Early Mobilization in the ICU: A Culture Change

Zahava Farkas  
New York Medical College, Zahava_Farkas@nymc.edu

Sachin Sule  
New York Medical College, sachin_sule@nymc.edu

Leanne Forman  
New York Medical College, leanne_forman@nymc.edu

Follow this and additional works at: https://touroscholar.touro.edu/nymc_fac_posters

Part of the Internal Medicine Commons

Recommended Citation

This Poster is brought to you for free and open access by the Faculty at Touro Scholar. It has been accepted for inclusion in NYMC Faculty Posters by an authorized administrator of Touro Scholar. For more information, please contact jogrady@nymc.edu.
Critically ill patients often develop long term neuromuscular weakness. On average, ICU patients lose 18% of their lean muscle mass. Immobility causes among other things, atelectasis, pressure ulcers, increased susceptibility to pneumonia and limitations in long-term functional capacity. Research has shown that early mobilization during the acute phase of critical illness is safe, feasible and leads to improved primary outcomes including decreased rates of delirium, doses of sedating medications, length of ICU and overall hospital stay, reduced post-discharge immobility and overall net cost savings.

Introduction

To change the culture in the ICU from one of immobility to one of mobility by identifying barriers to this shift and interventions that would overcome these challenges.

Methods

A multidisciplinary team was formed to identify the aptitudes and practices related to early mobilization in the ICU. Barriers including sedating practices, lack of staffing and equipment and general lack of knowledge on the topic are being evaluated. Changing the culture and educating people on the feasibility and importance of early mobility is the first step. As part of this process we conducted a survey of the Internal Medicine residents at WMC to gather baseline observational data regarding our current practice and views on the subject. Next, a pilot program modeled after successful mobilization programs at various institutions across the country will be implemented.

Conclusion

Mobilizing critically ill patients within the first few days of their ICU stay will improve patient outcomes. Baseline data including demographics, comorbidities and severity of illness at ICU admission will be analyzed. Screening tools such as the Charlson Comorbidity Index and CAM (confusion assessment method) will be used to select appropriate candidates. Primary outcomes including the number of consultations and number of treatments, daily functional mobility conducted by PT and OT, unexpected events and sedation practices will be reviewed. Frequent meetings of the multi-disciplinary team will be necessary to evaluate the progress and challenges encountered by the initiative.

Objectives


Special thanks to all those involved in this project: Karen Berger, Debra Dickstein, Sheila Maguire, Lawrence DeLorenzo, Genevieve Alinge, Michelle D’Mattia, Joan Gottlieb, Nanda Henry, Janine Kahan, Katherine Longo, Lisa Maniscalco, Linda McGinnis, Joanne Murphy, Mario Nelson, Rachel Rosenblum, Kristina Schrull-Valente and Nitin Sekhri