

Implementation of an Early Mobility Protocol in an Intensive Care Unit

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INTRODUCTION: Early mobility is recognized as an important intervention to avoid adverse outcomes in intensive care unit (ICU) patients, although only about one-half of ICUs have adopted early mobility programs.

PURPOSE: This quality improvement project evaluated outcome data before and after an early mobility protocol was implemented in a 26-bed ICU at one hospital.

METHODS: Data was extracted from the medical record, 6-weeks before and 6-weeks after protocol implementation to evaluate changes in outcomes. Data was extracted from 50 randomly selected patients in the ICU at each time period, and aggregate data derived for hospital length of stay (LOS), ICU LOS, number of days on mechanical ventilation, and out of bed activities. Data was analyzed using descriptive statistics and independent t-tests

RESULTS: The primary findings indicate that implementation of a mobility protocol increased mobility activities and resulted in decreased hospital LOS, and slight improvement in ICU LOS and days on mechanical ventilation. Although not statistically significant, these findings are clinically relevant. Mobility activities increased from 13 to 64, illustrating that the protocol was successful in increasing patient mobility.

CONCLUSION: Protocol implementation improved patient mobility, although ongoing evaluation of the protocol related to patient outcomes is recommended. These results lay the foundation for establishing mobility teams, incorporating early mobility protocols, and decreasing the stigma of mobility in mechanically ventilated patients, with a goal of improving patient outcomes and quality of care. Ongoing staff support is needed to continue this practice change, overcome any barriers, and facilitate positive outcomes for ICU patients.