

SOLUTIONS FOR EARLY PATIENT MOBILITY

WHAT WORKS BEST?

As far back as 1949, Dr. D.J. Leithauser wrote that: *Ten years ago early ambulation was considered a “crackpot” idea. Today it is recognized and is rapidly approaching a “must” procedure following surgical operation.* Seventy years later, Doctors, nurses, and administrators all agree that early patient mobility has tremendously beneficial outcomes, but making sure that early mobility happens requires resources, education, organization, and strategic coordination. How have hospitals and units successfully improved their early patient mobility rates? The simplest answer is to increase staff numbers, but there are a variety of more cost-effective measures that have helped to dramatically improve early mobility outcomes.

KEY FACTS:

Steps can be taken to improve efficient implementation of early mobility on all four fronts:

EQUIPMENT

- It is important for hospitals to prioritize interventions that allow patient ambulation with less staff involvement. (Murphy 2011)
- The use of an ambulation platform improves the number of ambulation attempts, distance of ambulation, and willingness of patients to attempt ambulation (assisted and unassisted), without increased risk of falls. (Henecke 2015)
- The use of an IV pole walker improves both patient and nurse satisfaction during early patient mobilization of post-surgical patients. (Nesbitt 2012)

PATIENT AWARENESS AND EDUCATION

- The benefits of early mobility include better coordination and balance, as well as greater patient independence. (Morris 2010)
- When patients are informed about the benefits of early ambulation before undergoing surgery, patients become more proactive about seeking opportunities for early mobilization after surgery. (Kibler 2012)
- Educating family members about the importance of early mobility can improve early mobility outcomes for pediatric patients. (Piva 2019)
- Increasing patient mobility from 18% to 65% in 21 centers did not increase the number of falls experienced by patients. (Patey 2016)

STAFF EFFICIENCY

- Patients who have access to an ambulation platform have improved mobility outcomes and improved length of stay with fewer nurses and other staff required to implement ambulation. Nurses report that ambulation with an apparatus is easier for both staff and patients. (Henecke 2015)

- Nurses report that early mobilization improves patient independence and preserves patient dignity, which reduces the number of patient requests for assistance and decreases staff workload. (Hoyer 2015)
- Early patient mobility promotes patient independence and improves nurses' ability to assess patient strength, ability, and psychological status. (Krupp 2019)
- On average, patients who employed mobile IV pole walkers required one fewer staff members to support early patient mobilization. (Nesbitt 2012)

MOBILITY AS A HOSPITAL CULTURE

- Hospital-wide protocols and multidisciplinary teams dedicated to coordinating early mobility activities are important for improving ICU pediatric patient outcomes. (Piva 2019)
- More experienced nurses report fewer perceived barriers to early patient mobilization and greater intuitive benefits for staff workload. Encouraging nursing mentorship for nurses with less experience may improve unit mobilization statistics. (Goodson 2018, Hoyer 2015)
- Mobility protocols have allowed neurosurgery teams to implement successful mobilization for postoperative spinal-surgery patients without physical therapy consultations within six hours of the patients' arrival at the medical-surgery unit. This comprehensive protocol improved patient outcomes and reduced the average length of stay per hospitalization. (Rupich 2018)
- Unit culture (established goals and protocols, coordinated effort) is a critical factor that determines whether nurses will implement patient mobility to the full extent of each nurse's training and ability. (Krupp 2019)
- Incorporating early mobilization goals and achievements in electronic health records improves early mobilization coordination and improves early mobilization outcomes. The time required to achieve mobilization and the average length of stay decreased significantly, and the average patient ventilation time was decreased by 27 hours. (Anderson 2018)

BIBLIOGRAPHY

Leithauser DJ. Rational principles of early ambulation. *J Int Coll Surg.* 1949;12(3):368-74.

Morris BA, Benetti M, Marro H, Rosenthal CK. Clinical practice guidelines for early mobilization hours after surgery. *Orthop Nurs.* 2010;29(5):290-316.

Murphy EA. A key step of hospitalized elders. *Arch Intern Med.* 2011;171(3):2268-2269.

Henecke L, Hessler K, LaLonde T. Inpatient ambulation: use of an ambulation platform apparatus. *JONA* 2015 Jun;45(6):00-00.

Nesbitt JC, Deppen S, Corcoran R, et al. Postoperative ambulation in thoracic surgery patients: standard versus modern ambulation methods. *Nurs Crit Care*. 2012;17(3):130-137.

Kibler VA, Johnson DE, Anderson W, Just SL, Wells NL. Early post-operative ambulation: back to basics. *Am J Nurs*. 2012;112(4):63-69.

Piva TC, Ferrari RS, Schann, CW. Early mobilization protocols for critically ill pediatric patients. *Rev Bras Ter Intensiva* 2019 Jun 10;31(2).

Patey D, Corbett N. Balancing the risk: increasing inpatient ambulation without increasing falls. *Clin Nurse Spec* 2016 Oct;30(5):250-252.

Hoyer EH, Brotman DJ, Chan KS, Needham DM. Barriers to early mobility of hospitalized general medicine patients: survey development and results. *Am J Phys Med Rehabil*. 2015;94:304-312.

Krupp A, Ehlenbach W, King B. Factors nurses in the intensive care unit consider when making decisions about patient mobility. *Am J Crit Care*. 2019 Jul;28(4):281-289.

Goodson CM, Friedman LA, Manthey E, et al. Perceived barriers to mobility in a medical ICU: The patient mobilization attitudes and beliefs surgery for the ICU. *J Inten Car Med*. 2018 Oct 18:0885-0666.

Rupich K, Missimer E, O'Brien D, et al. The benefits of implementing an early mobility protocol in postoperative neurosurgical spine patients. *AJN* 2018 Jun;118(6):46-53

Anderson RJ, Sparbel K, Barr RN, et al. Electronic health record tool to promote team communication and early patient mobility in the intensive care unit. *Crit Care Nurse*. 2018 Dec;38(6):23-34.