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Fast track to **early mobility**



Fast track to early mobility

Stryker's prevention policy is product + process = prevention. As part of that philosophy, we have created our early mobility program to help caregivers reduce the complications of immobility. Our program provides systematic means to educate staff on looking closely at existing policies and standards of care, update patient safety supported by evidence, and utilize hospital equipment to help nursing and ancillary staff in their efforts to keep patients safe and comply with facility policies.

Early mobility program

- Early mobility workbook featuring the latest evidence-based information on early mobility
- Staff education including product and process training
- Early mobility CEU program
- Sample cost-savings tool
- Sample algorithm

Expected outcomes and results

An early mobility protocol is part of a larger bundle of care to return the patient to an independent functional status on discharge. The Institute for Healthcare Improvement (IHI) defines a bundle as a collection of evidence-based practices that when performed collaboratively, improve patient outcomes.¹ Recent studies have documented that early mobility programs in the Intensive Care Unit (ICU) demonstrate the safety and efficacy of early mobility related to the following²⁻⁶:

- Decreased patient mortality
- Shortened length of ICU stay
- Shortened length of hospital stay
- Improved physical functionality
- Decreased duration of mechanical ventilation
- Psychological benefits and positive attitude toward recovery

Transforming the culture

What is your facility's definition of early mobility?

What culture changes will be necessary to engage multidisciplinary staff?

- Staff barriers
- Equipment availability
- Facility barriers

Early mobility best practices

What are your early mobility best practices? Please check all that apply.

- Formal written early mobility policy/protocol
- ABCDEF (or similar) bundle implemented

- Early mobility discussion is part of daily interdisciplinary rounding
- Early mobility discussion is part of nursing shift report
- Daily sedation vacation/spontaneous awakening trial (SAT)
- Coordination of daily spontaneous breathing trial (SBT)
- Physical therapy consult for each ICU patient
- Availability of assistive/adaptive devices to promote mobility
- Physician support of mobility initiatives
- Mobility outcomes data charted/followed
- Nursing champions/mobility committee
- Patient and family education provided; participation encouraged

Setting up an early mobility program

Do you have an early mobility committee?

- Yes
- No

Who is represented on the early mobility committee?

- Nursing administration/management
- Physician leadership
- Nursing educator/clinical specialist
- Nursing staff
- Nursing assistants
- Respiratory therapy
- Physical therapy/occupational therapy
- Risk management/patient safety officer/quality officer
- Pharmacy
- Other

What resources are available to be invested in an early mobility program?

- Training
- Additional staffing
- Assistive devices/equipment

Do you use bed and other essential technology to assist in early mobility efforts?

- Continuous lateral rotation therapy (CLRT)
- Turn assist
- Side bed egress
- Patient assist lift
- Clinical chair

Have the stages of early mobility been formally defined per facility protocol?

- Yes
- No

Has a formal documentation process been implemented for early mobility (e.g., electronic medical record)?

- Yes
- No

Resources and resources

Resources

- Early mobility flowchart (page 7)
- Early mobility data collection tool – in-process measures (page 48)
- Early mobility data collection tool – outcome measures (page 49)

References

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