

# Barriers to Mobilizing the Masses: A Practice Change

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## Purpose

- To identify the current practice of mobilizing ventilated patients in a medical intensive care unit with a mobilization protocol through a retrospective chart review and to identify barriers to mobilizing ventilated patients through a survey to the nursing staff

## Background

- Patients that have prolonged mechanical ventilation have an increase in mortality, length of stay, and cost
- Early mobilization of ventilated patients have shown to reduce ventilator time and length of stay, and is considered safe for the patient from the medical staff
- Several barriers are present for the intensive care staff that impede mobilization of the ventilated patients

## Methods

- Two methods were utilized: a chart review was completed to identify the current practice of mobilizing ventilated patients and a survey was performed to identify barriers to mobilization
- The retrospective chart review included 102 ventilated patients over a six month period in MICU2
- MICU2 nurse survey included 24 staff nurses and the content reviewed barriers to mobilization

## Results

### Retrospective Data Results

- Patients requiring FiO2 greater than 60%, on vasopressors, or with bedrest orders are not mobilized utilizing the Early Progressive Mobilization for Adult Patients NIPP order set
- The below statistical categories are not mutually exclusive

Data Point	Number of Patients	Percentage
Ventilated Patients on MICU2	n= 102	18.05%
Ventilated Patients that were mobilized at one point while admitted to MICU2	n= 28	27.45%
Ventilated Patients requiring FiO2 greater than 60% at one point while admitted to MICU2	n= 32	31.37%
Ventilated Patients on Vasopressors	n= 13	12.75%
Ventilated Patients with Bed Rest Orders	n= 11	10.78%

### Nursing Mobilization Barrier Survey Results

- Results from the survey were simplified into two categories: agree (strongly agree and agree) and disagree (strongly disagree and disagree)
- Neutral responses were not included

Question	Agree	Disagree
Mobilizing ventilated patients is safe	58.34% n=14	8.33% n=2
Mobilizing ventilated patients have many benefits for patient outcomes	95.83% n=23	0% n=0
A doctor's order is needed to initiate the Early Progressive Mobilization for Adult Patient Nursing Initiated Physician Protocol order set	41.67% n=10	29.17% n=7
The Early Progressive Mobilization for Adult Patients Nursing Initiated Physician Protocol available in Epic is utilized	29.17% n=7	37.5% n=9
There is adequate staff (nursing and patient care technicians) to help mobilize ventilated patients	30.44% n=7	52.17% n=12
There is adequate time to mobilize ventilated patients	25% n=6	42.84% n=11
Patients are not heavily sedated and can participate in mobilizations	50% n=12	25% n=6
There is adequate physical equipment to mobilize ventilated patients	62.5% n=15	25% n=6
Ventilated patients on MICU2 have physical therapy orders placed	41.67% n=10	25% n=6
Ventilated patients on MICU2 have appropriate mobility orders placed (Bedrest, activity as tolerated, etc.)	50% n=12	25% n=6

## Discussion

- Through chart reviews, a need to improve mobilization of ventilated patients on MICU2 was identified
- Through the survey, many positives were identified, including: positive nursing attitudes to mobilization, adequate patient participation, adequate equipment, and appropriate mobility orders
- Through the survey, main barriers to mobilization were identified, including: misunderstanding and lack of use of the Early Progressive Mobilization for Adult Patients NIPP and inadequate time and staffing
- Recommendations were disseminated to the unit and nursing management to improve mobilization. Implementation and education on the Early Progressive Mobilization NIPP to nursing staff is needed and request made for a designated patient care technician to assist with mobilization of ventilated patients
- Limitations: Lack of exact date for weaning and extubation on chart review, small survey sample size

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- References available upon request

