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Early Mobility in Critical Care Patients to Reduce Length of Stay (LOS) and Mortality

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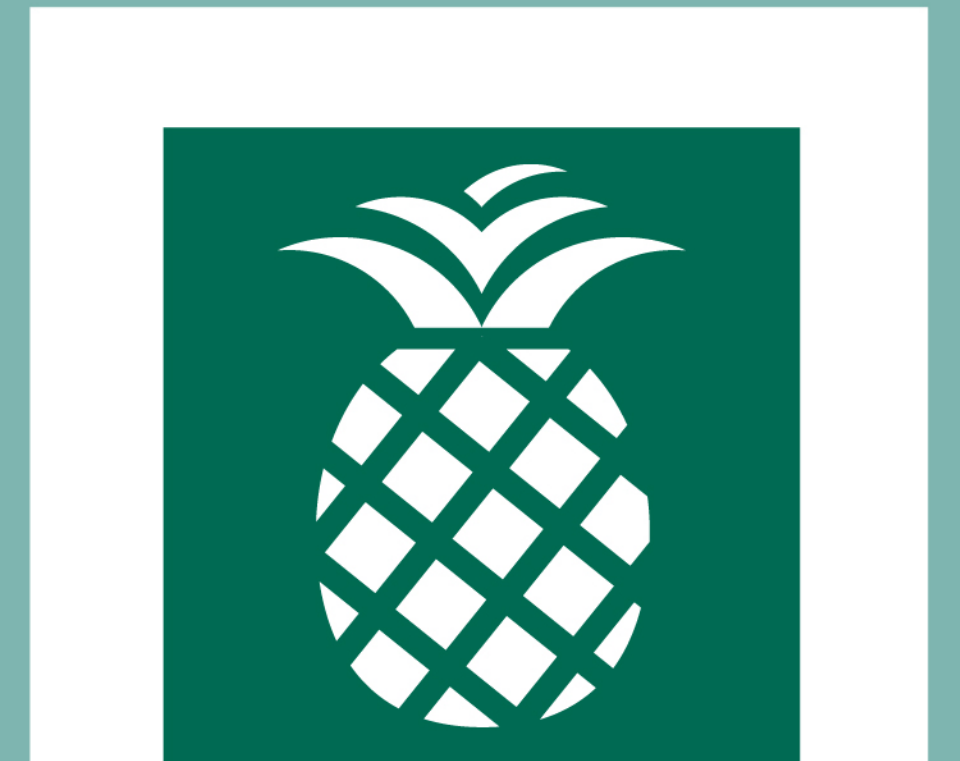
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Early Mobility in Critical Care Patients to Reduce Length of Stay (LOS) and Mortality.

Presenters: Kristina Tate CCRN, BSN



BACKGROUND/PROBLEM

- ICU-acquired weakness, defined as a clinically appreciable myopathic or neuropathic weakness that develops in the absence of other factors besides critical illness, occurs in as many as one-third of patients in the ICU and has been associated with decreased survival and is why early mobility is recommended by many societies including the Society of Critical Care Medicine and American College of Chest Physicians. (Fordyce et al, 2020).
- Some randomized studies have suggested that early mobilization of patients in the ICU may minimize weakness, improve physical functioning, prevent delirium, decrease duration of mechanical ventilation, and shorten ICU length of stay without a significant difference in mortality (Fordyce et al, 2020).
- It was identified by the Unit Practice Council (UPC) that Early mobility in the general critical care patient population was not as consistent as in the open-heart patient population. The UPC is an interdisciplinary group of Critical care staff that seek out ways to improve the unit outcomes by implementing Performance Improvement projects. After review of the Critical Care data at South Miami Hospital in February 2022 we noticed an increase in CCU length of stay to above the internal benchmark goal set of below 1 to 1.11 days there was also an increase in percent mortality to 36% in January 2022.

GOAL

- Implement Early Mobility strategies to decrease length of stay in the critical care patients below baseline of 1.11 days and
- Decrease percent mortality from baseline of 36%.

PLAN

Pre-Implementation (February 2022):

- A literature review was completed in February 16, 2022, to identify the latest evidence-based practices for early mobility initiatives. We decided to create a tool that would help nurses implement early mobility practices regularly and independently; we wanted this to be a nurse-driven process. The tool we created was an infographic that included:
 - Inclusion and exclusion criteria to determine whether patients were eligible for early mobility interventions
 - An early mobility scale based on patient's level to guide nurses towards the appropriate intervention
 - Examples of nurse-driven interventions for every level of acuity
 - To create engagement and buy-in, we decided to launch the project with a March Madness themed unit-wide challenge.

INTERVENTION(S)

Implementation (March 2022):

- The early mobility tool (Exhibit A) was laminated and posted outside every patient room and at the nurses' station. For the competition, we created a point scale and randomized all staff into 16 "teams" that would compete for points. Points were accrued for any early mobility interventions that the bedside nurse made with their patients within their shift. We also created an audit tool and designated auditors to observe nurses on their shift and attribute points as indicated.
- Team "rosters," point scales and the auditing tool were posted in each nurses' lounge for full transparency and clarity with go live of March 1, 2022. On 4/1/2022 the points were tallied, and one team from each shift was given an award.

OUTCOME

- The results of implementing early mobility strategies showed a decrease length of stay in the critical care patients below baseline of 1.11 days for 3 consecutive months in Apr.- May 2022.
- In addition, a significant decrease in percent mortality was evident for 3 months post implementation and in Jun 2022 SMH was at 12.00%.

