2014 Gage Awards

Reference #	7490350
Status	Complete
Name of hospital or health system	St. Luke's Health System
Name of project	ICU Progressive Mobility
CEO name	Chris Roth
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
Submitter name (first and last)	Rick Bassett
Submitter title	Clinical Nurse Specialist
Submitter email	bassettr@slhs.org
Submitter phone	208-381-1193
Project contact person's name (First and Last)	Rick Bassett
Project contact title	Clinical Nurse Specialist
Project contact email	bassettr@slhs.org
Project contact phone	208-381-1193
Within which of the two categories does your application best align?	Quality

1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)	Objective: To evaluate and improve on current ICU mobility practices using a collaborative, interdisciplinary approach. The goal was to identify and improve key process and resource opportunities by defining and coordinating interventions to integrate progressive mobility practices resulting in improved ICU patient outcomes. Data Sources: Information from peer-reviewed literature was used to identify key data metrics. These metrics included discharge disposition, ICU mortality rate, hospital length of stay, sedation compliance and percent of patients with a daily mobility activity. Data were collected pre and post implementation using retrospective and prospective methods. Medical record and coding documentation was used for all metrics except the percent of patients with a daily mobility activity. This was collected using daily rounding data and was analyzed by unit and aggregated by population. Study design: This quality intitiative had 4 essential design components including: >review of literature and identification of key mobility stakeholders, processes and practice that contribute to improved ICU outcomes >metrics were defined and baseline data was collected >education regarding evidence-based practice and recommended process/practice changes were provided to all stakeholders >Implementation of improved sedation practices, creation of a business case to provide for dedicated physical therapy presence in the ICU, acquisition of necessary mobility resources and initiation of new mobility practice and related standards. Findings: This projected showed an improvement in the ICU mortality, patient arousal and ability to comfortably interact and participate during in their plan of care, a reduction in the average hospital length of stay and an increase in patients returning home. Conclusions: The literature is clear that the historical standard in ICU of limiting and/or not allowing mobility does not provide better healthcare for these patients and actually can result in both short and long term harm. While these efforts were focused on the patient's experience while in the ICU, its impact goes beyond the walls of the ICU. This project and its demonstrated outcomes align with the Triple Aim and concepts of accountable care.
1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)	SummaryofContentPublishedintheLiterature.docx (20k)

2. Describe the methods use in this project. Include where, why, and how the project was accomplished.	This project was conducted in three ICUs with 33 ICU beds in 2 ICU's (Surgical and a Medical)and 14 ICU beds in one ICU (Mixed). This project was identified due to the significant impact of ICU immobility. It can contribute to physical deconditioning, development of pressure ulcers, increased time on the ventilator, increased ICU and hospital length of stay and complications post discharge for critically ill patients. ICU mobility has been shown to be an independent predictor for readmission or death in patients with Acute Respiratory Failure. Additionally, ICU oversedation complicates this by essentially rendering the patient unable to be mobilized or participate in these activities. Further, excessive ICU sedation has been associated with an increase in the frequency and intensity of delirium which has been shown to compromise ICU patient outcomes. Despite these risks, many critical care units and their providers lack the necessary knowledge, processes and resources to effectively identify and change practice to impact immobility. The CNS for Adult Critical Care facilitated an interdisciplinary team of nurses, respiratory therapists, physical therapists, physicians, unit and executive leadership. Literature review was conducted and summarized into a clinical and business case which was presented to clinicians and leaders. Subsequent to the presentation of this information, clinical process and practice changes were made with regard to decreasing and eliminating overuse of sedation. Daily interdisciplinary rounds were conducted and mobility status and progression was discussed for each patient. This helped to hardwire the new process and practice changes. During this same period of time work was being done with executive leadership to gain approval for dollars to support an escalation of physcial therapy presence in each ICU. Resources for this were approved and dedicated physical therapy postions were created to provide services in all three ICUs. Mobility huddles were performed on a regular basis to provide team members the opportunity to discuss successes, challenges and propose recommended changes to the process.

3. Describe the results of the project. What data was used to support improvement results?	This projected showed a 31% relative improvement (RI) and 6% absolute decrease in the ICU mortality (19% pre vs. 13 % post). As a result of this project and through our continued and focused efforts, we saw a 47% absolute increase in the percent of patients at target arousal levels (RASS score)(26% pre vs. 73% post) which has helped our patients to be able to comfortably interact and participate during in their plan of care by reducing and eliminating the overuse of sedation in the ICU. This, in turn, helps to reduce the chance of acquiring ICU delirium and the negative outcomes associated with it. Through our coordinated and collaborative efforts to encourage mobility our patients are stronger when they leave the ICU. In addition to this, we were able to demonstrate a 19% RI and an average 2.5 day reduction in the average hospital length of stay. This was a key contributor to their ability to return to their home environment for which this project saw a 35% RI and a 14% absolute increase in patients returning home.
3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)	MobilityResults.pdf (277k)
4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?	As a result of the project and in addition to the results reported in the previous section, we have seen an enhanced collaboration between physcial therapy and our core ICU staff. Having a consistent person has helped in the process of changing both culture and practice. While the initial scope of the project was intended to help patients to have at least one mobility event per day, we have come up with further innovative ideas to improve the program through the use of a dedicated mobilty CNA. They are now helping to assist professional staff to provide patients with a second and third mobility event each day. This will help to accelerate healing, improve strength and decrease time in the ICU and hospital. The facets and foundation of this program were built on evidence from the literature. Elements of the program are able to be generalized, customized and essentially duplicated in other ICUs.
5. Describe how patients, families, and if appropriate, community was included in the work.	The focus on decreasing sedation was intentionally identified to allow the patient to become more interactive and participative in their daily care. Patients and families were provided with basic information to help them understand the various aspects of sedation management and progressive mobility and how this would help to improve cognitive and physical function. Mechanically ventilated patients report, despite the challenges of a breathing tube, that they feel better when more awake. Even though the work can be difficult, they look forward to getting out of bed and gain improved outlook because they can experience tangible, gradual and daily improvements.
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