

STRONG TODAY, STRONGER TOMORROW: CREATING A CULTURE OF EARLY MOBILITY IN THE MEDICAL INTENSIVE CARE UNIT

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BACKGROUND

- Muscle strength declines 3-11% with each day of bedrest.
- ICU Acquired Weakness (ICUAW) can start within the first few days of critical illness.
- ICUAW can lead to immobility and result in loss of strength, endurance, and bulk.

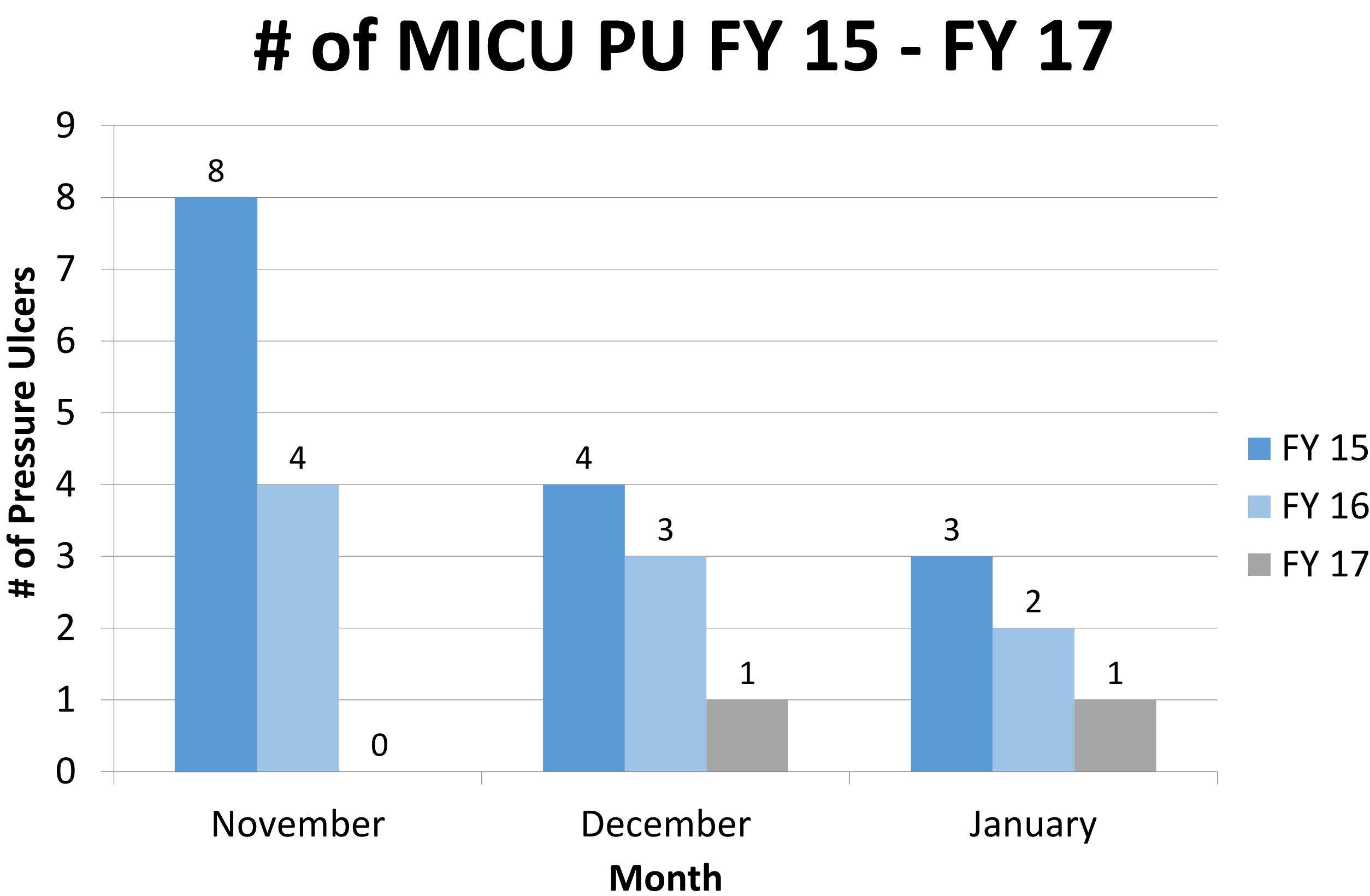
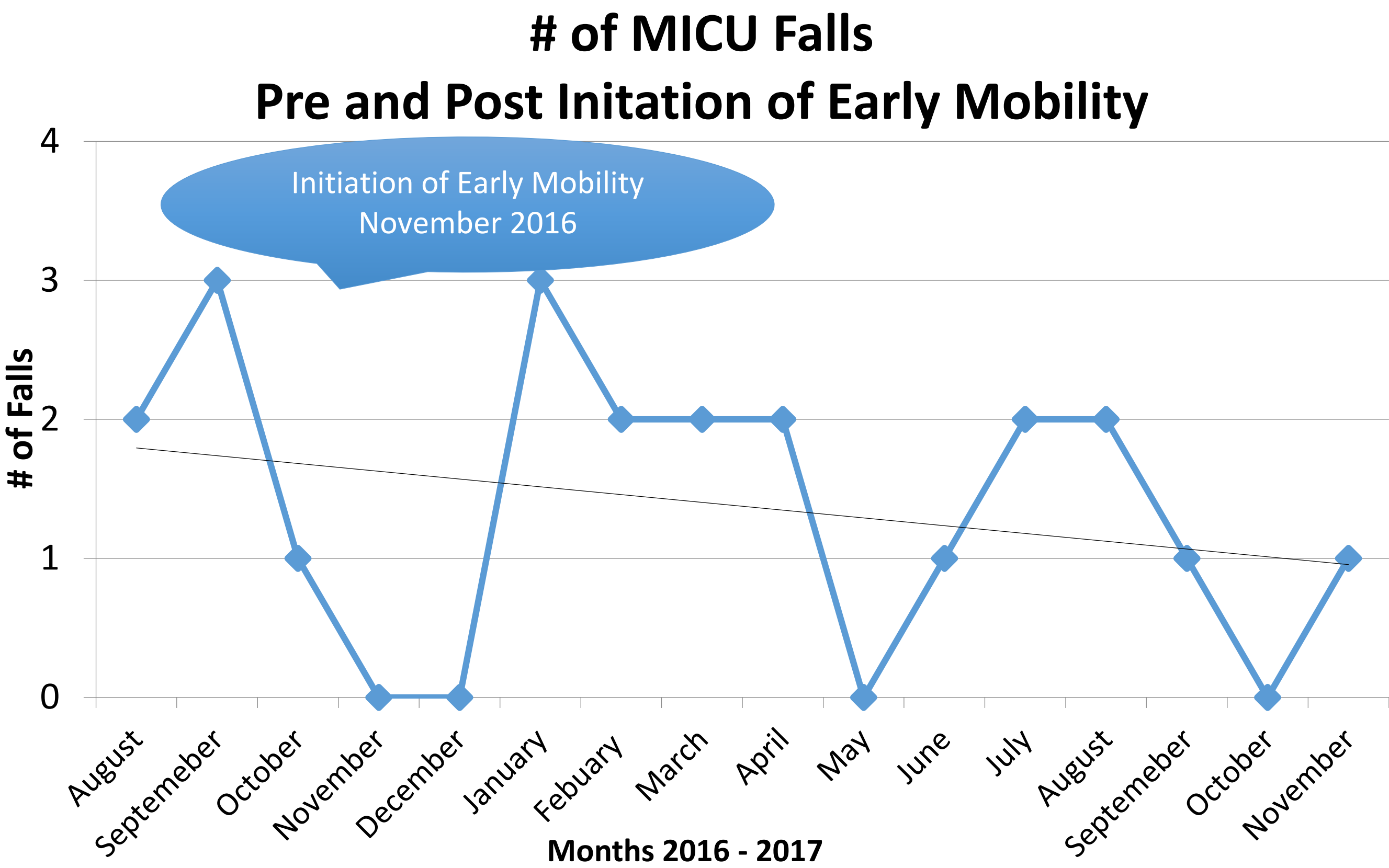
PURPOSE

- Maintaining mobility is key to recovery from critical illness. The purpose of this project was to increase early mobility and make it standard care in the Medical Intensive Care Unit (MICU) to improve patient outcomes through a campaign “Strong Today, Stronger Tomorrow MICU Early Mobility.”
- With an anticipated increase in mobility we hoped to have high performance impact on key quality metrics around falls as well as hospital acquired pressure ulcers.
- Metrics around Morbidity, mortality, length of stay (LOS) and cost of care were also hoped to improve with an improvement in patient mobility.



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TABLES/FIGURES



STRATEGY AND IMPLEMENTATION

- Awareness increased with Early Mobility Protocol, using Johns Hopkins Highest Level of Mobility (JH-HLM) Scale
- Nurses presented patient’s mobility during morning rounds with ICU team to facilitate orders.
- Education created for all bedside nurses, care partners, respiratory, physical and occupational therapy.
- To ensure patients were being mobilize, an early mobility tracker (JH-HLM scale) was used to monitor daily mobility.
- This scale was completed during every shift.

STRATEGY AND IMPLEMENTATION

Evaluation metrics include:

- 1) Staff perceptions of early mobility
- 2) Quality metrics of unit acquired pressure ulcers and falls.

The campaign was launched in Nov 2016.

EVALUATION

- Daily mobilization of 65.85% (349/550)
- 90 MICU staff responded to the baseline survey, 34 completed the 6-month follow up.
- There was an improvement in staff belief in ability to safely mobilize patients (χ^2 , $p < .001$)
- Patients mobilized once a shift more often (χ^2 , $P = .068$).
- Monthly fall and pressure ulcer rates declined post implementation.
- 1 year post implementation - Average patients mobilized once a shift - 88%

IMPLICATIONS FOR PRACTICE

Use of multiple strategies to improve a culture of Early Mobility was successful in hardwiring early mobility as standard care and increased ownership among nursing staff. These strategies (education, monitoring, reminders and feedback) may be used to improve other problems that affect patient outcomes.

