

# **New report on mobility has experts moving toward consensus on care as we age**

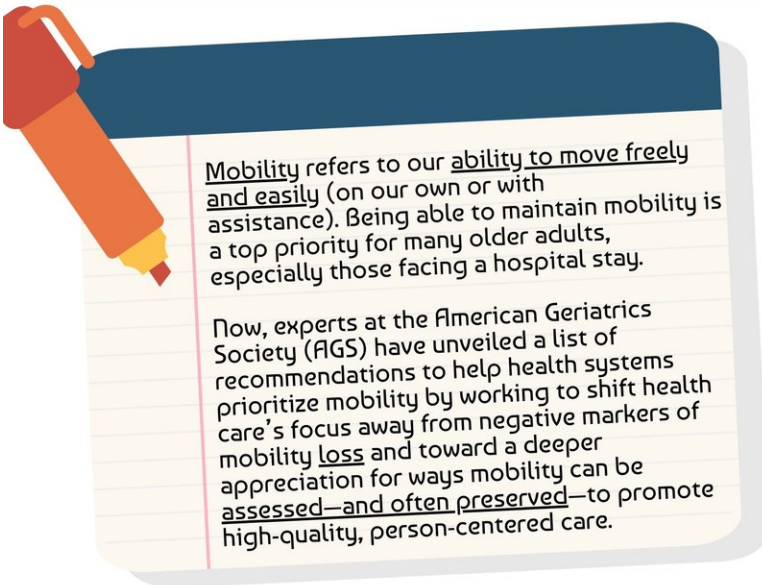
October 2 2018

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# MOVING TOWARD CONSENSUS ON MOBILITY: Highlights from a New AGS White Paper



What is mobility?  
How does it impact older people?



## FAST FACTS ON MOBILITY

# 10%

The amount of muscle strength older adults can lose per week of bed rest during a hospital stay

# 1/3

Hospital patients over age 70 discharged with a major disability not present before they arrived.

Why does mobility loss matter?  
What can we do to understand it better?



Mobility loss is critical in what we experts call the **"cascade" to dependence**—a slippery slope that can start with small declines in movement but can ultimately lead to falls, more hospitalizations, and a general loss of independence. Thankfully, there are ways we can prevent and perhaps even reverse that cascade—but that means doing more to assess and address mobility in a coordinated fashion by implementing many of the recommendations outlined below.



Mobility can be defined as the ability to move or be moved freely and easily. In

older adults, mobility impairments are common and associated with risk for additional loss of function. Mobility loss is particularly common in these individuals during acute illness and hospitalization, and it is associated with poor outcomes, including loss of muscle mass and strength, long hospital stays, falls, declines in activities of daily living, decline in community mobility and social participation, and nursing home placement. Thus, mobility loss can have a large effect on an older adult's health, independence, and quality of life. Nevertheless, despite its importance, loss of mobility is not a widely recognized outcome of hospital care, and few hospitals routinely assess mobility and intervene to improve mobility during hospital stays. The Quality and Performance Measurement Committee of the American Geriatrics Society has developed a white paper supporting greater focus on mobility as an outcome for hospitalized older adults. The executive summary presented here focuses on assessing and preventing mobility loss in older adults in the hospital and summarizes the recommendations from that white paper. Credit: (C) 2018, American Geriatrics Society

Experts at the American Geriatrics Society (AGS) today unveiled a list of recommendations to help health systems prioritize a vital function for us all as we age: mobility. Mobility refers to our ability to move freely and easily (on our own or with assistance). Published today in the *Journal of the American Geriatrics Society (JAGS)*, the AGS white paper focuses on assessing mobility for hospitalized older adults, offering a roadmap for shifting health care's focus away from negative markers of mobility loss and toward a deeper appreciation of ways mobility can be proactively assessed—and often preserved—to promote high-quality, person-centered care.

"Being able to maintain mobility is a top priority for many older adults facing a hospital stay," said Heidi Wald, MD, MSPH, Vice President for Clinical Performance and Interim Vice President for Quality and Safety at SCL Health in Colorado and one of the lead authors on the AGS white

paper. "So it's surprising that mobility still isn't a widely recognized outcome when we look at quality of care. With this new summary of research and recommendations, we hope we can move our health system toward assessing mobility more appropriately and ideally preventing mobility loss as we age."

Most people already lose muscle strength and mass as they age, for example, but hospitalized older adults can lose up to 10 percent of their muscle strength per week of bed rest during a hospital stay. More than a third of hospital patients over age 70 are discharged with a major disability that was not present before their admission, with many also experiencing increased hospital stays and poorer abilities to perform the activities of daily living due in part to mobility loss.

Yet while the loss of mobility is common as we age, AGS experts note that nothing is commonplace about the impact of this trend on overall well-being.

"Mobility loss is critical in what we call the 'cascade' to dependence—a slippery slope that can start with small declines in movement but can ultimately lead to falls, further hospitalizations, and a general loss of independence," Dr. Wald observed. "Thankfully, there are ways we can prevent and perhaps even reverse that cascade—but that means doing more to assess and address mobility in a coordinated fashion."

In their new white paper, representatives from the AGS Quality and Performance Measurement Committee reviewed existing research on mobility loss during hospitalization, including the implications of low mobility, the current state of mobility assessment, and ways we can use new and existing tools to promote routine evaluation of how well mobility is preserved following hospital stays. While standardized programs across all hospitals may be difficult to develop, the AGS expert panel arrived at seven recommendations they believe leverage the

best existing science in effective ways for the whole of our national health system.

### **Recommendation 1: Promote mobility assessment in acute care.**

Regulations put in place by agencies like the Centers for Medicare and Medicaid Services (CMS) often shape how care will be put into practice. These agencies can promote greater attention to mobility by incentivizing the use of validated assessments that integrate with existing tests to minimize the burden on providers.

### **Recommendation 2: Advocate for more research funding.**

Federally funded groups like the National Institutes of Health and the Agency for Healthcare Research and Quality also can shape the future of improved mobility by prioritizing research to translate mobility assessment and quality measurement into intervention programs that can protect and promote our ability to continue moving freely as we age—and especially as we face recovery following a hospital stay.

### **Recommendation 3: Develop consensus on standard methods to assess mobility.**





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## Develop consensus on standard methods to assess mobility.

Existing programs to assess and promote mobility vary greatly—and standardizing them across hospitals is difficult and perhaps even unnecessary. Stakeholders can help improve care, however, by promoting broader consensus around specific assessments that are validated; appropriate for acute-care setting like hospitals; and capable of providing health professionals, older people, and caregivers with meaningful, actionable data.



## Minimize the burden of mobility measurement.

Hospitals and health professionals alike already balance a range of measures and metrics to assess the care they provide. To promote mobility more appropriate, stakeholders will need to focus on optimizing workflows and documentation to minimize redundancy while also ensuring mobility measures become a priority.



## Evaluate the feasibility of a mobility quality measure.

Organizations like CMS also shape health priorities in determining which “quality measures”—specific aspects of care evaluated by regulators to assess safety and care value—are used when reviewing health outcomes. By developing a specific quality measure for mobility, CMS could incentivize hospitals, staff, and providers to prevent loss of mobility even more proactively.



## Reframe the current regulatory focus on falls in acute care to a focus on safe mobility.

The current focus on preventing falls at all costs has led to unintended consequences that may actually impede efforts to protect and preserve mobility. AGS experts recommend reconsidering falls as an indicator of quality care in the absence of a corresponding measure to assess mobility more fully.



## Develop resources for acute-care providers.

Organizations like the AGS and its stakeholders have also been encouraged to create new tools, processes, and strategies to assist healthcare professionals and hospitals with implementing mobility assessments and interventions. Putting together such resources will represent a critical step forward for the field.

For more information, visit [AmericanGeriatrics.org](https://AmericanGeriatrics.org)

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The AGS white paper, "The Case for Mobility Assessment in



Hospitalized Older Adults" is available for free from JAGS at <https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.15595>.

## AGS ACTION POINTS

- Though being able to maintain mobility is a top priority for many [older adults](#) facing a [hospital](#) stay, mobility still is not a widely recognized outcome when we look at quality of care.
- Specific strategies identified by AGS experts for fostering greater attention to mobility assessment include (1) promoting its assessment in hospitals and health systems, (2) advocating for more mobility research funding, (3) developing consensus on mobility assessment standards, (4), working to minimize the burden of mobility assessment, (5) evaluating the feasibility of a mobility quality measure, (6) reframing the current regulatory focus on falls versus mobility, and (7) developing mobility-assessment resources to help healthcare providers.

**More information:** Heidi L. Wald et al, The Case for Mobility Assessment in Hospitalized Older Adults: American Geriatrics Society White Paper Executive Summary, *Journal of the American Geriatrics Society* (2018). [DOI: 10.1111/jgs.15595](https://doi.org/10.1111/jgs.15595)

Provided by American Geriatrics Society

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