JH-AMP Reliable Measurement Self-Assessment

Are you documenting mobility, reliably measuring mobility, or using measurement to improve mobility?

Answer "YES" or "NO" based on what happens reliably across the unit or organization, not what is intended. If performance varies, answer the predominant experience and note the variation.

PURPOSE: This brief assessment distinguishes mobility documentation, reliable measurement, and a broader mobility system that uses implementation science to improve patient mobility, safety, quality, and operational outcomes. It supports discussion, prioritization, and improvement; it is not a pass/fail test.

ASSESSMENT QUESTIONS

#	Question	Y	N
1	Are clinicians educated and competent in the intended use of your mobility measures, including what each measure represents and how it should be scored?	☐	☐
2	Are mobility measures completed consistently and at the expected frequency across units, disciplines, shifts, and patient populations?	☐	☐
3	Is mobility measurement integrated into the EHR and clinical workflow so that it is easy to document, find, and use in patient care?	☐	☐
4	Do you routinely evaluate the accuracy and reliability of mobility documentation, rather than assuming completion means correct use?	☐	☐
5	Is mobility measurement visible in reports or dashboards that allow clinicians and leaders to identify variation, trends, gaps, and opportunities?	☐	☐
6	Is measurement used to establish an appropriate daily mobility goal based on what the patient can do?	☐	☐
7	Can the care team readily identify gaps between patient capability, the daily mobility goal, and what the patient is actually doing?	☐	☐
8	When a patient is not achieving the expected mobility goal, is there a defined workflow to identify the reason and act on barriers?	☐	☐
9	Do leaders use mobility data to target resources, improve workflows, address variation, and hold teams accountable for mobility performance?	☐	☐

HOW TO INTERPRET YOUR RESULTS: Use the score as a guide but review response patterns—not just the total. Variation across units, disciplines, shifts, or patient populations may show different maturity levels. A critical gap in reliability, action, or accountability may matter more than the numeric score.

0-2	**Foundational Work Needed**	Reliable mobility measurement is not yet consistently established. Priorities include standardizing measures, strengthening staff competency, and integrating measurement into routine workflow.
3-5	**Developing Reliable Measurement**	Core measurement practices are present, but reliability, consistency, visibility, or use may vary. Documentation may occur without dependable application across the organization.
6-7	**Measurement Supporting a Mobility Program**	Measurement is being used to establish goals, identify gaps, and guide action. Opportunities may remain to strengthen barrier escalation, accountability, and consistent execution.
8-9	**Integrated Mobility Improvement System**	Reliable, actionable data routinely guide care delivery, leadership decisions, resource deployment, accountability, and ongoing improvement in patient mobility.

THE LINE TO DRAW: Measurement becomes meaningful when it changes care and improvement.

Mobility data should guide daily bedside decisions and drive hospital-level accountability, workflow improvement, resource decisions, and sustained progress. Achieving this requires the full JH-AMP framework—not documentation or measurement alone.

FINAL REALITY CHECK

Walk onto your units today.

Are patients capable of doing more than your mobility documentation shows?

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