

Promoting a culture of safe patient mobility in a mixed critical care unit.

Problem: Nearly half of all health care workers suffer a work-related musculoskeletal injury during their career. Our unit had 9 staff injuries in 2018 and 4 the first half of 2019. Additionally, patient mobilization targets were not being met.

Purpose: Our goal was to reinvent unit culture of safety and create a reliable process to facilitate early patient mobility, meet mobility targets, and reduce staff injuries.

Methods: To identify unique barriers our unit faced; we conducted a pre-assessment survey of the staff in June 2019. This assessment included perceived barriers as well as education needs. The survey findings were presented and discussed with staff. To create motivation for culture change, we used a case study approach involving our peer injuries, and shared data on positive patient outcomes with mobility. The following recommendations were implemented: Additional lift slings purchased, PT/OT consult requests on day 1 of admit, provided education to staff on mobility equipment use, staff injury details and mobility goals. Patient mobility is discussed in rounds and plans developed in collaboration with PT and ancillary staff. Weekly progress was reported in the unit newsletters. Manager supported this work and helped set expectations that all patients who were able will be up for meals in chair, with night shift initiating 1st of three daily mobilizations. A post-assessment survey was conducted 4 months after these interventions were implemented.

Results: Pre-assessment response rate = 95%. The 4 greatest barriers to mobility included lack of ancillary staff/RN's/PT, Inadequate or unsuitable equipment, time required, and patient's body habitus. Post-assessment response rate = 75%. Significant changes noted in Increased teamwork, use of lift sheets, culture of safety, and increased PT orders on day 1 of admit. Survey question "I believe patients who are mobilized will have better outcomes" increased from 10% agree or strongly agree to 95% agree or strongly agree on post survey. Another question "I am knowledgeable about the ICU mobility protocol" increased from 59% pre-survey to 91% post survey. Patients mobilized 3 times daily increased from 69% to 86 % over 6 months. Ambulatory patients who were ambulated 3 times daily increased from 54% to 75%. Staff injuries reduced from 4 the first half of 2019 to 1 in the second half.

Conclusion: Assessing Unique barriers, motivating, engaging, and educating staff, ensuring availability of equipment, and executing a standard for patient mobility decreased our staff injuries and increased patient mobility.

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