Background

- Early mobility of critically ill patients has been shown to:
  - Prevent muscle wasting or loss
  - Decrease confusion and delirium
  - Decrease hospital acquired pressure ulcers
  - Decrease critical care and hospital length of stay
  - Decrease use of sedating medications
  - Enhance sleep and rest cycles
  - Decrease long term effects of critical illness
  - Decreased morbidity and mortality
  - Decrease cost of critical illness

- Early mobility has not been fully implemented in the mechanically ventilated population at PPMC

Early Mobility in ICU (EMICU: Pilot Project)

- Fully funded 0.5 FTE Physical Therapist (PT) and Occupational Therapy (OT) for 5 days per week over 6 month trial period to promote improved patient outcomes
- Focused pairing of daily sedation interruptions, spontaneous breathing trials, and early mobility
- Progressive mobilization strategies were used to develop an individualized daily plan for ventilated patients

Results

- Decreased overall hospital and ICU LOS by 1 day

Cost Savings

- Institution of an Early Mobility protocol in ICU
- ICU Dedicated 0.5 FTE PT & OT
- Cost Savings from decreased LOS of $227,304

Summary

- Development and implementation of an interdisciplinary Critical Care Early Mobility Protocol positively affected patient outcomes by decreasing ICU LOS, hospital LOS, and proved to be a positive experience for patients, their families, and staff. The Pilot Project did not effect patient discharge disposition trends.
- Development of a specific protocol removes barriers and enables nursing and other interdisciplinary team members to achieve mobility goals to allow ventilated patients to avoid negative implications of critical illness.

Acknowledgements

We would like to thank the following people for their invaluable help:

Marc Jacobs, MD; David Hotchklin, MD; Lori Gaston, MN, RN, Nursing Director; the inpatient PT and OT team at PPMC; and the Critical Care staff at PPMC.

Questions??

Email any questions to melissa.thingelstad@providence.org

Cost

- Time to Move! Early Mobility in the Intensive Care Setting

Melissa Thingelstad, BSN, RN, CCRN; Zoe Anastas, MPN, BSN, RN-BC, PCCN; Trudy Urban, BSN, RN

Providence Portland Medical Center

Background

- Early mobility of critically ill patients has been shown to:
  - Prevent muscle wasting or loss
  - Decrease confusion and delirium
  - Decrease hospital acquired pressure ulcers
  - Decrease critical care and hospital length of stay
  - Decrease use of sedating medications
  - Enhance sleep and rest cycles
  - Decrease long term effects of critical illness
  - Decreased morbidity and mortality
  - Decrease cost of critical illness

- Early mobility has not been fully implemented in the mechanically ventilated population at PPMC

Early Mobility in ICU (EMICU: Pilot Project)

- Fully funded 0.5 FTE Physical Therapist (PT) and Occupational Therapy (OT) for 5 days per week over 6 month trial period to promote improved patient outcomes
- Focused pairing of daily sedation interruptions, spontaneous breathing trials, and early mobility
- Progressive mobilization strategies were used to develop an individualized daily plan for ventilated patients

Results

- Decreased overall hospital and ICU LOS by 1 day

Cost Savings

- Institution of an Early Mobility protocol in ICU
- ICU Dedicated 0.5 FTE PT & OT
- Cost Savings from decreased LOS of $227,304

Summary

- Development and implementation of an interdisciplinary Critical Care Early Mobility Protocol positively affected patient outcomes by decreasing ICU LOS, hospital LOS, and proved to be a positive experience for patients, their families, and staff. The Pilot Project did not effect patient discharge disposition trends.
- Development of a specific protocol removes barriers and enables nursing and other interdisciplinary team members to achieve mobility goals to allow ventilated patients to avoid negative implications of critical illness.

Acknowledgements

We would like to thank the following people for their invaluable help:

Marc Jacobs, MD; David Hotchklin, MD; Lori Gaston, MN, RN, Nursing Director; the inpatient PT and OT team at PPMC; and the Critical Care staff at PPMC.

Questions??

Email any questions to melissa.thingelstad@providence.org

Cost