PROGRESSIVE MOBILITY

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**Background/Significance:** Immobility is a known cause of deterioration in the condition of patients in the hospital, especially in the ICU. Immobility can lead to weakness and long-term physical dysfunction as well as increased length of stay and cost of care.

**Purpose:** A progressive mobility protocol provides a structured consistent approach to evaluate and progress patient activity in a stepwise fashion. The goals are to safely mobilize the patient to achieve their highest functional level and avoid complications of immobility. Additionally, communication between staff will be consistent regarding the patients’ progress.

**Sample:** Nurses, physicians, physical therapists, and patient care assistants in the ICU/AAU unit and their patients.

**Methods:** Hands-on training was provided for all RNs and PCAs regarding safe equipment handling, including beds, lifts, and sliders. A self-learning packet was completed by all disciplines including rationale for progressive mobility, how to record mobility level on the white board in patient room, Progressive Mobility diagram, policy draft, directions for range of motion (ROM), and guidelines for continuous lateral rotation therapy. Copies of the Mobility protocol and ROM directions were placed in each patient room as a reference for staff. A mobility care plan was placed on each clipboard. Additionally, a physician presentation on the dangers of immobility was provided.

**Results/Outcomes:** Individual “just in time” coaching was useful for staff in an effort to integrate progressive mobility into the daily plan of care. A small sample of informal auditing was done and will be repeated in the near future as part of a plan to implement the mobility protocol across all the critical care units and eventually, all in-patient units. Mobility care plans are used consistently and patient progress is discussed daily at care rounds.

**Conclusions/Implications:** Early progressive mobility requires the participation of multiple disciplines including nurses, physicians, and physical and occupational therapists. We plan to review outcome measures such as ICU & hospital length of stay and functional capacity of the patient post discharge (i.e. home, rehab, or LTAC) to further guide our practice.