Early Mobilization in the Critical Care Setting: Changing a Culture
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Introduction

Patients admitted to critical care units are at a high risk for immobility. Older adults are especially at risk for rapid muscle and strength loss; an important predictor of post-critical care morbidity and mortality. Leadership in a Level-One, Medical Intensive Care unit (MICU) and Medical Step-Down unit (MSDU) aimed to increase earlier mobility in their patient population.

Objectives

- To implement an evidence-based, quality improvement project which promotes safe, early mobility (EM) in the MICU and MSDU.
- Improve the culture of mobility with nursing and ancillary staff.
- Improving compliance to mobility interventions according to patient mobility score.

Methods

- Staff surveys were used to identify knowledge gaps and barriers in early patient mobilization.
- Education was collaboratively developed with the unit nurse educator, staff nurses, a graduate nurse student, physical therapists, and the hospital mobility coordinator.
- Education was given to all staff via computer-based training, in addition to real-time training and return demonstration.
- Mobility educational handouts were created for patients and family members (Figure 1).
- Mobility champions and super-users were utilized to support staff promoting and implementing the new mobility initiative, in addition to addressing any daily barriers.
- Individual mobility logs were created and posted to all patient rooms for communicating mobility assessments, and interventions to be completed. (Figure 2)
- Data was collected from individual mobility logs to monitor goals achieved five days a week.
- Vent Index, Length of Stay, and Percentage of mobility interventions completed per Mobility Level was observed.

Findings

- Vent Index (VI) and length of stay (LOS) for both units were compared to same time frame of the prior year, and demonstrated a reduction in MICU both indexes.
- For MSDU, discharges to Sub-Acute Rehab Facility (SNIF) rate were compared to the prior year.
- Interventions according to individual mobility levels documented on the daily visual log and electronic chart, demonstrated greater mobility in patients.
- Physical therapy referrals increased, resulted in earlier identification of at risk patients and interventions.

Discussion

- Nursing engagement and implementation of increasing mobility in a critical care unit was challenging due to patient acuity. Medical Step-down unit staff embraced the change more readily.
- Mobility related to using the bed as a tool increased in both units. Physical therapy referrals have increased as nursing are better able to identify patients who qualify.
- Interventions have increased compared to mobility score. More patients are able to be discharged to home instead of a SNIF.
- Compliance and sustainability requires champions to provide ongoing staff support.
- We were unable to collect data on the functional mobility before discharge when going to other units.
- Post-implementation survey is in progress to identify any continuing or new barriers, in addition to nursing perceptions about mobilizing critical care patients.

Implications for Practice

Safe early mobilization in critical care populations is crucial to improving post-ICU patient outcomes. Interdisciplinary collaboration provided innovative ideas and multimodal support for ICU staff. Offering ongoing education to decrease barriers is a crucial component in changing the culture of nursing and ancillary staff practices, in addition to ensure sustainability.

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