

Creating Healthy Work Environments 2019

Early Mobilization of Intensive Care Unit Patients

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Purpose: Early mobilization of Intensive Care Unit (ICU) patients is shown to be safe, feasible, and effective in improving patient outcomes. However, barriers to clinical implementation still exist. At Abbott Northwestern Hospital, we have established a Clinical Action Team focused on promoting early patient mobility in an effort to curb the development of ICU delirium. Early mobility is the only intervention that has been shown to reduce the incidence of ICU delirium. This group of practitioners consists of Clinical Nurse Specialists, Registered Nurses (RN) working in ICU, Physical Therapists (PT), and ICU physicians. In this committee, we established a nursing-driven protocol that encourages early progressive mobility with a multidisciplinary approach to combat barriers to this vital component of patient care.

Methods: A literature review was completed to evaluate critical care mobility programs that are currently in use at other facilities. Collaboration with intensivists and nursing staff was done to develop Abbott Northwestern Hospital's Early Progressive Mobility Nursing Practice Guideline. Based on previous research, our guideline includes three main objectives. The first objective involves screening for physiologic conditions that could jeopardize patient safety with mobilization. Specifically, we identified parameters regarding mechanical ventilation, hemodynamic stability, and other clinical variables that would contraindicate early mobility. Once the first objective is met, the second objective defines a 5-step progressive mobility track in which patients move through at a pace determined by their successful completion of the previous step. This step track also defines the appropriate time for the RN to consult PT, emphasizing a multidisciplinary approach to the guideline. Femoral lines were identified as a barrier to mobilization and further review of literature was indicated to develop criteria for mobilizing patients with venous femoral lines. Research has shown that mobilization in the presence of central lines, including venous femoral access, is feasible without significant complications. This led us to develop our third objective in collaboration with intensivists on our Critical Care Committee. This objective serves to identify concerns, such as coagulopathy or line kinking while patient is resting in bed, that would contraindicate mobilization of a patient with a venous femoral line.

Results: Ultimately, patient mobility is a nurse-driven responsibility. We believe a well-defined protocol to be the best way to inspire our nursing staff to take ownership of such an important step in patient care. The guideline we developed helps nursing staff to gain confidence mobilizing patients in the Intensive Care Unit and helps them decide when mobilization is or is not possible. The enforcement of this protocol is also of value to the PT staff, by encouraging the nursing staff to utilize a multidisciplinary approach to mobilizing their patients. Through this, we anticipate many positive results in patient care. The outcomes described in the literature have shown that early patient mobility in the critical care setting decreases length of hospital stay and days on mechanical ventilation. In addition, early mobility is shown to reduce the incidence and severity of critical illness myopathy, delirium, and Post Intensive Care Syndrome.

Conclusion: Our clinical action team is able to advocate the multidisciplinary approach to combating immobility in the critical care unit setting. Implementation of the Early Progressive Mobility Nursing Practice Guideline includes daily interprofessional rounding on patient units, educating staff members about the protocol, making the protocol accessible in direct patient care areas, and clarifying perceived barriers to early patient mobilization. We plan to conduct a survey of registered nurses and physical therapists in our facility to help identify these barriers, and to determine the effectiveness of our

implemented protocol. The feedback from staff will allow us to better develop and expand our current guideline.

Title:

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Keywords:

delirium, interprofessional and mobility

References:

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Abstract Summary:

Early mobilization of Intensive Care Unit (ICU) patients is shown to be safe and effective in improving patient outcomes. Our clinical action team set forward to devise a protocol to increase the incidence of early mobilization in the presence of physiologic barriers, such as femoral central lines.

Content Outline:

Introduction

1. Early ICU mobility and patient outcomes
2. Clinical Action Team development of Early Progressive Mobility protocol

Body

1. Development of guideline
 1. Identify physiologic conditions that could jeopardize safety during mobility
 2. The 5-step mobility track
 3. Considerations for mobilizing in the presence of femoral lines
2. Supporting interprofessional collaboration
 1. Physical therapist involvement in guideline development and implementation
 2. Collaboration and support from ICU committee intensivists in devising rationales for guideline criteria and steps.
3. Fostering empowerment in patient care
 1. Identifying nurse and physical therapy culture and breaking down barriers to ICU mobility
 2. Nursing scope of practice to achieve better patient outcomes

Conclusion

1. Gathering patient data to show impact of mobility guideline
2. Positives all around: nursing empowerment, interprofessional collaboration, and positive patient outcomes.

First Primary Presenting Author

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Professional Experience: 3 years experience nursing at the bedside, 2 years experience in ICU. One year participant in Delirium/Mobility Clinical Action Team focused on treating and preventing delirium in the ICU with modalities such as early progressive mobility.

Author Summary: Nicolle Schneider, RN has worked as a bedside nurse in the hospital setting for the last 3 years, with the most recent 2 years spent in the ICU setting. She has been a member of the Delirium and Mobility Clinical action team at Abbott Northwestern Hospital for the last year, where she focused on identifying barriers to early mobility in order to implement evidence-based research modalities devised to decrease delirium in the ICU.

Second Secondary Presenting Author

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Professional Experience: I currently work in the CVIUC at Abbott Northwestern Hospital. I have been there for approximately 2 years. Prior to this, I worked on a Telemetry/ICU stepdown unit for 2 years. I specialize in high acuity, medical and surgical cardiac patient populations.

Author Summary: Morgan Theisen, RN, BSN, TNCC, PCCN, CCRN-CSC/CMC, has been a nurse for over 4 years, with her most recent experience practicing in the CVICU at Abbott Northwestern Hospital. Morgan is an active member of the unit's Delirium and Mobility Clinical Action Team, in which she helps to research, implement, and advocate evidence based practice in regards to this topic.

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Professional Experience: Ten years experience in nursing at the bedside, four years in intensive care. Two year participant in the Delirium-Mobility Clinical Action Team focused on treating and preventing delirium in critically ill patients.

Author Summary: Kelley Anaas, RN, BSN is a registered nurse with ten years experience in nursing at the bedside, four years in intensive care. She is a two year participant in the Delirium-Mobility Clinical Action Team at Abbott Northwestern Hospital, and is focused on treating and preventing delirium in critically ill patients.

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Professional Experience: Ten years experience practicing as a Physical Therapist in the acute care setting. Professional emphasis on patient mobility in the intensive care unit and collaboration with nursing staff.

Author Summary: Elizabeth has been a Physical Therapist for over ten years in the hospital setting with a focus on patient mobility in the ICU. Her involvement in the early progressive mobility protocol and femoral line guideline at Abbott Northwestern have been instrumental to advancing early mobility in the ICU.

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Author Summary: Christine has been a physical therapist in the acute care setting for 5 years. In that time she has developed a passion for the critical care setting and early mobility. In her experience, she has encountered support and resistance to the movement of critically ill patients. In response, she actively collaborates with nursing staff to promote appropriate mobility with patients and seeks out relevant research to support their collective mobility endeavors.