

Nurse-Driven Progressive Mobility in the MICU

Lloyd Bailey, BSN, RN

Mary DiGiulio, DNP, APN, FAANP (Chair) Anne Sutherland, MD Anna Manns, MSATC, DPT, PT

Introduction

- Early mobility of patients admitted to the medical intensive care unit is crucial to optimal patient outcomes.
- Immobility can be detrimental to a patients' wellness and subsequently increase their risk for additional complications.
- Nurses have a significant influence on the dynamics of patient care.
- An early mobility algorithm integrated into patient care can enhance mobilization of the critical-ill as one transition through their course of hospitalization.

Background & Significance

- Patients are evaluated by a physical therapist (PT) / occupational therapist (OT) when applicable within 24-hours of admission.
- PT/OT are not always available for patient mobilization.
- ICU patient are susceptible to complication of immobility because of inadequate patient engagement.
- Nurses are an significant constituent of the multidisciplinary team coordinating the trajectory of patient-centered care.
- Decreased mobility can subsequently translate to increase length of stay (LOS), prolonged intubation, and/or further decline in health.

Needs Assessment

- A structured quality improvement (QI) project that is nurse-driven can optimize patient engagement in meaningful activities.
- An early mobility protocol can facilitate a culture change in practice and reduce knowledge gaps through evidence-based literature.

Clinical Question

 Does implementation of a Nurse Driven Early Mobility Protocol in the Medical Intensive Care Unit facilitate a change in the attitudes and Beliefs of staff nurses?

IRB Approval

Site IRB Approval granted: August 18,2020 Rutgers IRB Approval granted: August 13, 2020

Theoretical Framework



Aims & Objectives

- Enhance mobilizing patients to activity level
 3 within 48 hours of admission to the medical intensive care unit.
- The nurse will perform active/passive range of motion three times a day.
- · Reduce patients' ICU length of stay.
- Reduce patients' ventilation days.

Study population & Setting

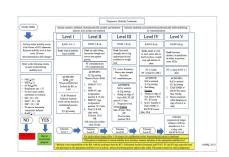
- 30 Registered nurses
- Level-1 Trauma Center in northern NJ

Methodology

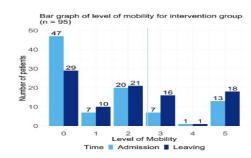
- · Quality Improvement project
- Pre- and post- John Hopkins Patient Mobilization Attitudes and Beliefs survey
- · AHRQ Medical Screening Algorithm
- · AHRQ Progressive Mobility Algorithm

Appendix B. Medical Screening Algorithm
Medical screening to evaluate patient appropriateness for rehabilitation.

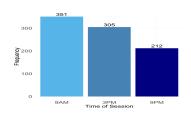
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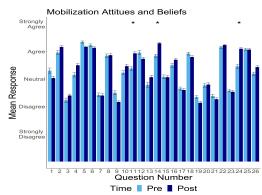
Results



- Vertical line indicates cut-off for successful mobility (level 3 or better)
- Within the 1st 48hrs of arriving in the ICU, 29 out of 95 patients (30.5%) reached at least level 3 of mobility



Number of range of motion completed at each time



 Agreement with Q11("Unless there is a contraindication, my inpatients are mobilized at least once daily by nurses") significantly increased, p = 0.016

Results (cont.)

- Agreement with Q14 ("My departmental leadership is very supportive of patient mobilization") significantly increased, p = 0.015
- Agreement with Q24 ("Unless there is a contraindication, I mobilize my inpatients at least once during my shift/work day") significantly increased, p = 0.014

Discussion

- Establish a safe and effective approach to increasing patient mobility.
- Daily meeting to reinforce routine practice.
- White board for monitoring patients' level of mobility.
- · Reducing ICU days and ventilation days.
- Economical cost benefits of a mobilization protocol.

Implications

- Early mobility protocol can facilitate a new care process that is conducive to increasing compliance.
- Patients are less susceptible to complications of immobility.
- Empower nurses to collaborate with interdisciplinary teams to integrate progressive mobility into routine practice.
- · Emphases teamwork.
- Patients spend less time in bed and less time intubated.

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Contact Information

Lloyd Bailey, BSN, RN: <u>lb698@sn.Rutgers.edu</u> Mary DiGiulio, DNP, APN, FAANP: mary.digiulio@Rutgers.edu