

Abstract

Background and Purpose: Early mobility programs improve patient outcomes in critical care units, but funding is not widely available to form dedicated multidisciplinary early mobility teams. Nursing can assume this crucial patient mobilization role if equipped with a structured mobility approach. The purpose of this quality improvement project was to adapt tools from a multidisciplinary early mobility program for nursing implementation to improve patients' mobility outcomes on a critical care unit with no formal mobility team.

Methods: This project utilized a pre-post intervention design. Patients admitted to a 12-bed non-surgical Cardiac Intensive Care Unit at an urban mid-Atlantic community medical center over a 20-week period were included in the sample. The mobility group was screened for nurse-driven mobility using the Can My Patient Participate in Rehab tool and mobilized if eligible based on the Johns Hopkins Highest Level of Mobility Activity Tool. Mann-Whitney *U* tests were used to analyze changes in length of stay and mobility scores.

Results: The total sample consisted of 298 patients, including the 166 mobility intervention patients admitted with primarily cardiac and pulmonary diagnoses. Length of stay significantly increased by 0.35 days for the mobility intervention group, while mobility scores yielded no change. 31.5% of the mobility group patients achieved their daily mobility goal, with nursing discretion and mechanical ventilation cited as the most frequent exclusions.

Conclusion: Although this nurse-driven early mobility intervention did not show improvement in mobility outcomes, nursing staff assured that critical care patients were assessed daily for early mobility and mobilized as able. This study further emphasized the need for multidisciplinary mobility teams to mobilize high acuity patient populations.

Implications: Although continued study is needed, nursing involvement in mobility efforts remains paramount to improving mobility outcomes for critical care patients in the absence of a dedicated multidisciplinary early mobility team.

Keywords: early mobility, mobilization, nursing, ICU, critical care