How early active mobilisation of patients within the RAH ICU was increased by Physiotherapy led changes to practice.

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BACKGROUND

Early active mobilisation has been widely acknowledged to be hugely beneficial to patient's recovery in Critical Care.

What do we mean by active mobilisation?

Increases:

- Functional level at date of hospital discharge
- Improves Quality Of Life indicators (1).

Reduces:

- The prevalence of ICU acquired weakness
- Risk of critical care neuropathy (including foot drop),
- Length of stay and Ventilator Days
- Risk of secondary MSK complications e.g Soft tissue contractures, loss of bone density, loss of functional ROM (2).

Before starting this project we already recognised the importance of early active mobilisation, adhering to the GPICs Guidelines (3) and saw potential to improve our practice.

AIMS

Our aim was:

By May 2024 we wanted to increase the % of patient mobilised, fitting our criteria, within ICU to 85% in line with the GPICs Guidelines (3).

METHODS

In January 2023 we used QI tools to assess the barriers to mobilising patients and our current process to identify patient who were fit to mobilise. We identified that our process was lengthy and we were being delayed by lack of communication with the MDT regarding appropriate patients.

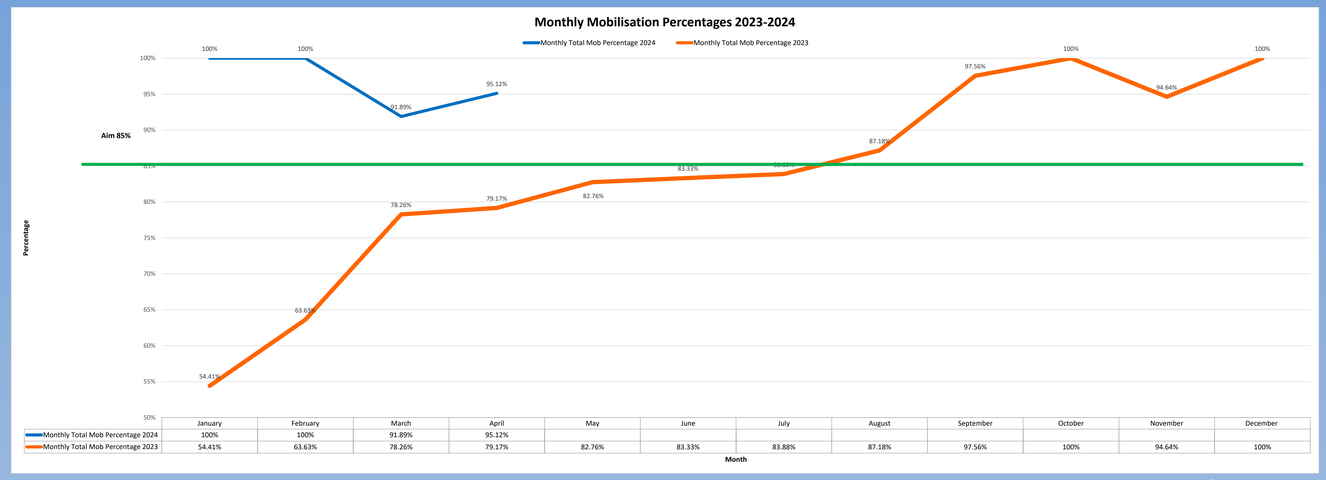
We agreed guidelines for appropriate patients to mobilise with the ICU consultants which stipulated: Patients must be responsive to verbal stimulation and obeying commands, PEEP <12, FiO2 <80%, CVS stable and their Inotropes/Vasopressors had not been increased within 2 hrs amongst others. We used these to determine our starting point and the % of patients who met the criteria who were successfully mobilised in January 2023. The table below shows our findings.

Month	% of Patients Monthly who were classed as Not Treated	% of Patients Monthly who were classed as Mobilised
January	45.58%	54.41%

We saw huge potential for improvement in these numbers and in March 2023 we began attending the morning handover in ICU with medical staff and opening a conversation regarding active mobilisation.

RESULTS

We have continued to collect data from January until April 2024 to show our progress towards meeting our aim. This can be seen on our graph below. The green Line represents our aim of 85%. Making it clear we are exceeding our aim.



January 2023 –We started compiling the data and discussing project plans with the Physio Team

February 2023 – We started conversations and brainstorming with our Physio Team and ICU MDT around barriers to mobilisation

March 2023- Began attending the ICU morning handover

August 2023 - Collected and presented the data to the MDT for the first time

November 2023 - Began planning and piloting Nursing staff training around mobilisation – has continued since.

January 2024 - Physio Plan prompt was added to the morning handover checklist by one of our ACCP's and Medics – buy in from the MDT – MDT taking Action

CONCLUSIONS AND NEXT STEPS

What we learnt

- Currently in our Maintenance Phase of Change
- More Potential for improvement
- Over Feb-April 2024 its clear to see fluctuations in our data, during this time we had– Rotation Changes, New Nursing staff, Unexpected Leave, 2 Students and On Call Training of Staff commitment.
- Highlighted the need to future proof and plan for the unexpected.
- MDT approach imperative – medical staff and ACCP's encouraging and advocating for mobilising patients by creating prompts In the handover checklist.

Next Steps

- Continuing "Hug Therapy" – Increase family involvement in rehab – ongoing encouragement of independence out with Physio Sessions
- Consolidate OT input with patients – Now attending ICU morning handovers.
- Changing Carevue documents – more detailed prompts Medical/ Nursing and Physio
- Establish nursing staff training into their formal induction to ICU.
- Training of established nurses ?some late adopters of change.

REFERENCES:

(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127491/, (2) https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0223185, (3) GPICS V2.1 (2).pdf (ficm.ac.uk)