The Problem
Critical illness is associated with long-term muscle weakness which results in major disability and protracted rehabilitation. Early mobilization of critically ill patients has become the standard of care across the nation as it has been shown to be safe, and associated with reductions in delirium, time on the ventilator, and ICU length of stay as well as improved return to independent functional status. In 2012, BIDMC piloted an early mobility program in one medical ICU (MICU 6). By 2013, this work spread to one other medical ICU (MICU 7) as well as the Surgical ICU, with dedicated Physical Therapy (PT) staff covering those units. The remainder of our ICUs (Trauma SICU, Finard ICU, CCU, and CVICU) did not have a structured early mobility program and thus were not able to provide the same level of treatment to their patients. Furthermore, due to limited resources, it was not possible to reproduce the existing model of dedicated PT staff in every unit, requiring a restructuring of the distribution of dedicated PT across all ICUs.

Aim/Goal
To create a standard approach to early mobilization across the adult critical care units at BIDMC that identifies mobility goals for every patient through triaging the level of interventions (nursing administered vs more advanced treatments with PT)

The Team
Deborah Adduci, PT
Ann Anderson, RN, BSN, CCRN
Judy Bertone, RN
Pam Browall, RN, MS
Malorie Butera, RN
Laura Kate Calden, RN
Katelyn Campbell, OT
Shannon Carthas, PT, DPT
Michael Cocchi, MD
Juliann Corey, RN, MSN
Justin DiLibero, RN, MSN, CNS
Pat Folicarelli, RN, PhD

Jane Foley, RN, BSN, MHA
Jean Gillis, RN, MS
Susan Holland, RN, MS, CNML
Suzanne Joyner, RN, BSN
Veronica Kelly, RN, BSN
Lynn Mackinson, RN, MS, CCRN
Abigail Magruder, RN
Elena Murphy, PT
Sharon O’Donoghue, RN, MS
Kristin O’Reilly, RN, BSN, MPH
Karen O’Sullivan, RN
McKenna Reese, OT
Barbara Regan, RN
Ray Ritz, RT
Kristin Russell, RN
Margorie Serrano, RN, MS
Katelyn Skeels, RN
Alison Small, RN, BSN, MSN
Pat Sorge, RN
Sara Sullivan, RT
Mark Toland, RN
John Whitlock, RN, MS
Donna Williams, RN, MS, CCRN
Kate Zieja, BS

The Interventions
- Formed a multidisciplinary team including physical therapy, occupational therapy, respiratory therapy, nursing, physicians, and critical care quality staff as well as leadership from each department
- Agreed upon the participants of an early mobility huddle in all ICUs, which includes (at a minimum) the Resource RN, MD or Midlevel, and Physical Therapist (+/- Respiratory Therapist)
- During this huddle, the team discusses the appropriateness for mobilization and a mobility plan is made for each patient in the unit
- Resources, including an RN mobility decision tree and an active & passive range of motion exercise program, were developed
- An educational powerpoint was created and presented by physical therapy to all ICU staff on all shifts
- A portal page was created for all staff to access the multiple resources that were developed by both PT and critical care quality staff

The Results/Progress to Date
- All adult ICUs have successfully implemented a daily early mobility huddle where patient readiness to mobilize is discussed and a mobility plan for the day is formulated and communicated with staff
- Barriers to mobility have been addressed and staff share responsibility in mobilizing critically ill patients
- ICU staff report that they are more comfortable mobilizing patients and that more patients are being mobilized out of bed

Lessons Learned
- Success of early mobility on each unit requires buy-in from all members of the interdisciplinary team
- Flexibility and cooperation is crucial since units need to share PT resources
- Mobility for some patients can be RN driven, while others require more formal consultation with PT
- Achieving patient mobility goals requires the coordinated efforts of a multidisciplinary team

Next Steps/What Should Happen Next
- Continue to meet regularly to ensure sustainability of the ICU early mobility program and address any new barriers
- Develop and implement standard documentation of the patient’s level of mobility in MetaVision using the Johns Hopkins Highest Level of Mobility scale
- Explore initiating changes in standard order sets in POE so that “bedrest” is not the default mobility order for ICU patients
- Once standard documentation has been implemented, we will analyze and report out early mobility performance data and use it to maintain/improve practice
- Continued efforts should focus on identifying additional support to expand the availability of PT in every ICU

For more information, contact:
Kate Zieja, Project Manager, Critical Care Quality
kzieja@bidmc.harvard.edu