

# Utility of the AMPAC “6-Clicks” Short Forms for Discharge Destination

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## Purpose

- The purpose of this study is to determine utility of the Basic Mobility (BM) and Daily Activity (DA) AM-PAC “6-Clicks” scores utilized in the acute care setting for discharge disposition.

## Hypotheses

- We hypothesized the last visit scores would have a stronger correlation to discharge disposition than the initial evaluation scores.
- The score associated with a skilled nursing facility recommendation would be lower than the score associated with an acute rehab facility recommendation.

## AM-PAC Basic Mobility

Measurement of how much assistance a patient requires to complete 6 functional mobility tasks

Bed mobility – 2 items	Transfers – 2 items
Ambulation – 1 item	Stair negotiation – 1 item

## AM-PAC Daily Activities

Measurement of how much assistance a patient requires to complete 6 ADL tasks

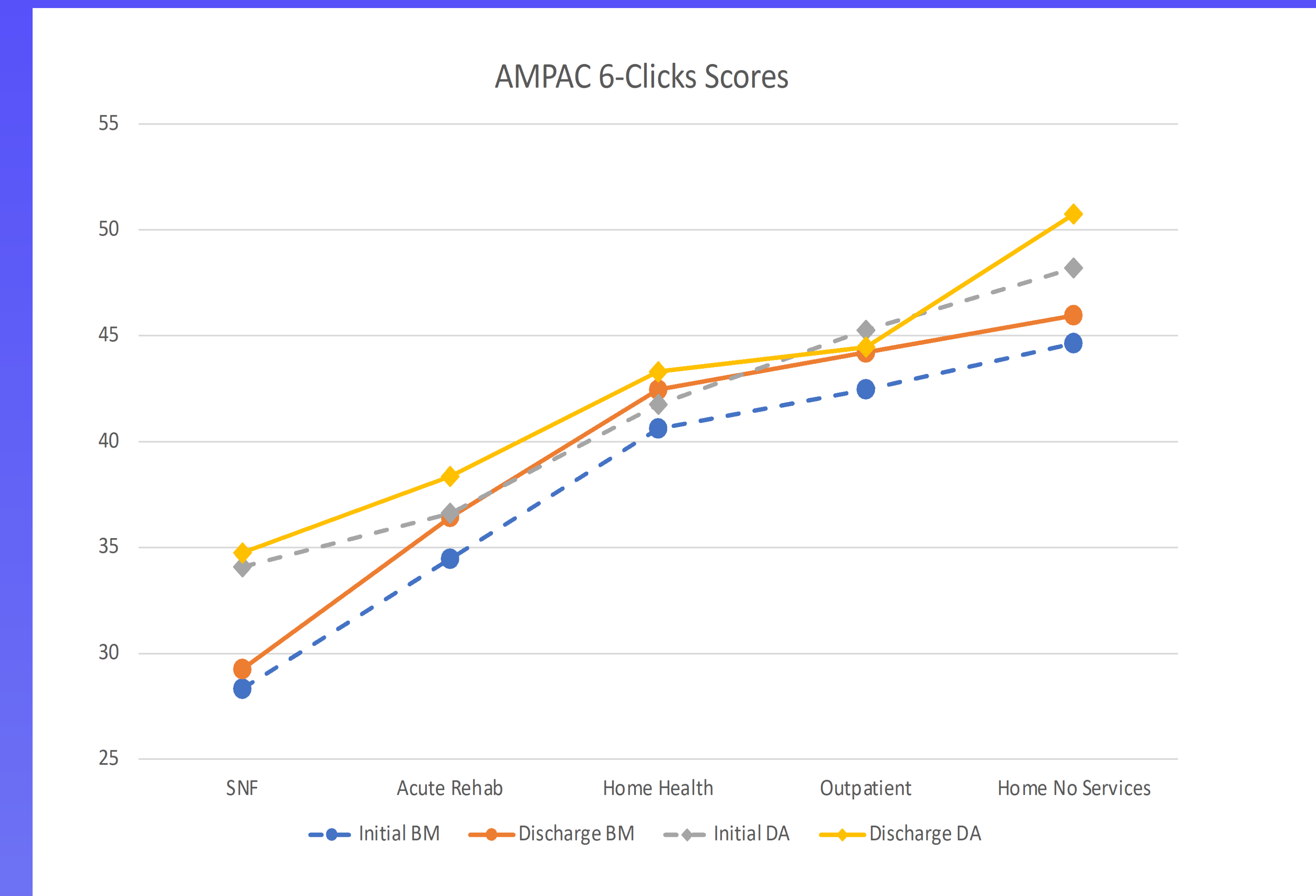
Toileting – 1 item	Bathing – 1 item
Eating – 1 item	Personal grooming – 1 item
Dressing – 2 items	

## Description of Study

- Data from 446 subjects was collected from electronic medical records.
- Physical and Occupational therapists (PT and OT) at a regional health system completed standard of care treatment for all patients admitted between 07/19/2023 and 08/02/2023.
- Informational Technology department generated a report from the EMR to include the following data, retrospectively:
  - BM and DA raw and t-scores from initial evaluation and last PT/OT session
- Scores were compared to PT and OT discharge level of care recommendations provided at the initial evaluation and last session prior to patient discharge.

## Outcomes

- Data analysis was performed for 424 subjects
  - 22 subjects removed due to low frequency of recommendations
- Significant correlations between BM and DA scores were present across all levels of care
  - Pearson r values ranged 0.41-0.63
- The highest correlations between BM and DA scores were for SNF (r=0.63) and acute rehab (r=0.58)
- The lowest correlation was for home with no services (r=0.41)
- Significant differences in BM scores were determined across all level of care recommendations
  - SNF recommendations scoring significantly lower at evaluation and last visit compared to remaining recommendations
- No significant differences were observed in BM scores from evaluation or last visit for home health, outpatient or home without service recommendations
- Significant differences in DA scores were also determined
  - SNF recommendations scoring significantly lower than remaining recommendations at evaluation and last visit



## Conclusions

- Significant differences in DA and BM scores were noted at evaluation and last visit
- Lower scores had significant associations with additional services being recommended by OT and PT

## Clinical Relevance

The AMPAC BM and DA scores and discharge recommendations on initial evaluation have a moderate association to subsequent scores and recommendations throughout hospitalization.

As research progresses, the intent is to utilize these associations between AMPAC scores and recommendations to help expedite the discharge planning process



**ACUTE CARE RESIDENCY**