

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

Q: STANDING - IS THIS ACHIEVED WHEN THEY STAND WITH A STANDING TABLE FOR MORE THAN A MINUTE? OR ONLY IF THEY STAND UNASSISTED FOR >1 MINUTE?

A: Standing with a standing table for >1 minute would be considered dependent and scored as a "2."

Q: TRANSFER TO CHAIR, IS THIS ACTIVE OR PASSIVE (FOR EXAMPLE, WITH LIFTING OR WHEN USING THE MOBILIZER CHAIR?)

A: Dependent transfers to the chair (e.g. use of hydraulic lift) are scored as "2."

Q: DOES IT MATTER HOW MUCH ASSISTANCE THE PATIENT NEEDS TO ACHIEVE AN ITEM?

A: Level of assistance does not affect scoring, EXCEPT in the case of a dependent transfer to the chair. (See question 2 response.)

Q: SITTING AT THE EDGE OF THE BED, DOES IT MATTER HOW LONG THEY SIT? AND IF THEY ARE SITTING IN BETWEEN BLOCKS?

A: Duration and use of support devices do not affect the score for sitting edge of bed.

Q: FOR 'BED ACTIVITY' DOES THE PASSIVE CYCLING COUNT OR ONLY WHEN THEY CYCLE ACTIVELY?

A: Passive cycling is considered to be "bed activity," and would score as a "2."

Q: FOR WALKING 10+ STEPS, DOES MARCHING ON THE SPOT COUNT OR DOES IT NEED TO BE ACTUAL STEPS AWAY FROM THE BED?

A: Marching on the spot does not count towards walking. This patient would be scored as a "5" (standing >1 min).

Q: HOW SHOULD A PATIENT BE SCORED IF THEY REQUIRE A DEPENDENT LIFT (I.E. MECHANICAL LIFT OR ≥ 3 PEOPLE) TO TRANSFER TO A CHAIR?

A: Score as "2" and not as "4"

Q: FOR STANDING >60 SECONDS, DOES THIS DURATION NEED TO BE 60 CONSECUTIVE SECONDS... OR IF THEY STAND TWICE, EACH FOR 35 SECONDS, DOES THIS HAVE THEM MEET THIS HLM LEVEL?

A: Score based on cumulative performance during a session of care. A session consists of the patient performing mobility intervention without interruption of care, but can include rest breaks.

Q: FOR WALKING, IS THE DISTANCE THE FURTHEST DISTANCE WALKED WITHOUT A SEATED REST BREAK, OR IS IT CUMULATIVE DISTANCE WALKED DURING A PT SESSION?

A: Score based on cumulative performance during a session of care. A session consists of the patient performing mobility intervention without interruption of care, but can include rest breaks.

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Background - A decline in functional status is common during acute care hospitalization. This decline can be mitigated through hospital-based early activity and mobility programs. An important component of such programs is the systematic measurement of patient mobility. We developed the Johns Hopkins Highest Level of Mobility (JH-HLM) scale to serve as a regular assessment of patient mobility.

JOHNS HOPKINS: HIGHEST LEVEL OF MOBILITY (JH-HLM) SCALE



MOBILITY LEVEL

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

**Bed activity includes passive or active range of motion, movement of arms or legs, bed exercises (e.g., cycle ergometry, neuromuscular electrical stimulation) and dependent transfer out of bed.*

If you are uncertain on how to score certain mobility events, many questions have been clarified in the separate FAQ document.

The JH-HLM scale was developed based on input from multiple disciplines (nursing, physical and occupational therapists, physicians, etc.) for the following uses:

- To record the mobility that a hospitalized patient *actually* does, not what they are capable of doing. Documentation is based on observation and should reflect the highest level of mobility the patient performed since the last documentation. We recommend JH-HLM documentation twice daily, during waking hours, on all patients.
- To standardize the description of patient mobility across multi-disciplinary providers (i.e. physicians, nurses, rehabilitation therapists, support staff).
- To set individual patient mobility goals during hospitalization (e.g. move up 1 step on the scale tomorrow).
- A performance measure for quality improvement projects aimed at promoting patient mobility.