

BACKGROUND

This project aims to increase the early mobility rates of mechanically ventilated intensive care unit (ICU) patients by educating registered nurses (RNs) on the importance of early mobility and how to do it safely.

- Mechanically ventilated patients should be mobilized early and often as appropriate.^{3,4}
- RNs without early mobility education display more negative attitudes toward and low confidence in mobilizing.^{1,2}
- Evidence demonstrates that implementing early mobility protocols and utilizing appropriate sedation levels increases mobilization rates.^{3,4}
- RNs learn best from a multi-faceted approach.⁵

METHODS

Several deliverables that contribute to the success of this project were created.

- Pre- and –post survey
- Unit flyers
- Video recorded PowerPoint
- Skills Day Agenda and Pass-off Sheet
- Estimated Project Timeline
- JH-HLM Tool

The Iowa Model was the guiding framework for this project.

REFERENCES

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INTERVENTIONS

A mobility committee consisting of bedside nurses, ICU leadership, physicians, physical therapists, occupational therapists, respiratory therapists, patient care technicians, and other stakeholders will be created to establish goals, assign responsibilities, and create deliverables. They will meet bimonthly and make adjustments as necessary.

Step 1: The pre-survey will be emailed to every RN working in the ICU in the unit newsletter.

Step 2: Educate RNs with flyers and a recorded video PowerPoint.

Step 3: Allow hands-on application of material at the quarterly Skills Day.

Step 4: At the six-month mark, a post-survey will be emailed to every RN working in the ICU in the unit newsletter.

Step 5: Six months after implementation, the mobility committee will evaluate the effectiveness of the project and make any needed adjustments.

IMPACTS

- Improve RNs' attitudes and confidence regarding the early mobility of mechanically ventilated patients.
- Increase early mobilization rates of mechanically ventilated patients.
- Reduce secondary complications from mechanical ventilation in ICU patients.
- Enable early mobility to become a priority for nursing staff and a routine part of quality care for all patients.



Image 1

CONCLUSIONS

By providing ICU RNs with education on mobilizing mechanically ventilated patients:

- RNs may demonstrate higher levels of knowledge, correlating with improved attitudes and confidence
- Mechanically ventilated patients may be mobilized earlier and more frequently
- Patients may spend less time on the ventilator, days in the hospital, experience reduced instances of ICU delirium, permanent physical disability, and have a higher functional status at discharge