

Implementing Mobility Guidelines in the Cardiovascular Intensive Care Unit to Facilitate Progressive Mobility. Witt, S., Michigan State University, College of Nursing.

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Topic of interest: Clinical practice application

Objective statement: The objective of this quality improvement project is to increase mobility in cardiovascular intensive care unit patients through the implementation of unit-specific mobility guidelines.

Learner objective: Describe the influence of mobility guidelines and criteria on the implementation of a mobility program in the cardiovascular intensive care unit.

Significance: Early mobility is a crucial aspect of ICU liberation. There is overwhelming evidence supporting early mobility and exercise in the improvement of outcomes in critically ill patient populations. Deficits in patient mobility in the cardiovascular intensive care unit (CVICU) of a large Midwestern academic medical center were discovered by observation and chart audits. The complex nature of this patient population brings additional barriers to mobility including hemodynamic instability, multiple lines and drains, and invasive medical devices. Further investigation through surveys and staff interviews revealed unclear responsibility in facilitation of patient mobility and lack of consensus on mobility exclusion criteria.

Purpose: The purpose of this quality improvement project is to integrate patient mobility into daily practice in the CVICU through the development of evidence-based unit-specific mobility guidelines along with staff education regarding a progressive mobility program.

Framework/Methods: The Plan, Do, Study, Act framework will be utilized to implement this quality improvement project.

Analysis: To be determined

Findings: To be determined

Intervention: Evidence-based guidelines will be created to assist staff in determination of appropriate activity level for patients with consideration of patient acuity and participation ability. Absolute and relative exclusion criteria guidelines for patient mobility will also be created. Staff education will be provided on guidelines, ongoing sustainability interventions, and safe mobilization of critically ill patients.

Evaluation: This quality improvement project will be evaluated based on chart audits of mobility activities, nurse documentation of the mobility assessment phase, and staff survey.

Discussion: Pending results

Implications: The intended implications of this quality improvement project are to discover barriers to progressive mobilization in the ICU setting and utilize findings to facilitate a sustainable progressive mobility program for the CVICU population.

References

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