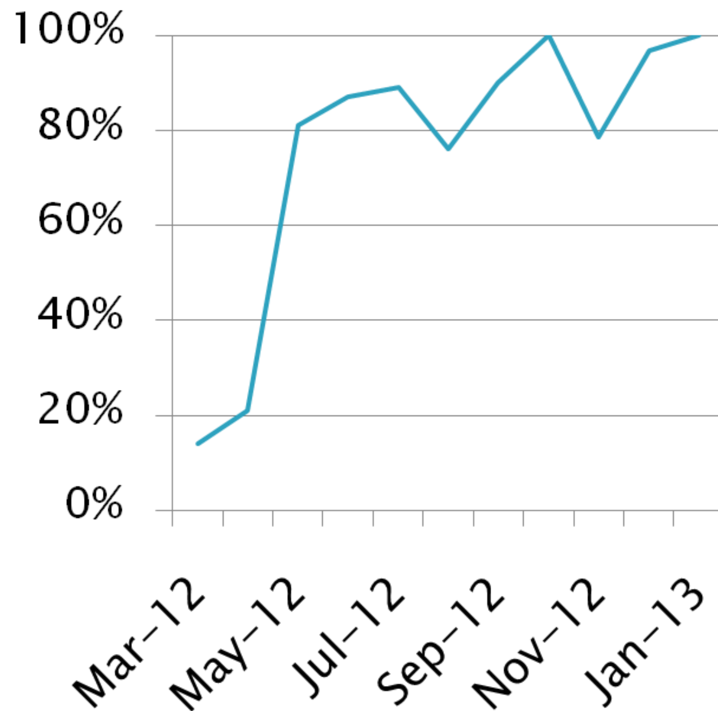
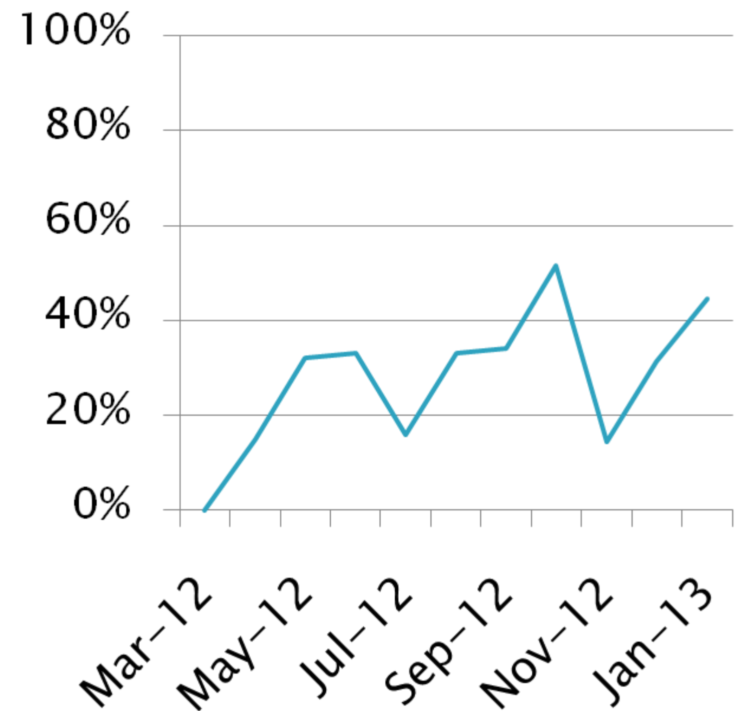
ValleyCare Health System

February 14, 2013

Accelerated Improvement





How did we get there?

Activity	Timing
Attended Kick-Off	Jan.2012
Drafted Early Mobility Policy	Apr. 2012
Dedicated PT 4hrs/day M-F with a PT aide	Apr. 2012
Training PT Staff	On-going
Equipment	Variety
Educating/working with MDs/RNs/RTs/RDs/case management	Attend rounds daily M-F
Lift Coach Program – hospital wide	Sept.2012

"ICU Progressive Mobility" Protocol

MD order is needed to initiate progressive mobility prior to implementation of levels II and III in conjunction with an order for PT evaluation and treatment.

- Level I: Movement in bed, supine, RN responsibility
- Level II: Move to chair, RN/PT responsibility
- Level III: Move to ambulate, RN/PT responsibility

ICU Mobility Protocol

- **LEVEL I (Move in Bed)**
  - Repositioning / turning in bed every 2 hours.
  - ROM to all extremities (PROM / AAROM / AROM).
  - Elevation of HOB to 30 degrees at all times for intubated patients for aspiration precautions

ICU Mobility Protocol

- **LEVEL II (Move to chair / cardiac chair)**
  - Goal is to have patient sit in a chair 2/day.
  - HOB elevated 45 – 65 degrees for 5-10 minutes.
  - Dangle 5-10 minutes with non-intubated patients.
  - Monitor vitals with each positional change. STOP if patient is orthostatic.
  - Reposition patient every 30 minutes while up in a chair to prevent skin breakdown.

ICU Mobility Protocol

- **Level III (Move to ambulate)**
  - Intubated patients need an ambulation team of RN, PT and RT
  - Pre-ambulation "Time-Out" checklist needs to be performed and signed by each therapist and nurse.
  - Non-intubated patients can skip Level II and proceed to ambulation, as tolerated, IF:

1) Patient is not orthostatic AND
2) Exclusion criteria are not met

- **Exclusion Criteria Assessment**
- Altered level of consciousness or unable to follow commands Yes / No Yes / No
- Sedation
- a. RASS less than negative 1 (-1)
- b. Last sedation medication less than 6 hours
- Yes / No Yes / No
- Cervical or spinal precautions ordered Yes / No Yes / No
- Any one of the following vital signs:
- a. MAP less than 65
- b. HR less than 50 beats per minute or greater than 100 beats with perfusion symptoms (dizziness, confusion, chest pain/pressure, new onset ectopy)
- c. Saturations less 92%
- Yes / No Yes / No
- Dyspnea Yes / No Yes / No
- For patients on a ventilator
- a. Physician documentation of lobar collapse or atelectasis.
- b. Excessive secretions
- c. FIO2 greater than 50%
- d. PEEP greater than 10
- e. Saturations less than 92% at rest or less than 88% with activity requiring increase in oxygen administration
- Yes / No Yes / No
- Chest Pain Yes / No Yes / No
- Severe orthopedic or unstable spinal problems Yes / No Yes / No
- Critical electrolyte values needing correction or in the process of being corrected Yes / No Yes / No
- INR greater than 3 Yes / No Yes / No
- Initials

Quick Case Study

- 71 y.o. male had a cardiac arrest, CPR performed
- Admitted to ICU, intubated, placed on hypothermia protocol
- Medical Hx: DM, CAD s/p CABG, kidney disease stage 3, HTN, obesity, L ventricular dysfunction
- Medical procedures while in ICU
  - Pacemaker implantation
  - Coronary stent placement
  - Tracheostomy, tolerating Passy-Muir valve intermittently

Quick Case Study

- **Progressive Mobility Started**
  - Level I (Movement in bed) implemented.
  - Lift coaches utilized for repositioning in bed.
  - Consistent PT staff involvement in daily rounds.

- **Progression of Mobility to Chair**
  - Level II started once medically stable and no exclusion criteria were met.
  - PT intervention included transfer training, pre-gait training, therapeutic exercises.
  - Mobility initiated to cardiac chair via supine slide.
  - Sit to stand machines used for transfers and lower extremity weight bearing.
  - Lift coaches utilized as needed by RN or PT staff.

- **Progression to Ambulation**
  - Patient tolerated taking few steps with a front wheel walker.
  - Patient able to stand and pivot to a chair.
  - Patient able to tolerate about 1.5 hrs up in a chair, 2/day.