on preventing falls and that may be one reason that patients aren't mobilized and gotten out of bed as often as needed. ^{2'8}
- ❑ **SPHM & Patient Mobilization:** Patients in states with SPHM legislation were 60% more likely to be moved with SPHM equipment during their hospitalization. Patients with limited mobility that had a lift used for care were more likely to be out of bed and in a chair, indicating that lift use could promote patient mobilization. ¹⁰
- ❑ **A Path Forward:** American Geriatric Society recommendations, developed by geriatric leaders, physicians and clinicians, include evaluating the feasibility of a mobility quality metric and shifting focus in acute care to focus on **safe mobility**

BACKGROUND AND APPROACH

❑ Why a Federal mobility metric?

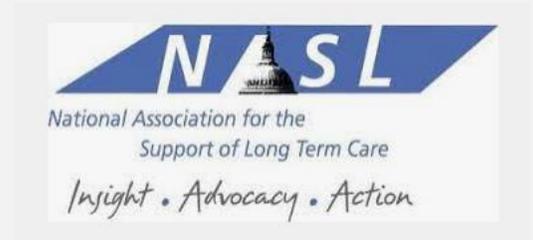
- Approached organization's government affairs VP

❑ Collaborative, cross-functional effort

- Initiated discussions with national organizations and healthcare providers with interest in promoting mobility
- Education on safe mobility issues
- Interest generated – invited to co-sign advocacy statement
- Identified lack of organized approach in acute care with assessing and measuring safe mobility during discussions

❑ Government outreach

- House Appropriations
- House Resolution



Healthcare Leadership Council



ADVOCACY COLLABORATION



FEDERAL POLICY – 2022 FUNDING

□ House and Senate Labor-HHS FY'22 Appropriations Committee Report*:

Consensus on Assessing Mobility. – The Committee encourages CMS and other stakeholders to promote development of consensus around a mobility assessment that is validated and clinically meaningful to providers and patients. In addition, CMS should evaluate feasibility of a mobility quality measure to incentivize providers to actively intervene to prevent mobility loss among hospitalized older adults

*H.R. 4502 / S. 3062, Labor-HHS FY'22 Appropriations; (H. Rept. 117-96, page 194; S. Rept. 117-TBD, page 187)

□ Congressional support:

Rep. John Katko (R-NY-24th)



Sen. Chuck Schumer (D-NY)

Rep. Betty McCollum (D-MN-4th)



Rep. Greg Pence (R-IN-6th)



Rep. David Price (D-NC-4th)

FEDERAL POLICY - HOUSE RESOLUTION

- ❑ Introduce Congressional Resolution directing the Centers for Medicare and Medicaid Services (CMS) to develop mobility metrics in coordination with the community
- ❑ Reinforce FY2022 Appropriations effort
- ❑ Raise awareness of mobility issues among lawmakers with bipartisan support of the Resolution
- ❑ Leverage Stakeholder Advocacy: Organizational endorsement letter of legislative effort will generate momentum and awareness of broader effort.

NEXT STEPS

- ❑ 2022 Congressional outreach and education
- ❑ Q1 2022 Introduce bipartisan House Resolution
- ❑ Targets for bill introduction and awareness:



Rep. Stephanie Murphy, D-Fla.

- Member, Ways and Means Committee
- Florida's substantial Medicare population



Rep. Brad Wenstrup, R-Ohio

- Member, Ways and Means Committee
- MD

JOIN THE MOBILITY JOURNEY!

☐ Short year; Long journey

- Leverage existing allies to build new ones in the short-term;
- Awareness and infrastructure build for long-term CMS policy change.

☐ How ASPHP members can help

- Educate your organization's leadership internally about the Mobility initiative
- Encourage your organization to join as Stakeholder and lend its support and name
- Expand your outreach to other professional organizations that should be involved.

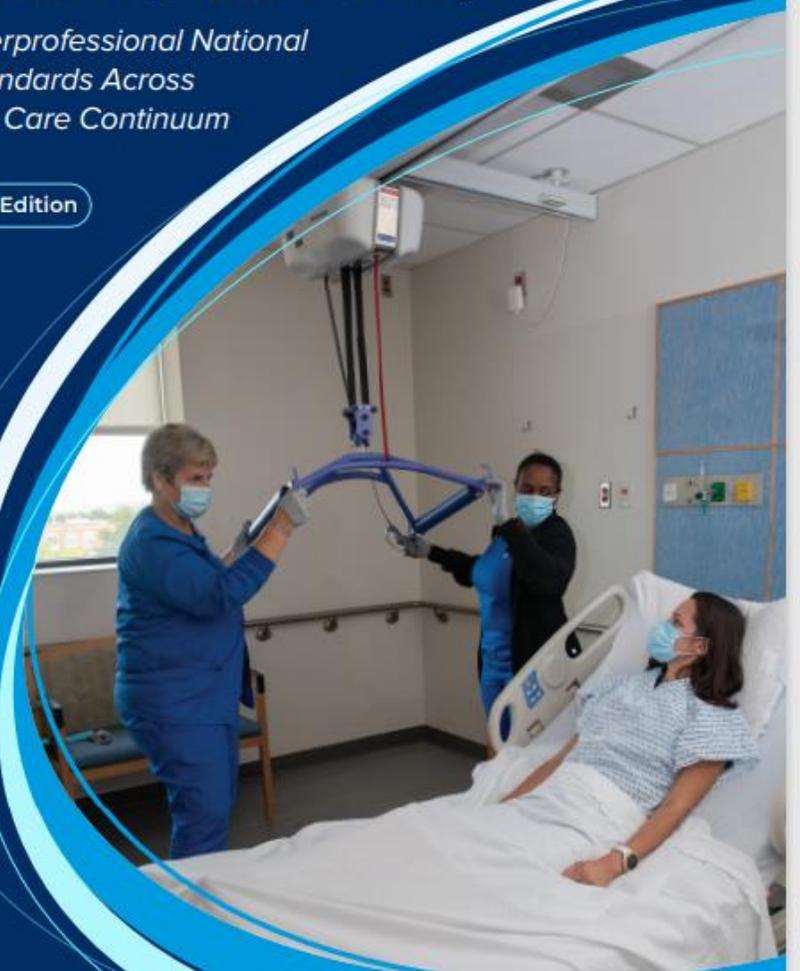
For more information, contact Cade_Clurman@baxter.com

THE STANDARDS ARE HERE!!

SAFE PATIENT Handling and Mobility

*Interprofessional National
Standards Across
the Care Continuum*

2nd Edition



VALUE OF SPHM PROGRAMS

2020-2021 HNHN:

- 35% saw 'significant risk' from lifting, or repositioning patients
- 56% experienced pain on the job

2019 & 2020 BLS:

- Health care workers have higher incident rates for days away from work.

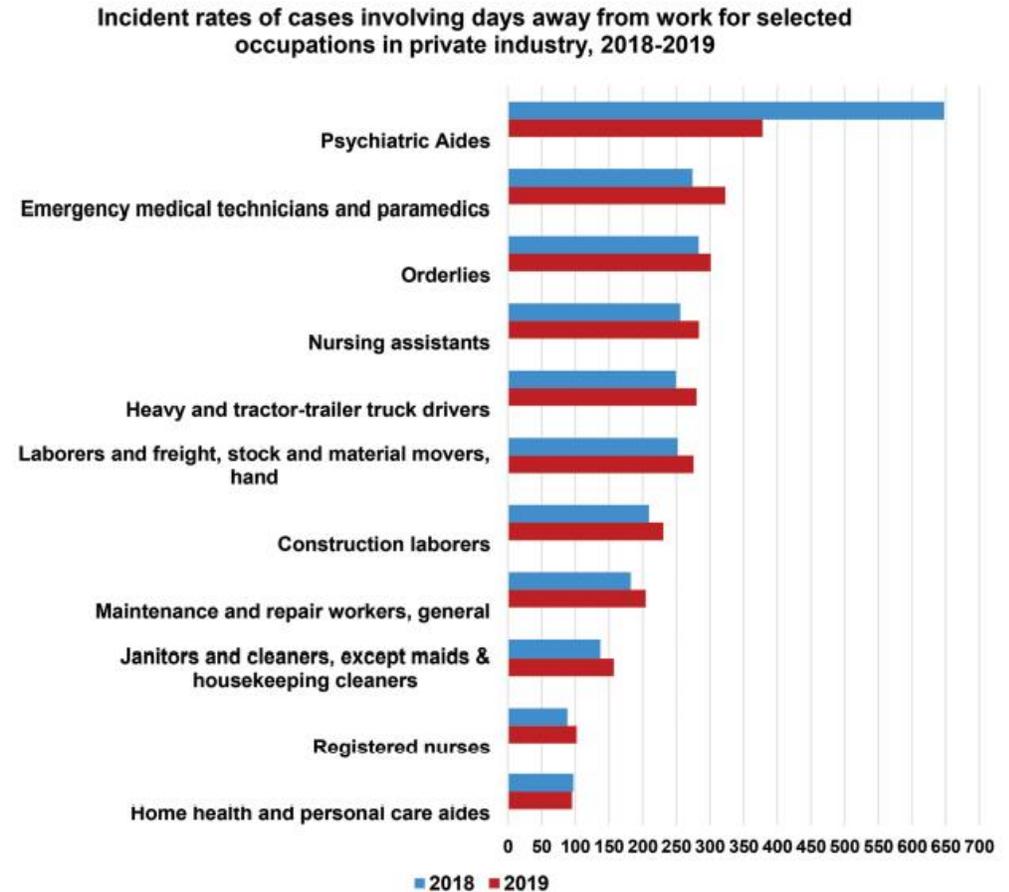


Figure 1. 2018 and 2019 Incidence rates of cases involving days away from work for selected occupations in the private industry, per 10,000 full-time workers. (BLS November 2020 and BLS 2019)

2ND EDITION NATIONAL STANDARDS

Robust introduction

1. Historical timeline
2. Included references immediately below the Standard
3. Current information on covid
4. Addresses AI, design and construction guidelines, technology uses, consumer outcomes, WPV, ROI/business case for SPHM, and policy/legislature
5. Updated resources and glossary

2ND EDITION NATIONAL STANDARDS

1. Establish a Culture of Safety
2. Implement and Sustain a SPHM Program
3. Incorporate Ergonomic Design Principles to Provide a Safe Environment of Care
4. Select, Install, and Maintain SPHM Technology
5. Establish a System for Education, Training and Maintaining Competence
6. Integrate Patient Centered Assessment, Care Planning, and Use of SPHM Technology
7. Include SPHM in Reasonable Accommodation and Post Injury Return to Work
8. Establish a Comprehensive Evaluation Program

WHAT'S NEW IN THE 2ND EDITION

Standard 1 – Establish a Culture of Safety

- This takes time, factor this into planning.
- Develop a policy and communications plan.
- Employer and HCWs partner to encompass values.
- Build a strong multidisciplinary, diverse team, including leadership.

Standard 2 – Implement and Sustain a SPHM Program

- Create and market a program vision.
- Work with stakeholders.
- Start with a pilot, hands-on training, and build from there.
- Reconsider 'pieces' of a program.



WHAT'S NEW IN THE 2ND EDITION

Standard 3 – Incorporate Ergonomic Design Principles to Provide a Safe Environment of Care

- Incorporate safety risk assessment into design process.
- Are designs compliant with the Facility Guidelines Institute?
- Seek all input from staff, construction, design, facilities, operations, infection control, quality improvement, etc.

Standard 4 – Select, Install, and Maintain SPHM Technology

- Use current literature to assess and recommend the appropriate technology for units and organization.
- Based on needs assessment.
- Utilize subject matter experts to develop specific solutions.
- Stay up-to-date on latest technology and their benefits.





WHAT'S NEW IN THE 2ND EDITION

Standard 5 – Establish a System for Education, Training and Maintaining Competence

- Educate the healthcare team across the care continuum.
- Educate and involve the patient.
- Provide education at point of care for home-based patients.
- Provide continuous staff education and competency.
- Remove dated equipment and accessories.

Standard 6 – Integrate Patient Centered Assessment

- Select plan of care with input from all health professionals.
- Include a mobility plan and transitions throughout the facility and elsewhere.



WHAT'S NEW IN THE 2ND EDITION

Standard 7 – Include SPHM in Reasonable Accommodation and Post Injury Return to Work

- Conduct root cause analysis.
- Evaluate capacity and work demands using several simulations, incorporating SPHM equipment.
- 'Other duties' is appropriate if restrictions are necessary.

Standard 8 – Establish a Comprehensive Evaluation Program

- Determine success from the original plan.
- Evaluate SPHM outcomes, trends, and processes.
- Get input from frontline workers for data collection and evaluation.
- Include input from leadership and IT.

SPHM SURVEY

Every library should have the Standards!
SPHM Survey in collaboration
with Hill Rom





THANK YOU!

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