



# Early Mobility in ICU Patients Improves Outcomes

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## Background

Lack of mobility for ICU patients is associated with myriad negative patient outcomes that are positively impacted by early mobility interventions. Several studies show reductions: \$1690 per patient reduction in ICU costs<sup>1</sup>, hospital associated infections reduced 50%<sup>5</sup>, ICU-specific length of stay (LOS) reduced from 6.5 to 5.8 days<sup>5</sup>, hospital LOS reduced from 11.3-14.1 to 8.8-9.3 days<sup>5</sup>, \$12 million reduction in hospital costs in < 3 years<sup>5</sup>, pressure injuries reduced from 9.2% to 6.1%<sup>8</sup>. These crucial areas of impact demonstrate the necessity of early mobility interventions in ICU patients to improve patient outcomes.

## PICOT

Do early mobility interventions positively impact patient outcomes in the ICU compared to usual mobility interventions?

## Needs Assessment

Databases: CINAHL, PubMed

Key words: nurse, outcomes, ambulation, movement, ICU, and mobility

Date range: 2013-2018

## Synthesis

The research contained in the articles supports the assertion that mobility interventions in the ICU have an overall positive effect on patient outcomes. Studies found that mobility interventions decreased the number of falls<sup>1</sup>, sedation levels<sup>1</sup>, ventilator-associated events<sup>1,2,3,4</sup>, pressure injuries<sup>1</sup>, CAUTIs<sup>1</sup>, length of stay<sup>1,2,5,6,7,8,9</sup>, delirium<sup>2,9</sup>, hospital costs<sup>1,5</sup>, and incidences of deep vein thrombosis<sup>7</sup>. It also enabled earlier mobilization<sup>7</sup>, allowed for better discharge disposition<sup>7</sup>, increased the overall education on mobility<sup>10</sup>, and produced better outcomes for the patient overall<sup>11,12</sup>.

## Decision to Change

Mandatory interprofessional education for 100% of ICU RNs and physical therapists on daily patient assessment with regard to mobility, and development of treatment plans will be completed first. RNs will assess patients' abilities to participate in mobility interventions and incorporate this in the daily care plan, and communicate the plan to the physical therapist(s) each day, for the development of the daily therapy plan. A daily huddle in the ICU for collaborative discussion of assessment and treatment plans by each discipline will detail patient goals for the day and for the stay. Daily assessment of 100% of ICU patients will be completed for needs, progress, and possible interventions, based on an individualized plan of care. Through interdisciplinary collaboration, the appropriate discipline will be involved in all interventions; for example, RNs may perform passive range of motion, while physical therapists may aid with ambulation. RN and PTs share the goals of mobility care and expected outcomes.

## Results

Initial education will be provided for RNs and PTs, and baseline measurements in ICU patients will be taken: fall rates, ventilator-associated events, pressure injury rates, CAUTIs, LOS, delirium days, and DVTs. After implementation, monthly measurements will be taken in the same parameters for at least 6 months, with the goal of a decline in rates.



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