Decreased mechanical ventilator days are clinically proven to have a wide range of positive effects on the critically ill patient. These include decreased delirium, ICU length of stay, overall hospital stay, and decreased mortality. After reviewing the evidence based literature, the ICU Progressive Mobility (PM) team developed a formal Progressive Mobility program with standard work that addressed the unique workflow challenges of the unit and for the first time, included family members in the workflow.

Background: The PM team first met in March, 2015, motivated to implement Progressive Mobility (PM) in the ICU after attending an interdisciplinary mobility conference. While PM was not a new idea to the team, it was not consistently a part of the care given on the unit. Critically ill patients were suffering from the effects of prolonged immobility. The Nursing driven PM team was motivated to tackle the issue on a grassroots level with the support of an Intensivist, Lean Consultant, Respiratory Therapy, Occupational Therapy, Physical Therapy, Leadership, Quality and PM Consultants. A representative family member was invited to advise on goals, implementation and development of educational materials.

Action Taken: The team pursued and won a grant to fund the evidence based project. A standardized workflow was developed, and staff educated face to face by team members on all shifts. Patient and family education tools, including a brochure, signage, a PM step chart for the patient’s room, and Range-of-Motion handouts were developed with the help of a patient/family advisor. A Range-of-Motion educational video for families was created and uploaded to Youtube.com. Quality of application of the workflow, including nursing documentation in the EMR was ensured by daily rounding on vented patients by a team member. The team met weekly to process feedback, address barriers and revise the flow as needed.

Outcomes: The primary goal was to decrease mechanical ventilator days. Average ventilator days for June-August of 2014 were 5.33 compared to 4.52 for June-August of 2015, indicating a decrease by almost one patient ventilator day. In addition to reducing ventilator days, the team found that patients were being advanced further in their mobility goals. At project onset, the unit advanced 33% of patients past Bedrest (Step 1), at completion 75% of patients progressed past Bedrest (Step 1). The hospital system is now looking at implementing similar video family education across the board.

The PM team recommends forming an interdisciplinary team to organize and implement a Progressive Mobility program. Lessons learned include a patient/family advisor presence is vital to ensure the initiative is patient focused and to partner with families. Ongoing communication during the project duration was key to address barriers and champion successes.