



Claim CE credit by TEXTING the code after the activity.

What you need to do:
Ensure your mobile number is
linked to your profile.

A screenshot of the Advocate Health website. The top navigation bar includes the Advocate Health logo, a search bar with the text "Find a course...", and social media icons for Facebook, X, LinkedIn, and a share icon. Below the navigation bar is a menu with items: HOME, COURSES, GRAND ROUNDS/CASE CONFERENCES, RESOURCES, CE PRE PLANNING FORM, and CONTACT US. A dark blue bar labeled "My Account" contains five menu items: "My Account", "My Pending Activities", "My Transcript", "Edit My Profile", and "Add/Edit Mobile Number". The "Add/Edit Mobile Number" item is highlighted with a red rectangular border.

Welcome to the March 2026 Nursing Grand Rounds ***Lifting Everyone Up! Using Safe Mobility Practices***

This is a Microsoft Teams Meeting with Contact Hours

- **Focus is on the presenters with all participants muted**
- **Participants are encouraged to post questions/comments in the “Q&A” They will be addressed during the Q & A session at the end**
- **Details about evaluation and contact hours will be provided at the end**
 - **REMINDER – now a text code process – make sure your cell number is updated in the CE Learning platform in order to receive CEs**
- **Session is recorded and will be available as a digital self-learning module with continuing education credit on the CE Learning platform**
- **Please visit the Nursing Grand Rounds webpage for direct links.**

Disclosure:

Tricia Jaworski has disclosed she is on the Advisory Board for Arjo, Baxter, Guldmann, and Medline. The other planner(s) and speaker(s) have indicated that there are no relevant financial relationships with any ineligible companies to disclose. All of the relevant financial relationships listed for these individuals have been mitigated.

IPCE Designation and Accreditation



Accreditation Statement

In support of improving patient care, Advocate Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Statement(s)

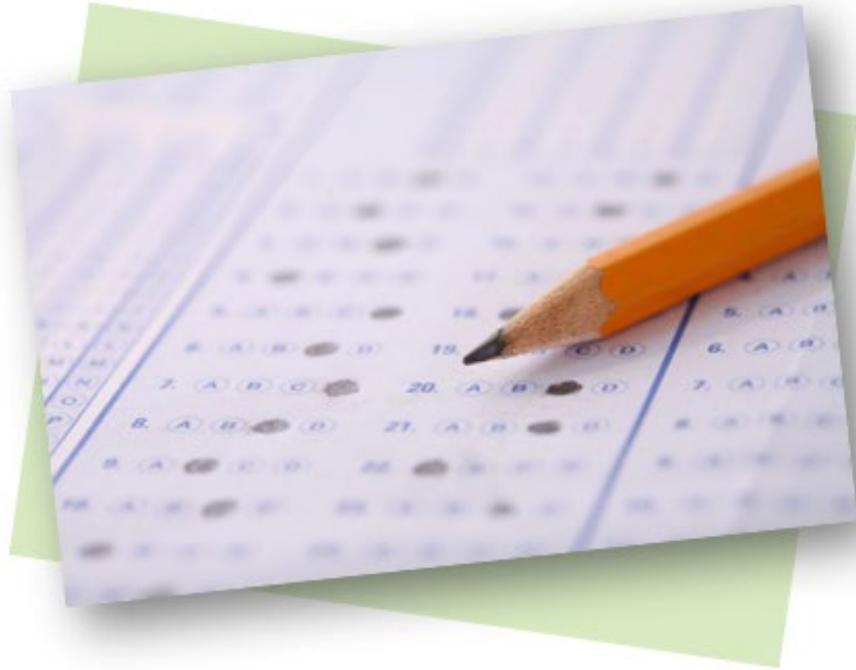
American Nurses Credentialing Center (ANCC)

Advocate Health designates this live activity for a maximum of 1.0 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Learner Objectives

At the end of this session, learners should be able to:

1. Define hospital acquired disability and key strategies to create a culture of mobility to prevent decline.
2. Identify how to find data to track achievement of mobility and teammate safety outcomes for your unit.
3. Discuss key evidence-based strategies applicable to your setting.
4. Discuss TMC roles and responsibilities, SPHM equipment, tools, and resources to promote safe mobility.
5. Identify 1-2 key take aways.



AUDIENCE POLL

Which division and care environment are you attending from?



Advocate Health Care



Atrium Health



Aurora Health Care



Wake Forest University
School of Medicine

Now part of  **ADVOCATE**HEALTH

Lifting Everyone Up! Using Safe Mobility Practices

Mary Hook, PhD, RN

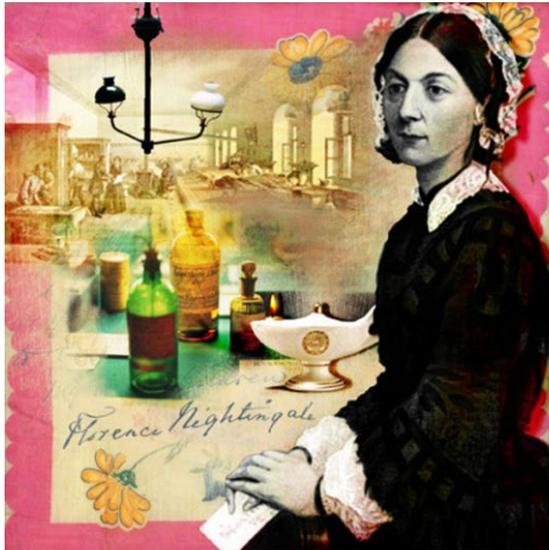
Amanda D. Speck Malmberg, MSN Ed, RN, NPD-BC

Christa Oechler MSN, RN, NPD-BC

Tricia Jaworski, OTR/L, CSPHP

Nursing Grand Rounds 03.19.2026

Using Science to Guide Nursing Practice



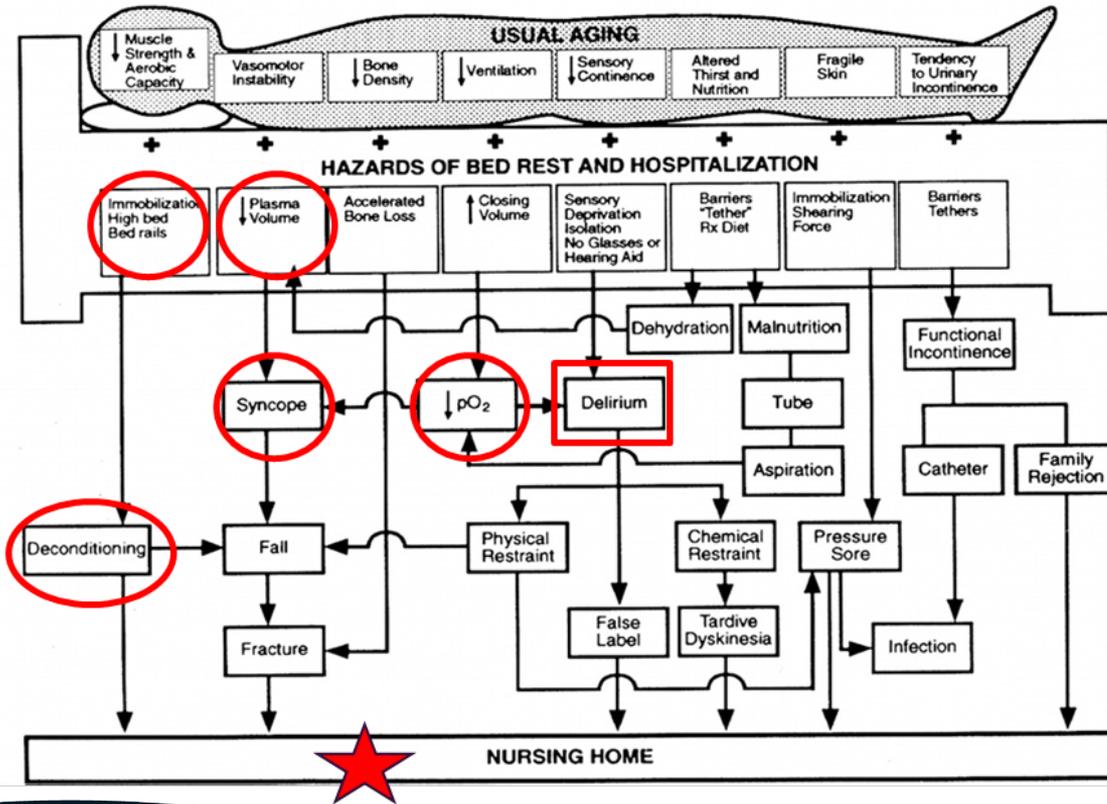
"Were there none who were discontented with what they have, the world would never reach anything better."
- Florence Nightingale

Mobility:
Around the clock
decision-making



Advocate Health is committed to evidence-based practice. All nurses must know the science and contribute to achieving best outcomes for patients and teammates. (READ Row INFO)

Impact of Limited Ambulation



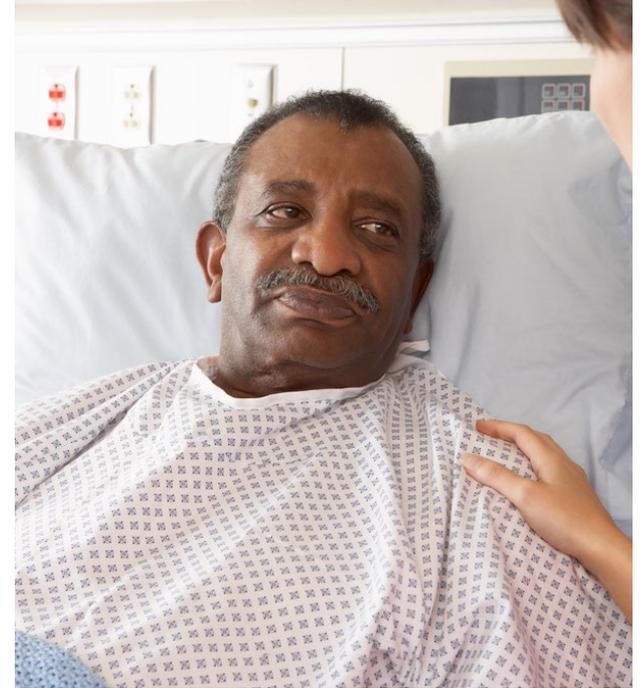
Impact of Bedrest

- **Loss of Strength**
10% decrease in 2 days
- **Plasma Volume Loss**
Syncope
Decreased cardiac output
- **Reduced ventilation**
Risk for pneumonia
Risk for delirium

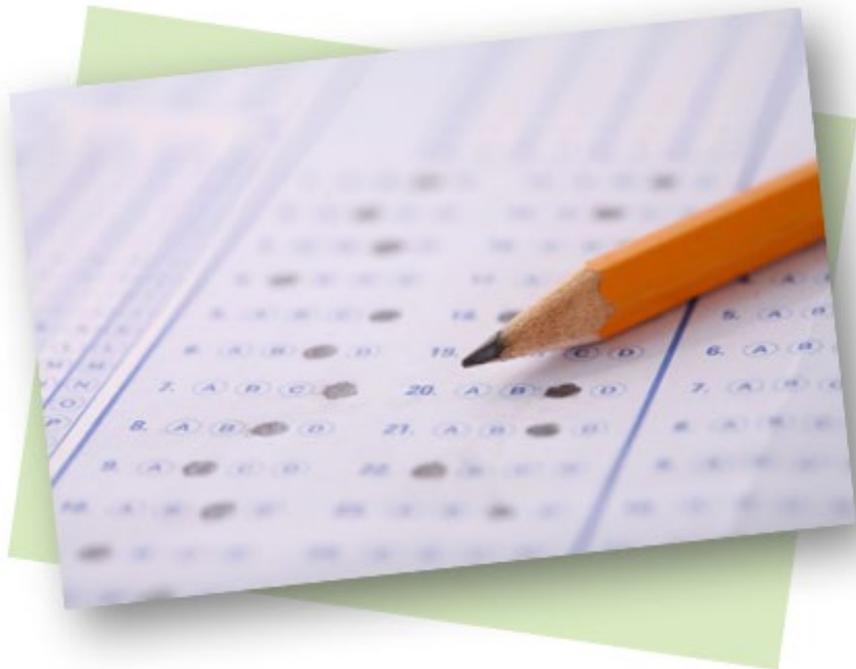
Creditor, 1993 - Cascade to Dependency

“Low Mobility”

- Bedrest OR Bed to Chair/BR Activity
- **87-100% of hospital stay spent in bed**
- Less ambulation if device used on admit
- Consequences (older patients)
 - ADL Decline
 - In-hospital Mortality
 - New SNF Admit
 - 30 Day Readmission
 - Increased falling during and after discharge



Brown, Friedkin, & Inouye, 2004



AUDIENCE POLL

What percentage of patients will lose function after a hospital stay?

- None – everyone gets better!
- 10%
- 20%
- 30%
- 50%

Hospital Acquired Disability (HAD)

- **Definition:** New loss of ability to complete one or more activities of daily living (ADLs) without assistance at discharge (Brown, 2020; Lloyd et al., 2020)
- ***Activity of Daily Living (ADLs) - Katz Scale**

Activities of Daily Living Screening

ADL Before Admission

12=Independent

12=Independent

0=Needs/Requires Assistance

Checking "independent" means patient/family reports being independent prior to admission in all 6 functions: Bathing, dressing, toileting, transferring bed/chair, continence, and feeding.

View this information for comparison during hospital stay. DO NOT re-enter the data (adds to total ADL Score - a value that should not exceed 12).



***BEST INDICATOR OF WHAT PERSON IS LIKE AT BASELINE**

What Do We Know? Many Barriers



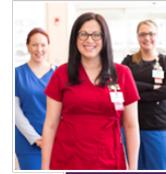
Organizational/System

- Culture does not prioritize patient ambulation
- Falls - "never" events
- Limited resources (staff/equipment)
- Competing demands
- Limited team communication (coordination)
- Low mobility units



Patient

- Previous experience
- Health status (weakness/pain)
- Catheters
- Safety precautions (stay in bed)
- Limited equipment
- Isolation (social)
- Sensing staff are too busy



Nurse

- High workloads
- Lack of training
- Risk for injury
- Low self-efficacy
- Belief that PT/OT will address
- Focus on safety – fall prevention
- Missed care



Safe Mobility–Beyond Fall Prevention

Fall Prevention

3.5/1,000 Pt Days

+

Mobility Promotion

Safety standards; Anticipate status changes (policy) •

- **Screen:** Fall & Injury risk factors
NOTE: RISK TOOLS (does not prevent falls)
- **Diagnosis:** At Risk for Falls/Injury
- **Outcome:** No falls; *Patient Participation
- **Tailored Interventions:** Use fall data to improve
 - *Engaging patients to know/manage risks
 - Interventions for “predictable risk”:
Mental status, mobility, & safe toileting
 - **Interventions for “unpredictable” risks:**
Monitor/assist during high-risk procedures
(e.g. first out of bed, toileting)

Assess: mobility status (“stress test”)

- **Diagnosis:** Level of assistance
- **Outcome:** Mobility needed for d/c
Ambulation (ft) and Gait speed
- **Tailored interventions**
Engaging patients
Upright, early/progressive mobility
Ambulation (250+ ft) outside room

**Patient-based Failure:
Prevent Falls but Functional Decline
(lose strength/independence)**

Mobility Status Measurement

Definition: Ability to move freely or be easily moved; State at a point in time
Measures

1) Indicators of Mobility Observation/Judgment

Johns Hopkins
 Highest Level of
 Mobility Scale (JH-HLM)



WALK	250+ FEET	8	
	25+ FEET	7	
	10+ STEPS	6	
STAND	1 MINUTE	5	
CHAIR	TRANSFER	4	
BED	SIT AT EDGE	3	
	TURN SELF/ ACTIVITY	2	
	LYING	1	

↑ MOBILITY LEVEL

hopkinsAMP.org

AM-PAC (6-Clicks)

Please check the box that reflects your (the patient's) best answer to each question.

How much difficulty does the patient currently have...	Unable	A Lot	A Little	None
1. Turning over in bed (including adjusting bedclothes, sheets and blankets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Moving from lying on back to sitting on the side of the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much help from another person does the patient currently need...	Total	A Lot	A Little	None
4. Moving to and from a bed to a chair (including a wheelchair)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Need to walk in hospital room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Climbing 3-5 steps with a railing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Performance Testing CMET (acute care); TUG

Comprehensive Mobility Evaluation Tool (CMET) ©2023
 PURPOSE: Help teammates AND patients assess ability to safely get out of bed & perform progressive mobility. Instruct and apply safety interventions. OUTCOME: Identify Level of Assistance based on Patient Ability

START HERE

STEP 1: Is patient clinically stable, alert, follows directions with no confusion, orthopedic issues or device? *Considerations: Monitor clinical response, Add 2nd teammate, and go slow. Use devices). Follow orthopedic/surgical restrictions as indicated.

STEP 2: **BRIDGES x3** (patient lying in bed) Can patient perform 3 bridges (completely clearing buttocks from the bed)?
 For spine/abdominal surgery/orthopedic restrictions: **LEG RAISES x3** Can patient perform straight leg raises (3x/leg) with each weight bearing (WB) leg to test leg strength before getting up? If difficulty with bridges/leg raises anticipate standing problems and need for lift equipment.
 If epidural or sedation used, wait for effects to wear off.

STEP 3: **SIT UP** Can patient get to edge of bed with feet on floor with little or no assist? If difficulty, consider using slide sheet/sling.

STEP 4: **SEATED BALANCE** Can patient sit without assist & withstand shoulder pushes in all directions?

STEP 5a: **STAND UP:** Can the patient stand?

STEP 5b: **SIT TO STAND x3** Can patient perform sit to stand activity 3 times without assist?
 AND
STEP 6: **MARCH x3** Can patient march in place OR STEP FORWARD & back 3 times with each leg?

Ongoing Monitoring Needed Based on Testing?
 (At risk for clinical instability, multiple lines or confused/cognitive impairment.)

INDEPENDENT (CMET Score >6-7)
 Able to do all tests without assist. May ambulate with mobility assist device.

MINIMAL ASSIST (CMET Score = 5-6)
 Able to do ~75% of effort; Needs no more help than incidental touch/help
 Recommended: Non-power Sit to Stand

SUPERVISION (CMET Score = 2-4)
 Able to do all steps without assist – may need mobility device or cues
 Recommended: VS/safety monitoring

*** SAFETY CONSIDERATIONS**

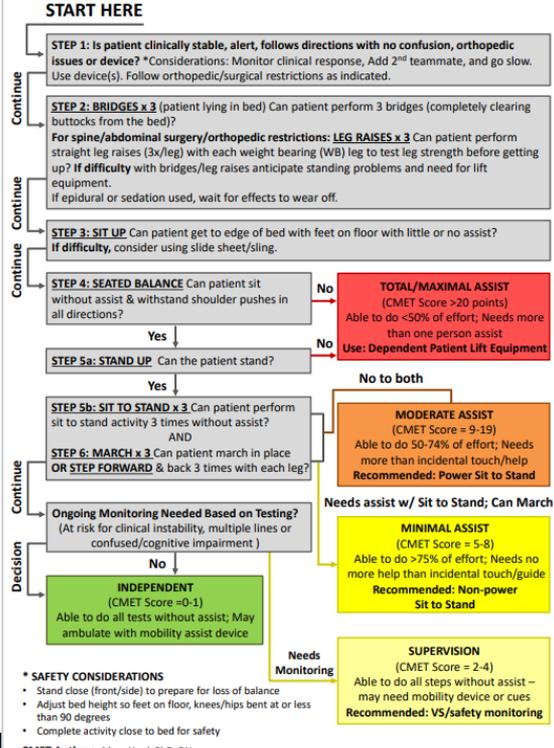
- Stand clear (front/side) to prepare for loss of balance.
- Adjust bed height so feet on floor, knees/hips bent at or less than 90 degrees.
- Complete activity close to bed for safety.

CMET Authors: Mary Hook PhD, RN, Tricia Janssen DDM, ScM RN-PC, Doni Took PT
 Approved: AM-NW Nursing Practice Council - May 2023

“Stress Test”

Performance Testing with CMET

Comprehensive Mobility Evaluation Tool (CMET) ©2023
PURPOSE: Help teammates AND patients assess ability to safely get out of bed & perform progressive mobility. Instruct and apply safety interventions. **OUTCOME:** Identify Level of Assistance based on Patient Ability



- **Why can't I get up by myself? Do CMET to Test!**
 - Gives patient/nurse information about patient ability
 - Identifies when response monitoring is needed
- **Perform test and document deficits** (BP/fever check)
- **Level of Assistance** – standard definitions
 - **Minimal:** Able to assist w/ > 75% of effort
Needs no more help than incidental touching/steadying
 - **Moderate:** Able to assist w/ >50-74% of effort
Needs more than incidental touching and help
- **Activity Response: Expected vs. abnormal**
 - Expected: Minor discomfort (no angina), increased HR/RR, and SOB that resolves within 1-2 minutes.
 - Abnormal: Angina or symptoms that do not resolve in within 1-2 minutes. Document & contact provider PRN

CMET Authors: Mary Hook PhD, RN,
 Tricia Jaworski OTR/L, Suzie Ryer PT, Dori Took PT
 Approved: AH-MW Nursing Practice Council - May 2023

Progressive Mobilization (policy)

CMET -> Nurse judgment

- "REQUIRED" within 24 hrs of admit
DO IT WHEN IT MATTERS!
GOAL: First time out of bed
- "Prescribing" monitoring and LOA

Mobility Interventions

- Activity – Highest level of mobility
- Distance in feet: BR, Door, Hallways!
- Mobility Assist Devices
- LOA provided (recognize change)
- Activity Response – Recover within 1-2"

Disciplines Chart Their OWN Distances

Mobility
Comprehensive Mobility Evaluation Tool (CMET)
CMET Mobility Assistance Recommendation
☰ Activity
Ambulated
Distance Ambulated (ft)
Weight Bearing Status
Mobility Assistive Device
Level of Assistance
Activity Response
Positioning
Head of Bed Position

Ambulation Reports Disciplines Chart Their OWN Distances

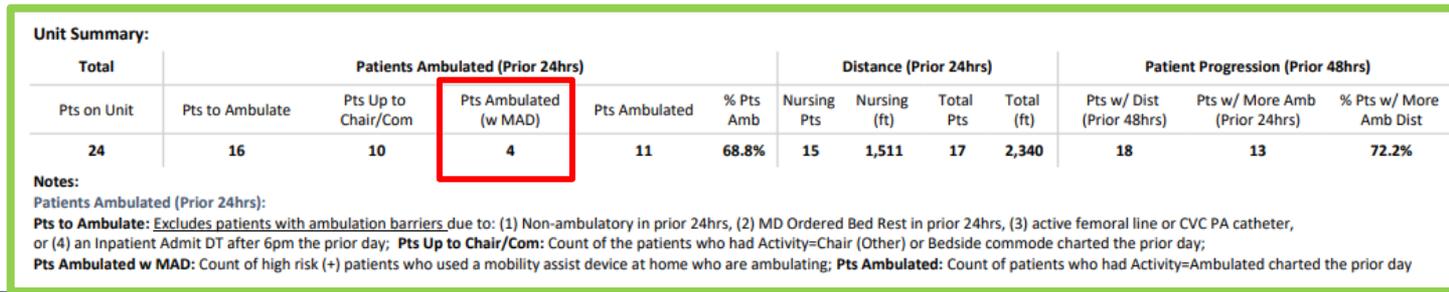
Accordion Report Pt Care Flowsheet –All Disciplines



SYS Nursing Unit Dashboards (with drill down capability)



Unit “near real” Daily Mobility Reports - (captures input from all disciplines)



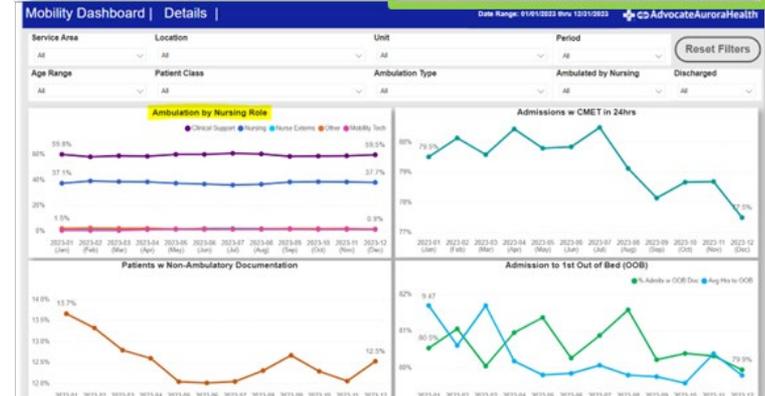
Mobility Dashboards

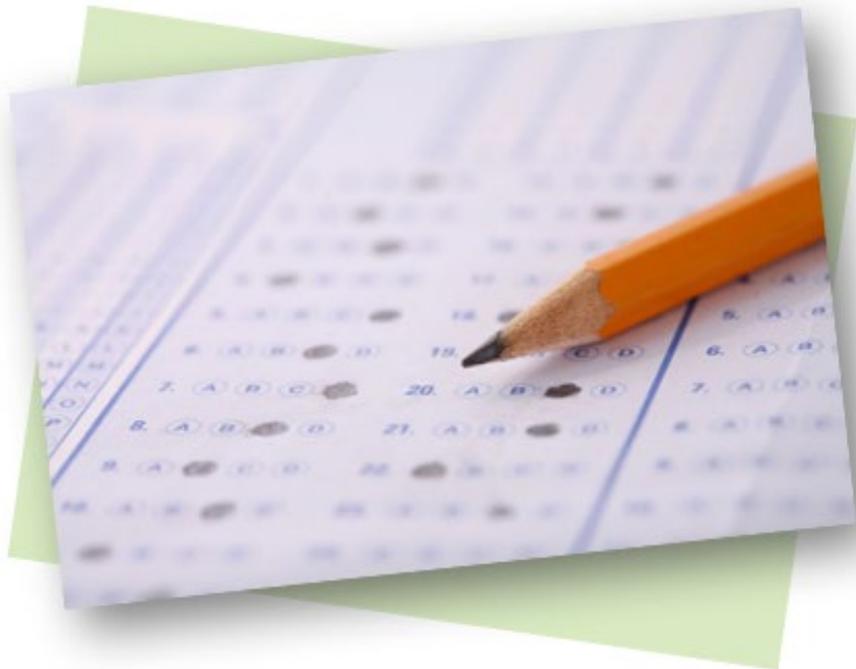
Power-BI Dashboards Monthly Data

- % Patients Ambulated by Discipline
- Non ambulatory patients
- CMET completion (first out of bed)
- Distance in miles
- Distance by discipline
- Admission to first time out of bed

Summary

- % Ambulated in Hallway
- Disposition/LOS





AUDIENCE POLL

Do you think CMET and mobility pertains to the Women's Health population?

True or False?

Safe Mobility Practices...Not Just for Our Older Adult Population!

- Labor and Delivery and Postpartum Units have unique circumstances when it comes to mobility
- Nursing assessment and judgment is needed to consider information that the Morse does not (i.e. epidural use or hemorrhage)
- CMET is done within 24 hours of admission and with any change in condition / mobility status!

Epidural

- Due to changes in epidural medications, patients may have more feeling in their lower extremities which can lead to overestimating their mobility status



Participant permission was received to capture and utilize this photo for professional dissemination.

Safety Pledge

Safety Pledge

Congratulations on the birth of your baby!

Advocate Health is committed to providing family centered care, while promoting Safe Sleep and Fall Prevention behaviors for both mom and baby.

Moms are at risk of falling after giving birth and babies are at risks of falling or being dropped.

Call before YOU fall! You and your baby are at INCREASED risk because of the following:

- Extreme tiredness from giving birth and lack of sleep
- Epidural/spinal during labor delivery (causes leg weakness/numbness/trouble walking)
- Dizziness (due to blood pressure changes, blood loss, anemia (low iron), tiredness, etc.)
- Recovering from giving birth, especially if you had a C-Section
- Taking medication that can cause sleepiness (example: some pain medications)
- Change in body weight during pregnancy (hospital beds are narrower than at home)
- Breastfeeding (hormones released during breastfeeding can naturally cause sleepiness)
- Frequent baby feedings or pumping
- Trip hazards (equipment cords, tubing, etc.)

Call before THEY fall! Make sure to always practice Safe Sleep and Fall Prevention behaviors including:

- ✓ Do not try to get up by yourself, even if you feel ok. Get up slowly to avoid dizziness.
- ✓ Call for help with removing or placing baby in the crib if unable to get out of bed.
- ✓ Keep personal items within reach, including call light.
- ✓ Stay active and walk frequently during your hospital stay.
- ✓ Wear non-skid socks or slippers to prevent falls.
- ✓ Turn on the lights for late-night feedings to help you stay awake.
- ✓ Ask your family and visitors to support your recovery and rest.
- ✓ Consider limiting visitors while in the hospital to allow for enough rest.

For the Baby

Baby is not safe laying on your lap, on a pillow, or next to an adult on the bed or couch. In these situations, baby can easily slide down to the floor or into an unsafe position, potentially causing injury. If you cannot hold baby in the safety of both arms, baby should be in the crib.

Safe Sleep Tips

Back to Sleep ALWAYS

No loose blankets or extra layers in the crib

A thin blanket or swaddler, as instructed

No pillows, fluffy blankets, or stuffed animals

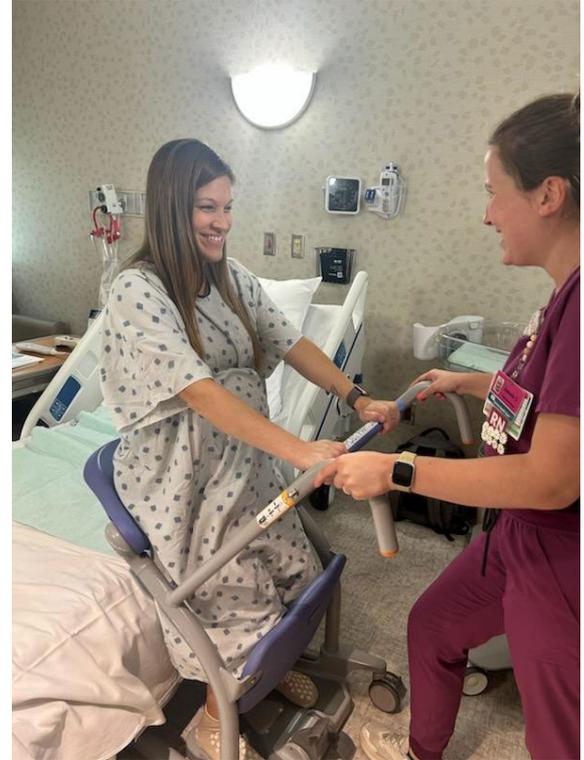
Place baby in the crib if you start to feel sleepy

Call if you need help putting baby in the crib

Call for assistance *any time* you need help

Women's Health Considerations

- CMET on 1st time up (and often 2nd and 3rd time up)
- Use of 2 RNs or 1 RN and 1 CNA
- Consistent use of Sara Steady



Participant permission was received to capture and utilize this photo for professional dissemination.

Changing the Patient Experience

- Feedback from patients and bedside nurses portrayed dissatisfaction with our current CMET and Level of Assist Posters
 - Video and pictures of geriatric populations
 - Concern escalated to Tricia
 - New Women's Health Level of Assist Poster now orderable in Print Shop
 - CMET video with a pregnant patient completed and getting released in March 2026!

Patient Name: _____ Date: _____

LEVEL OF ASSISTANCE AND SUGGESTED EQUIPMENT



I will walk this many times today:

1 2 3 4

I will get up to the chair today:

AM PM With Meals

Monitoring Needs: Vital Signs Lines Cues

TOTAL/MAX ASSIST

Patient able to do < 50% of effort OR needs help of > 1 teammate. Encourage patient to do as much as possible.

Friction Reducing Device/Slide Sheet
 Total/Dependent Patient Lift
 Air Assist
 Rental Equipment: _____
 Other: _____

Mobility Task:

ROM
 Positioning
 Other: _____

Bed in Chair Position:

AM
 PM



MODERATE ASSIST

Patient able to do 50%-74% of effort.

Cane
 Walker/Seated Walker
 Gait Belt
 Air Assist

Friction Reducing Device/Slide Sheet
 Seated Transfer Board
 Power Sit to Stand
 Rental Equipment: _____
 Other: _____



MINIMAL ASSIST

Patient able to do ≥ 75% of effort, provide incidental touch/guidance.

Cane
 Walker/Seated Walker
 Gait Belt
 Friction Reducing Device/Slide Sheet

Non-Power Sit to Stand
 Rental Equipment: _____
 Other: _____



SUPERVISION

Patient able to walk without teammate assistance. Monitor line safety, ability to follow directions, and clinical stability.

Cane
 Walker/Seated Walker

Gait Belt
 Friction Reducing Device/Slide Sheet
 Other: _____



INDEPENDENT

Independent No Device
 Independent with Device

Cane
 Walker/Seated Walker
 Other: _____

No lift equipment required



Goal: Maintain function, hallway ambulation

- Must use a transfer/mobility device with any patient requiring assistance
- Do not manually lift more than 35lbs.



Scan to view equipment menu and weight restrictions

We can do this!

Early mobility in
complex ICU
patients

Functional decline
begins quickly with
immobility

Mobility is possible
with the right
equipment and
teamwork

Ambulation and PPE

PATIENT TRANSPORTATION



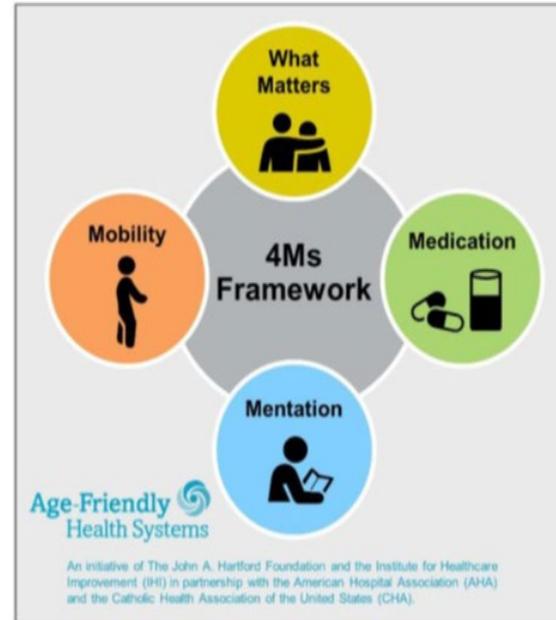
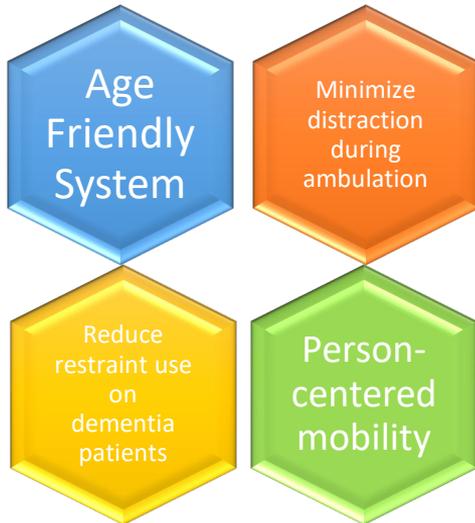
- Limit transport.
- Patient must wear a mask.
- Notify the receiving area.
- Clean equipment with hospital-approved disinfectant.

PPE and ambulation

In room mobility

Creativity and adaptability
while patient is in PPE

Age-Friendly and Mobility



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ih.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Mobility Team

- Focus on:
 - Length of stay
 - Age-friendly mobility
 - Post-COVID reset of expectations
 - Identifying barriers to ambulation
- Interdisciplinary team:
 - Nursing
 - CNAs
 - Therapy
 - Respiratory
 - Pharmacy
 - Cardiac Rehab
 - Mobility Techs/Volunteer



Why does this work matter?

Preserves dignity and independence

Reduces falls, restraints, and length of stay

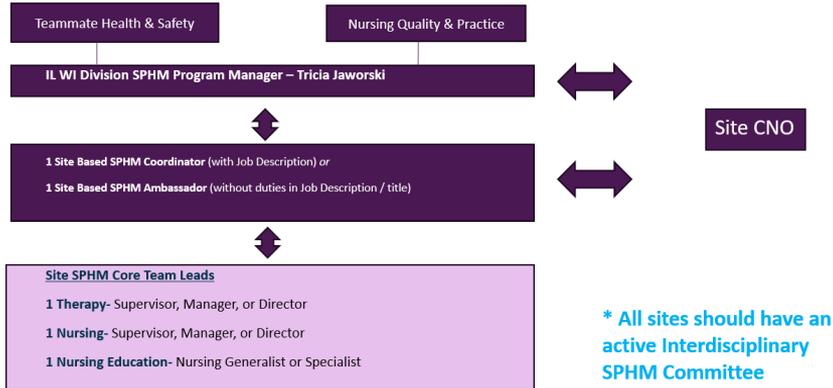
Supports safe, high-quality patient care

SPHM Ambassador



Safe Patient Handling & Mobility (SPHM) Program

Safe Patient Handling & Mobility (SPHM) Program Organization



SPHM Mission & Vision Statement

At Advocate Health, our mission and vision is to eliminate all preventable harm across every care setting. We are committed to fostering a culture of safety, accountability, and continuous improvement—where every teammate and patient is protected through high-reliability practices, proactive risk reduction, and compassionate care. Through leadership engagement, data-driven decision-making, and collaborative innovation, we strive to make zero harm not just a goal, but a standard of excellence. Our teammates will confidently leverage Safe Patient Handling and Mobility (SPHM) tools and technology to enhance care delivery and outcomes, ensure safety, and support a culture of excellence.

 ADVOCATE HEALTH

The SPHM Ambassador / Coordinator helps ensure key SPHM Program components are in place to ensure sustainability of the program at each site.

<https://www.myamericannurse.com/who-handles-the-handling/>

 ADVOCATE HEALTH

ANA Interprofessional National Standards

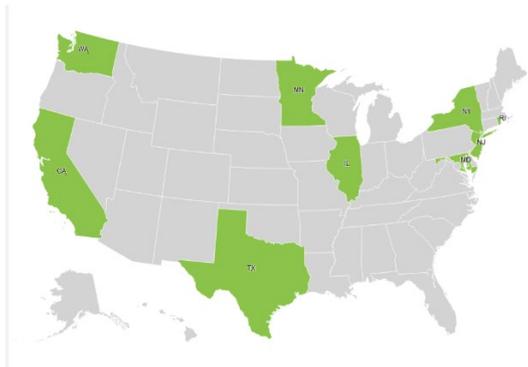
8 Standards

1. Establish a Culture of Safety
2. Implement and Sustain a SPHM program
3. Incorporate Ergonomic Principles to Provide Safe EOC
4. Select, Install, and Maintain SPHM Technology
5. Establish a System for Education, Training, and Maintaining Competence
6. Integrate a Patient-centered SPHM Assessment into the Plan of Care
7. Include SPHM in Reasonable Accommodation and RTW
8. Establish a Comprehensive Evaluation System

SPHM Legislation

<https://www.ilga.gov/documents/legislation/ilcs/documents/021000850K6.25.htm>

IL has SPHM Legislation



Jurisdiction	Industries Covered	Hazard Assessment	Safety Training	SPHM Committee	Workers can Refuse Unsafe Lifts	Lift Teams Required	Funding for SPHM program/equipment	SPHM Requirements for New Facility Construction
MN	5	Yes	Yes	Yes	No	No	Yes	Yes
NJ	5	Yes	Yes	Yes	Yes	No	No	No
NY	5	Yes	Yes	Yes	Yes	No	No	No
IL	4	Yes	Yes	No	Yes	Yes	No	No
MD	4	No	No	Yes	No	No	No	No
OH *	4	No	No	No	No	No	Yes	No
RI	4	Yes	Yes	Yes	No	No	No	No
TX	4	Yes	Yes	No	Yes	No	No	No
MO *	3	Yes	Yes	Yes	No	No	No	No
WA	3	Yes	Yes	Yes	Yes	No	No	No
CA	1	Yes	Yes	No	Yes	Yes	No	Yes
Total n(%)	-	9 (82%)	9 (82%)	7 (64%)	6 (55%)	2 (18%)	2 (18%)	2 (18%)

<https://asphp.org/resources-tools/sphm-legislation/>

IL WI Division SPHM Policy

It started with a phone call from Mary....

- Had long standing **SPH** Policy
- Added the “**M**” = **SPHM** Policy many years ago
- Identifies early progressive mobility
- Builds best practice
- Identifies roles & responsibilities
- Procedure for evaluation and interventions including SPHM Tools
- Guiding EHR content and decision support
- Notes anything greater than 35lbs = Use Equipment



ADVOCATE HEALTH	
Title: Safe Patient Handling and Mobility (SPHM) Policy IL & WI Divisions	Document Number: 66483
Document Type: <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Other	Last Review/Revision Date: 06/25/2025
Content Applies to Patient Care: (Select all that apply) <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Pediatrics (Under 18)	Content Applies to: (Select One) <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Administrative
Effective Date: 06/25/2025	
Scope: <input type="checkbox"/> Enterprise <input type="checkbox"/> SE Region <input checked="" type="checkbox"/> MW Region	
<input type="checkbox"/> WI <input type="checkbox"/> IL <input type="checkbox"/> Greater Charlotte Market <input type="checkbox"/> Navicent Market <input type="checkbox"/> Wake Market <input type="checkbox"/> Floyd Market	
<input type="checkbox"/> Entity (Entity Name): <input type="checkbox"/> Department (Department Name):	

I. PURPOSE

The Safe Patient Handling Mobility (SPHM) Policy defines the responsibility and processes for implementation of evidence-based practices, evaluations, equipment, device use and technology to minimize the impact (human and financial) of teammate injuries related to patient handling and movement.

II. SCOPE

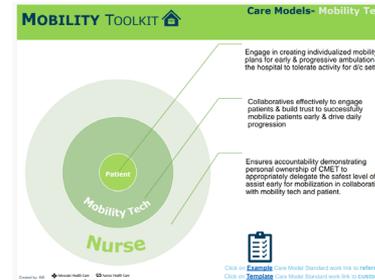
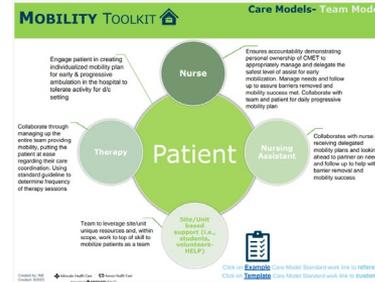
This document applies to Advocate Health Inc., and any entity or facility owned and controlled by Advocate Health Inc., located in the IL & WI Division.

Mobility Toolkit

- Housed on Nursing Hub SharePoint >NSI>Mobility

<https://advocatehealth.sharepoint.com/sites/NursingPractice/SitePages/Nursing-Sentive-Indicators.aspx>

- **Mobility Team Model & Mobility Tech Model** (not all sites have a mobility tech)
- Nurses must oversee mobility tech (prioritize patients & response to activity)



The screenshot shows the Mobility Toolkit dashboard, which is organized into several sections:

- CULTURE CHANGE:** Includes a 'Mobility Standards Wheel' and a 'Look for tools here and click to get back to you even through items' link.
- EMBED EVIDENCE-BASED PRACTICE IN WORKFLOWS:** Includes a 'Click Here to View the Wheel' link.
- PLAYBOOK:** Includes a 'Resources to Prioritize Care and Drive Accountability' section with links to 'Embed Evidence-Based Practice in Workflows' and 'Track & Measure'.
- CARE MODELS:** Includes a 'Personal alignment of resources to deliver mobility services' section with links to 'Embed Evidence-Based Practice in Workflows' and 'Track & Measure'.
- TRACK & MEASURE:** Includes a 'Designed for use at site to identify mobility progress' section with links to 'Track the results to monitor progress, identify risks, & drive accountability' and 'View Tracking & Measuring resources'.
- MOBILITY TOOLKIT - Tracking & Measuring:** Includes a 'Process: Mobility Process Scorecard' section with links to 'Link to view mobility process scorecard metrics' and 'Key metrics associated with mobility initiative phases outlined in playbook'. It also includes a 'Mobility DB Summary' section with links to 'Link to access mobility data in online chart template' and 'Epic SYS Nursing Dashboard'.
- Epic SYS Nursing Dashboard:** Includes a 'Mobility components' section with links to 'Unit level for current patients, priority patients needing ambulation (Mobility-All Patients & Mobility-Patients to Ambulate (No Barriers))', a 'Nursing Reporting component' section with links to 'Houses link under Daily/Mthly/Trended Rpts-within SRS Reporting Server to daily mobility summary report > NUR_10082' and 'Patient Mobility (previously RLR1213)', and a 'CMET component' section with links to 'Unit level for current patients, highlights overview of CMET'.
- Mobility PowerBI Dashboard:** Includes a 'Nursing Reporting component' section with links to 'Houses link within Epic SYS Nursing Dashboard under Outcome dashboards (PowerBI) - Mobility dashboard consists of a rolling 12 month view of ambulation data broken down by role, discipline, location, and more'.
- Resources:** Includes a 'SharePoint' section with links to 'Utilize SYS Nursing Dashboard SharePoint for high-level data resources' and 'Utilize Mobility SharePoint on Nursing Hub as resource for nursing mobility work (Epic, SRS, Epic CMET component, & Mobility PowerBI Dashboard)', and a 'Videos' section with links to 'Watch these videos for a walk through of data elements- Epic Mobility component (Epic, SRS, Epic CMET component, & Mobility PowerBI Dashboard)' and 'Standard Work' section with links to 'Apply Mobility dashboard standard work for optional in-depth steps leveraging tech processes to achieve consistency'.

Establishing a Plan with the Patient

- Communication tool for all who enter
- Goal setting with patient / family
- Identifies SPHM Equipment based on Mobility Eval – CMET
- Not SPHM brand specific rather type of equipment & task
- Ordered internally via Print Shop
- Wipeable & IP Friendly
- QR code has soft goods Workday Order info.

Patient Name: _____ Date: _____

LEVEL OF ASSISTANCE AND SUGGESTED EQUIPMENT

Daily Goals I will walk this many times today: 1 2 3 4 I will get up to the chair today: AM PM With Meals

Monitoring Needs: Vital Signs Lines Cues

TOTAL/MAX ASSIST Patient able to do < 50% of effort OR needs help of > 1 teammate. Encourage patient to do as much as possible.

Friction Reducing Device/Slide Sheet **Mobility Task:** ROM **Bed in Chair Position:** AM PM 

Total/Dependent Patient Lift Air Assist Positioning Other: _____

Rental Equipment: _____ Other: _____

MODERATE ASSIST Patient able to do 50%-74% of effort.

Cane Friction Reducing Device/Slide Sheet 

Walker/Seated Walker Seated Transfer Board Power Sit to Stand

Gait Belt Rental Equipment: _____

Air Assist Other: _____

MINIMAL ASSIST Patient able to do ≥ 75% of effort, provide incidental touch/guidance.

Cane Non-Power Sit to Stand 

Walker/Seated Walker Rental Equipment: _____

Gait Belt Other: _____

Friction Reducing Device/Slide Sheet

SUPERVISION Patient able to walk without teammate assistance. Monitor line safety, ability to follow directions, and clinical stability.

Cane Gait Belt 

Walker/Seated Walker Friction Reducing Device/Slide Sheet

Other: _____

INDEPENDENT

Independent No Device Cane Walker/Seated Walker No lift equipment required 

Independent with Device Other: _____

Goal: Maintain function, hallway ambulation

- Must use a transfer/mobility device with any patient requiring assistance
- Do not manually lift more than 35lbs.

Scan to view equipment menu and weight restrictions 

Created by: Midwest NEPD & SPHM Created: 1.29.2020 Revised: 8.16.2023 

Transfer Mobility Coach (TMC)

- Super User / Champion
- Unit Influencer
- Preceptor
- Combine with Falls & Mobility Roles
- Cipher SPHM Rounding IL / WI
- ExCEL / Advance points
- WI- MA's receive CE from AAMA



SPHM Equipment & Tools

Training = **How**

Education = **Why**

- Accessible
- Functioning
- PAR levels for slide sheets, slings, air assist
- Use CMET to identify current mobility status and equipment needs
- Teammates need to feel comfortable to use



SPHM Injury Data

- Online Incident Reporting
- Teammates can also report near miss incidents



Patient Safety Event
or Patient Complaints,
Grievances, Compliments

A grid of 20 icons representing various patient safety events and complaints. The icons include: Allergic Reaction, Blood Transfusion, Care Patient, Contact, Diagnosis, Test (X-ray, Imaging, etc.), Diagnostic Equipment Malfunction, Equipment Expires (including Warning), Fall, Food and Nutrition, Healthcare Worker, Medical Record, Medication Error, MR / Thermal, Physical Examination, Patient History / MR Entry from previous patient, Scheduling Appointment, Hospital Discharge, Patient Transfer, Workplace Violence, Patient Complaints and Grievances.

Workplace Violence
Event

An icon depicting two stylized human figures, one appearing to be in a state of distress or being supported by the other, with the text "Workplace Violence" below it.

Teammate Injury or
Near Miss

Two buttons for reporting incidents. The first button, labeled "Report a Teammate Injury", features an icon of a person with a plus sign. The second button, labeled "Report a Teammate Near Miss/ Unsafe Condition Without Injury", features a shield icon with a checkmark.

SPHM Injury Incident Report

- Teammate should select the type of injury as patient handling
- Pick list for equipment usage
- Injured teammates leader notified, follow up by site SPHM Coordinator or Ambassador / SPHM Core Team (Some investigated by Teammate Safety)

New Incident

Description of Incident

i Type of Incident Definitions
COVID: Exposure to a COVID positive patient without proper PPE
Exposure to Disease: Communicable diseases such as TB, or childhood diseases, bodily fluids (not blood)
Needlestick/SDP: Exposure to another individual's blood
Patient Handling: Injured while in the process of lifting, transferring, or mobilizing a patient
Slip Trip and Fall: Slipped and fell inside or outside the workplace
Workplace Violence: Injured by an aggressive patient, teammate, visitor, or family member
Other: All other circumstances that do not fall within the other categories

Type of Incident: **Patient Handling incident**

Incident Location:

Activity During Incident:

Incident Description:

Injury Description:

Body Part: *

Body Part Position: **- None Selected -**

Witness Info

Were there any witnesses?

Was patient handling equipment used? **Yes**

Patient Handling Equipment:

Was a CME/T completed? **- None Selected -**

What was the patient mobility task? **- None Selected -**

How many teammates were assisting with the Patient Mobility task?

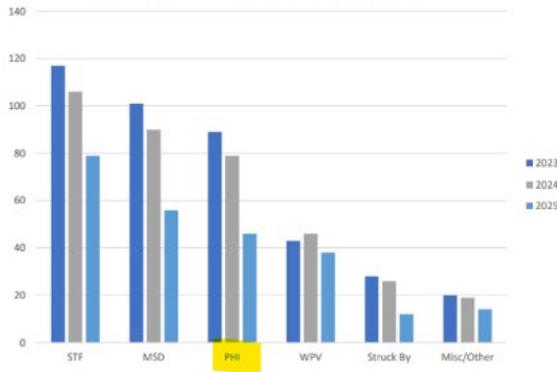
Patient weight:

Patient height:

2025 SPHM Injury Data (IL/WI)

Cause of Injury: Lost Time

Lost Time Claim Count by Cause & Year, Top Causes of Loss



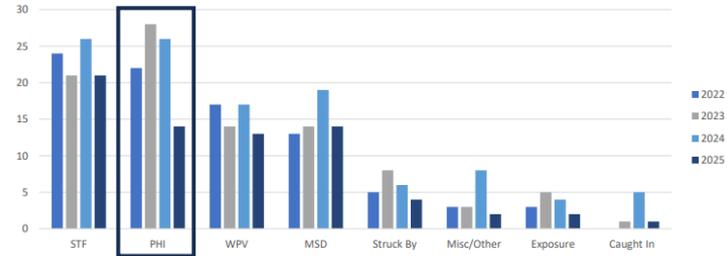
At current trend, 2025 will have fewer lost time claims from all causes.

The decrease is most pronounced in MSD & PHI which are trending 32% & 36% lower than last year



Nurse Injuries – Top Drivers

Top Causes of Lost Time Claims - Nurses



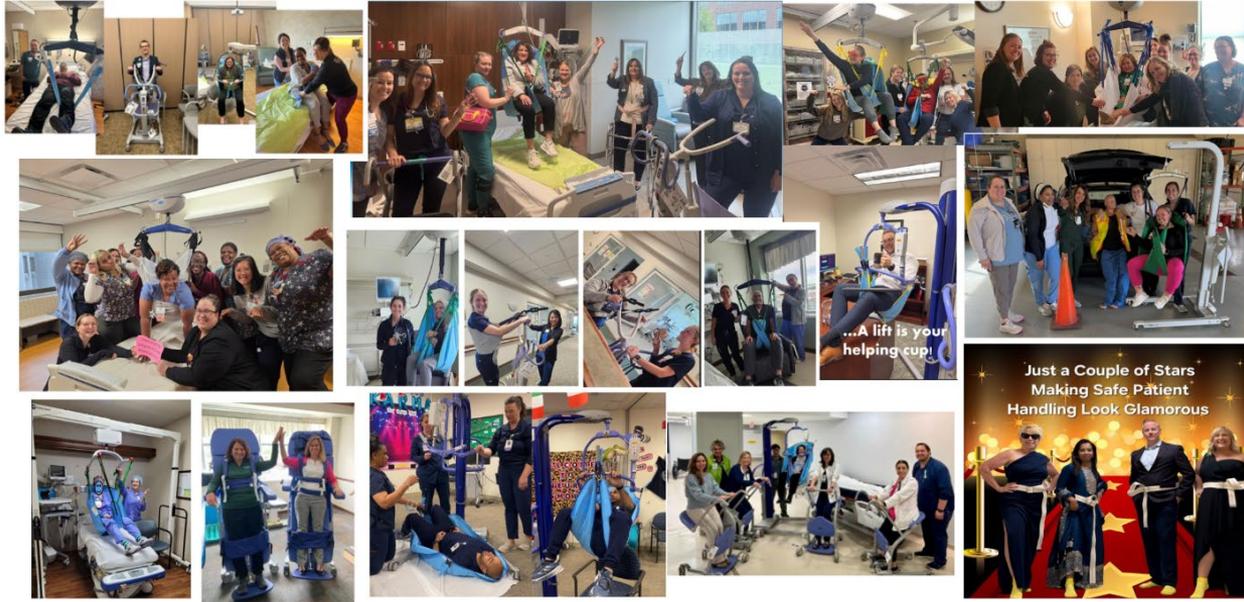
Patient Handling Injuries are showing the sharpest decrease for nurses



Lift a Leader Challenges



SPHM in Action, Safely Lifting Everyone Up!



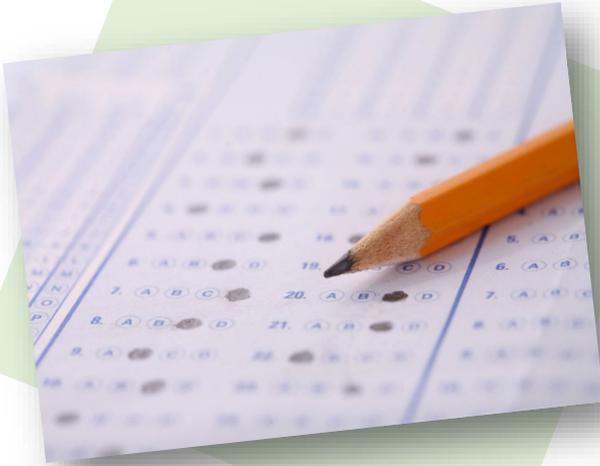
- Aurora Sinai Medical Center was 2025 photo winner (teammates vote)
“Move with Care the Tools are There”
- Currently planning theme for 2026!

AUDIENCE POLL

What improvement strategies will you work on?

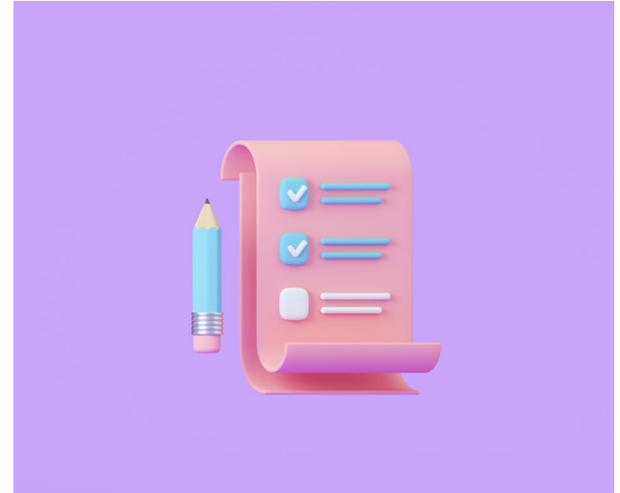
- Unit/Leader awareness
- Mobility testing
- Patient engagement
- Teammate training/mobility equipment
- Teammate attitude/teamwork
- Time management
- Outcome tracking
- Decrease in safety events r/t mobility

**multiple select*



Take Aways for Your Practice

- Leadership support is essential
- Knowledge and use of best practices
 - SPHM Policy
 - Mobility Ambassadors
 - Confidence/attitude
 - Culture
 - Patient engagement
- Know your outcomes
 - Patient and Unit reports
 - Near real-time feedback
- Oversight and persistence is needed for sustainment



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Better Together: Interdisciplinary Strategies That Elevate Tracheostomy Care

Presenters:

Mary Jennings MSN, RN, NPD-BC, CCRN

Jessica Leddy, MSW, BSN, RN, NPD-BC, NE-BC, PCCN

Julie Bialas MSN, APRN, CNP, CMSRN

Annette Mattea, DNP, RN, APN, CCNS, CNE

Lindsay Meacham, MS, CCC-SLP



Overview:

Tracheostomies are placed and managed by several medical specialties with varied care. Research has shown that interprofessional tracheostomy care and regular rounding increases staff knowledge/skill and improves patient outcomes. This session will feature information from an evidence-based practice project that involved implementing an interdisciplinary team approach to leverage the strengths of all the disciplines to standardize patient care, elevate nurse expertise, and improve patient outcomes.



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