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Purpose: The objective was to describe how a quality improvement program for Early Mobilization was developed and implemented in a mixed population SICU at San Francisco General Hospital and Trauma Center (SFGH), an academic teaching hospital that also serves as the Level I trauma center for the City and County of San Francisco. Data was collected in order to understand patient characteristics, identify changes in culture and analyze effectiveness of the program’s components.

Description: This was a quality improvement project funded by a University of California, San Francisco grant designed to implement an Early Mobility Program in the Surgical Intensive Care Unit. A retrospective analysis was used to identify whether the implementation components were successful. A systematic approach to development of the program was taken. One Physical Therapist was assigned to the SICU at the beginning of the grant term. Program development was based off an early mobilization program that had been developed in the MICU at the same facility four years prior. A multidisciplinary approach to program development was taken with input from each medical discipline represented in the unique SICU at SFGH. Data was collected over 3 phases and then analyzed retrospectively to evaluate the program. A historic group (one year prior to the program initiation), a Pre-Implementation group (after the project was being developed, but before a dedicated PT was assigned to the unit) and a Post-Implementation Group (once a PT had been assigned to the unit full-time) were identified and compared. Many positive trends were seen when the data was analyzed. Early Mobility Screens performed by RNs each shift increased which led to more PT orders being generated by providers. This led to a decrease in the number of days from ICU admission to PT evaluation. During the implementation phase, there was a decrease in the number of “days to out of bed” for patients compared to the historical groups. Furthermore, there were no adverse events during the implementation phase. There was also a decrease in the number of patient delirium days during our implementation phase. Neither ICU or hospital length of stay were reduced significantly during our project.
Summary of Use: This study highlights the feasibility, safety and utility of an Early Mobility Program in a unique mixed patient-population SICU setting at an academic Level I Trauma Center. Benefits to having an early mobilization program in the SICU have been identified as well as characteristics unique to different patient populations.

Importance to Members: This quality improvement project is important to members because it identifies strategies to implement an Early Mobility Program in a surgical intensive care unit at a Level 1 Trauma Center. It describes the differences between the development of such a program in a Medical Intensive Care Unit setting vs. a surgical intensive care unit setting.