Institute for Healthcare Improvement

مؤسسة حمد الطبية
Hamad Medical Corporation
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مستشفى القلب
Heart Hospital
عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation

Early Mobility Program in Cardiothoracic Intensive Care Unit (CTICU) of Heart Hospital

Authors

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Introduction

Early mobility can be defined as beginning the mobility program when the patient is minimally able to participate with therapy, has a stable hemodynamic status, and is receiving acceptable levels of oxygen[1]. Early mobility can be a safe and feasible option, with potential to improve clinical outcomes and quality of life for ICU survivors.

Aim

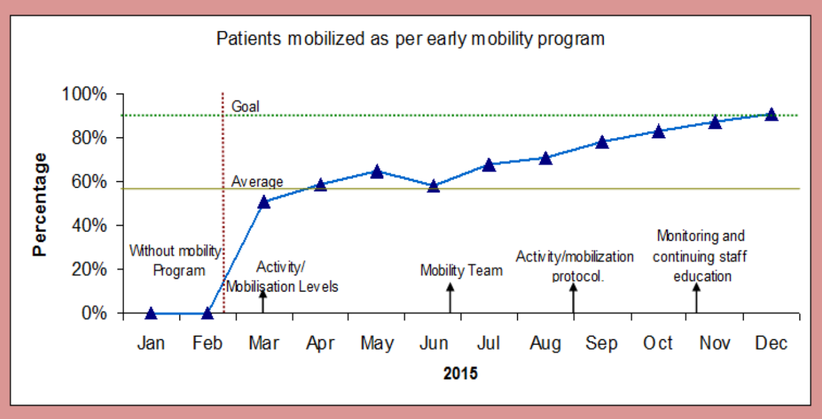
To implement an early mobility program in Cardiothoracic Intensive Care Unit (CTICU), Heart Hospital with an aim of mobilizing 90% of uncomplicated Cardiac surgery patients before March 2016.

Intervention

1. Formulated a multidisciplinary mobility task force.
2. Analyzed the barriers of mobilization.
3. Implemented an evidence-based progressive activity and mobility levels based on time of extubation.
4. First staff feedback survey showed a lack of coordination within the CTICU multidisciplinary team.
5. Formed a mobility team which includes CTICU Physicians, Physiotherapists and Nurses.
6. Second staff feedback survey revealed, a necessity for creating a protocol.
7. A mobilization /activity protocol[2] was prepared and is available in HMC intranet for staff reference (CPRO10551).

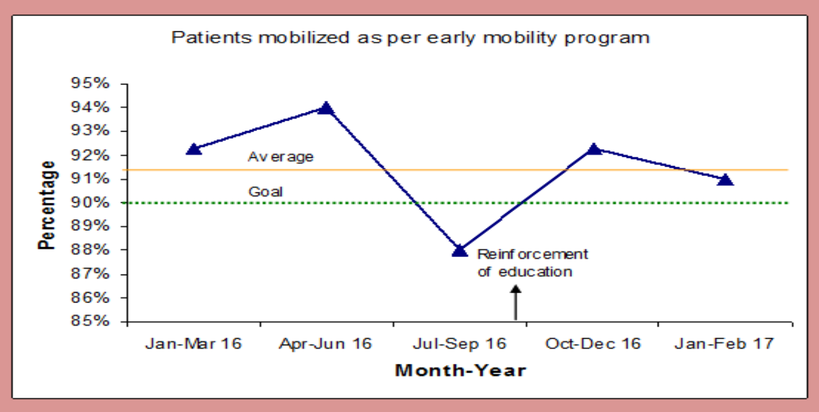
Results

Graph 1



Graph 1 shows the gradual increase in the percentage of patients mobilized according to the early mobility program when compared to the previous mobility practices.

Graph 2

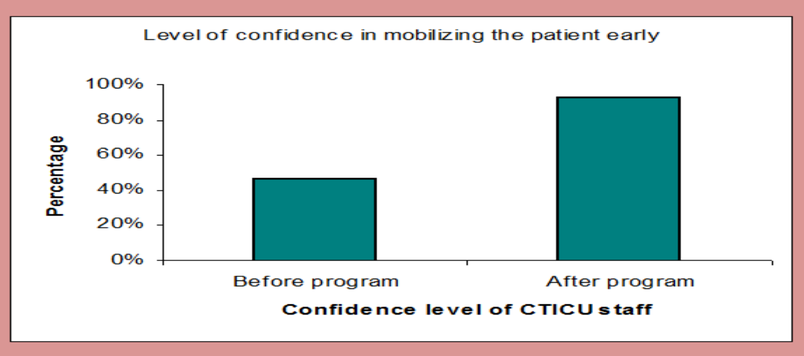


Graph 2 shows the sustainability of the early mobility program.

Conclusion

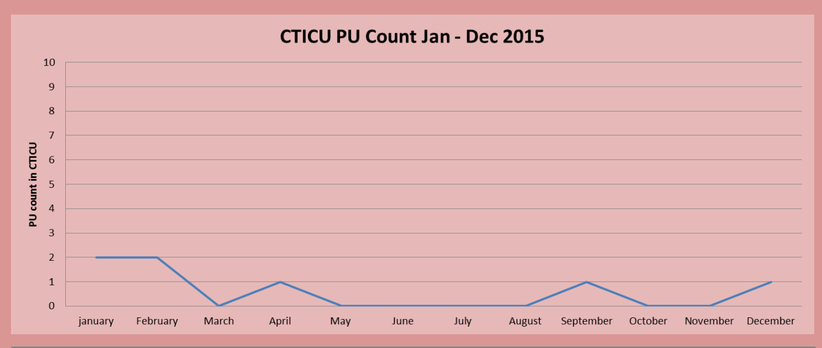
1. Successfully implemented Early mobility program in CTICU.
2. Mobility team enhanced the coordination of multidisciplinary team.
3. Established standardized mobilization practices and improved the confidence of staff.
4. Increased the mobilization percentage of the uncomplicated cardiac surgery patients from 0% to more than 90% on first post-operative day.
5. Facilitated reduction in the incidence of pressure ulcer.

Graph 3

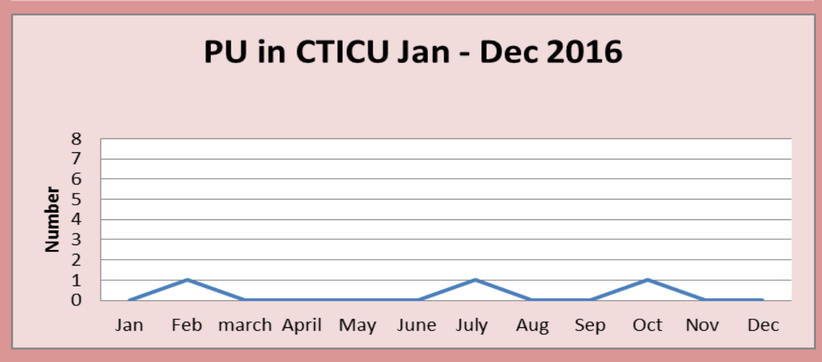


Graph 3 shows the improvement in staff confidence level to perform early mobilization after implementation of the program

Graph 4



Graph 5



Graph 4 and 5 shows reduction in the number of pressure ulcers after implementation of the program

Achievement

Received HMC star of excellence merit award 2016 for the program.

Sustainability Plan

1. Continue regular staff awareness programs.
2. Continuous monitoring of the program.
3. Data dissemination in CTICU bulletin boards.

Coach

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Reference

1. Preme, C., Chandrashekar, R., 2009. Early Mobility and Walking Program for Patients in Intensive Care Units: Creating a Standard of Care. American Journal of Critical Care, 18(3), pp. 212-221.
2. Sommers et al.2015. Physiotherapy in the intensive care unit: an evidence-based, expert driven, practical statement and rehabilitation recommendations. Clinical Rehabilitation, DOI: 0269215514567156.