**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 increased 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

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**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-I 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

**Results**

**Mobilization Attitudes and Beliefs survey**

- Number of range of motion completed at each time

**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.
- Emphasizes teamwork.
- Patients spend less time in bed and less time intubated.

**Reference List**


**Contact Information**

Lloyd Bailey, BSN, RN: l698@sn.rutgers.edu
Mary DiGiulio, DNP, APN, FAANP: mary.digilullo@rutgers.edu