

BARRIERS TO PATIENT MOBILITY

WHY ISN'T IT HAPPENING?

Most medical practitioners are keenly aware of the benefits of early mobility—it improves patient recovery times, lowers the risk of complications, and shortens overall length of stay. So why has it been so difficult to implement? The most common barriers to patient mobility can be grouped in four categories: equipment, patient availability, staff availability, and unit planning.

KEY FACTS:

Barriers to patient mobility include:

EQUIPMENT

- In a survey of 500 U.S. ICUs, the number one listed barrier to early mobility was a lack of appropriate equipment. (Bakhru 2015)
- If key pieces of mobility equipment (mobility platforms, ceiling lifts, etc.) are not readily available, multiple assistants will be required to support the patient, and mobility may be deferred due to staff unavailability. (Krupp 2019)
- Although early mobility protocols have been proven to be safe and highly beneficial for patients who need mechanical ventilation, the implementation rate is low, and lack of appropriate equipment is often cited as a significant factor. (Johnson 2017)
- The most common patient-related barrier to early mobility is blood-pressure instability (low blood pressure increases the risk of falls), but the second most common is that patients are often tethered to vascular access devices, tubes, and drains, which complicate mobility. (Dubb 2016)

PATIENT AVAILABILITY

- Patients who are called away for unscheduled procedures and tests aren't present in the ward where nurses and physical therapists can implement early mobility. Some nurses will defer mobility until after these procedures, which may mean that mobility isn't implemented until the following day. (Krupp 2019)

STAFF AVAILABILITY

- Understaffing physical therapists decreases the frequency and length of early patient mobilization. (Johnson 2019)
- In an extensive study of community and academic hospitals, researchers determined that the greatest barrier to early patient mobility was the fear that "increasing mobilization of my inpatients will be more work for nurses." Nurses directly reported

that “they did not have enough time” to meet unit early mobilization goals (Hoyer 2015; Fontela 2018; Jolley 2014)

- Advanced early patient mobility for ICU patients (beyond movement to a chair) is most often deferred to physical therapists, which is problematic due to limited staff availability. (Krupp 2019)

UNIT PLANNING

- Communication failures between staff members in a unit are a known leading barrier to early patient mobility. (Anderson 2018)
- Knowing how to improve patient mobility doesn't necessarily improve nurses' implementation of patient mobility if the unit culture doesn't prioritize a coordinated patient mobility effort. (Krupp 2019)
- Although nurses are the most frequent staff members to implement early patient mobility, they frequently cite lack of training and comfort as a barrier. (Hoyer 2015)
- Improving patient mobility requires a fundamental shift in the daily culture of critical care departments. (Dirkes 2019)

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