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Implementation of an Early Mobilization Program in a Community-Based Hospital

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Abstract

Introduction:

Critically ill patients who experience prolonged activity restrictions can develop immobility harm within days of admission to an intensive care unit (ICU), which can persist for years after discharge. Early mobilization, the initiation of therapy within the first 48 hours following admission, can ameliorate a myriad of issues including: critical illness myopathy, delirium, pressure injury, and other sequelae resulting in functional loss. The majority of data are from large, academic tertiary facilities with care in distinct, specialized ICU's. The aim of our quality improvement (QI) study was to develop an early mobility program in a community-based hospital with a mixed ICU composition.

Pre-Intervention:

Pre-intervention data collected from October 2019 through December 2019 revealed 47% of patients were seen within 48 hours of ICU admission and the overall average time to first therapy attempt being 70.6 hours.

Intervention:

A multi-disciplinary team was identified to participate in this study including: therapy services (physical, occupational, speech/language, respiratory), nursing, physicians, case management, administration, compliance and finance. A new screening tool was developed by therapists and physicians to be used on day one of admission to help identify patients that may qualify for therapy evaluation. Daily multi-disciplinary rounds focusing on mobility and disposition were

commenced.   Our goal was for greater than 60% of our patients to be seen within 48 hours of ICU admission and to have the overall average time to first therapy attempt be less than 48 hours.

Post-Intervention:

Post-intervention data collected from March 2022 through May 2022 revealed 84% of patients were seen within the first 48 hours of admission with our overall average time to first therapy attempt being 32.0 hours, thereby meeting both program goals.

Conclusion:

Early mobility studies are typically seen in large, academic facilities where distinct ICUs are led by specialty teams. Our multidisciplinary approach and new therapy-led screening tool, effectively created an early mobility program in our mixed-ICU, community-based hospital with the majority of our patients seen within 48 hours of admission. This QI study suggests early mobility programs can be developed in community-based hospitals with varied ICU patients.