



## BACKGROUND

- Rockyview (RGH) is a mixed medical surgical intensive care unit (ICU) / coronary care unit (CCU)
- 10 ICU beds and 7 CCU beds
- Our unit has not had windows since 2008 making the physical environment challenging
- Our RGH ICU/CCU Delirium Committee was established in 2012

## AIM

- Our goal is to change unit culture to maximize delirium management by focusing on early mobility and non-pharmacological interventions.
- We hope to achieve this by establishing unit expectations and routines that facilitate early and consistent mobilization strategies which are initiated and executed by RN's.

<b>E</b> Early mobility and non-pharmacological interventions	<ul style="list-style-type: none"> <li>Assess and determine mobility goals <b>daily</b>, including type of mobility and associated restrictions.</li> <li>Implement mobility goals <b>daily</b> and monitor progression</li> <li>Consider integrating other non-pharmacological prevention/management strategies</li> </ul>
	<p>Please refer to: <b>Non-Pharmacological Prevention and Management Guidelines</b> (Appendix 5) <b>Sleep Promotion Strategies</b> (Appendix 6)</p>

## MEASUREABLE GOALS

- 80% of patients will have a mobility assessment performed & communicated q12h by March 2018.
- 50% of patients will receive their first mobilization within 12 hours of admission by March 2018.
- 100% of patients who do not have any absolute contraindications to mobility will be mobilized to maximum patient capacity, 3 times in 24 hours by March 2018.

## CHANGE IDEAS

- Creation and implementation of the "Readiness for Mobilization Assessment Flow Chart".
- Education on active range of motion (AROM) and passive range of motion (PROM) integrated into professional development days.

- Initiation of "Brain Games"

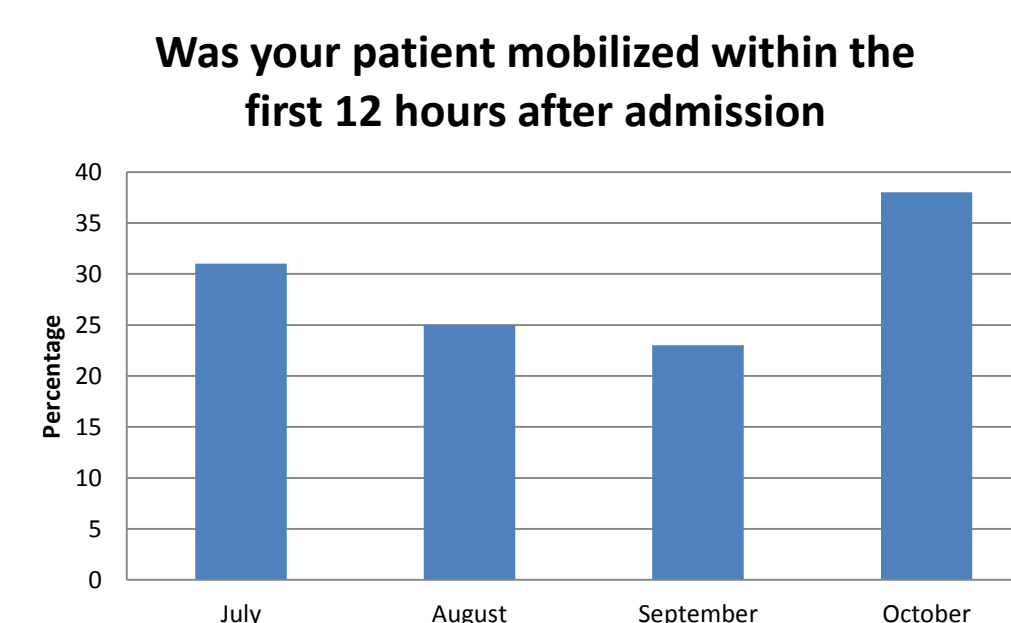
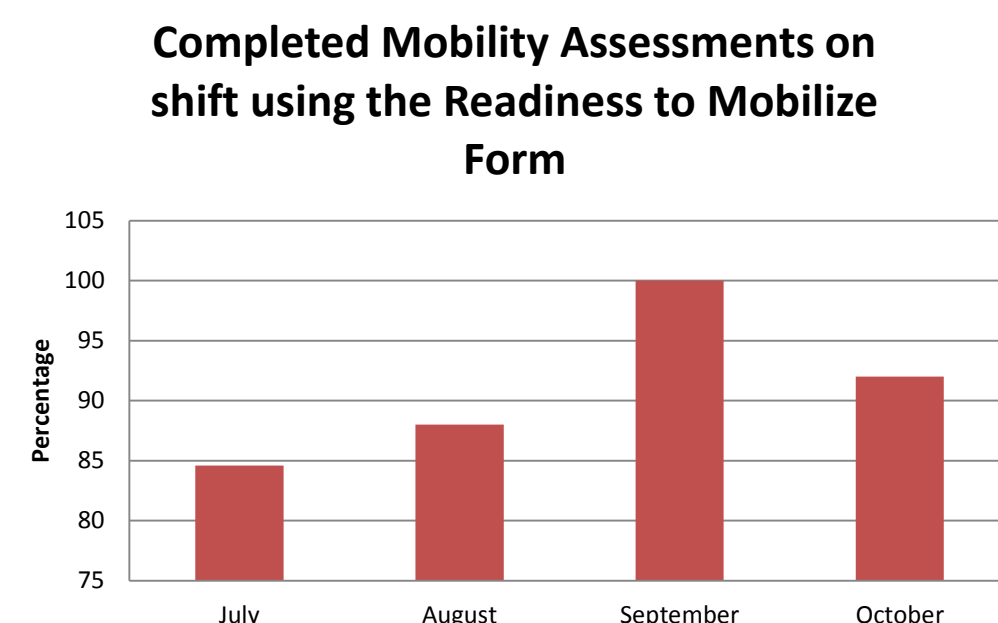


- Multiple contests to create a culture of change, including summer of mobilization, mobilization on night shifts and mobility stars.
- Education – 1:1 huddles by member of the delirium team to keep staff updated with most recent initiatives. All education information posted in the CNE newsletters and on our unit website.
- Implementation of creative mobilization activities

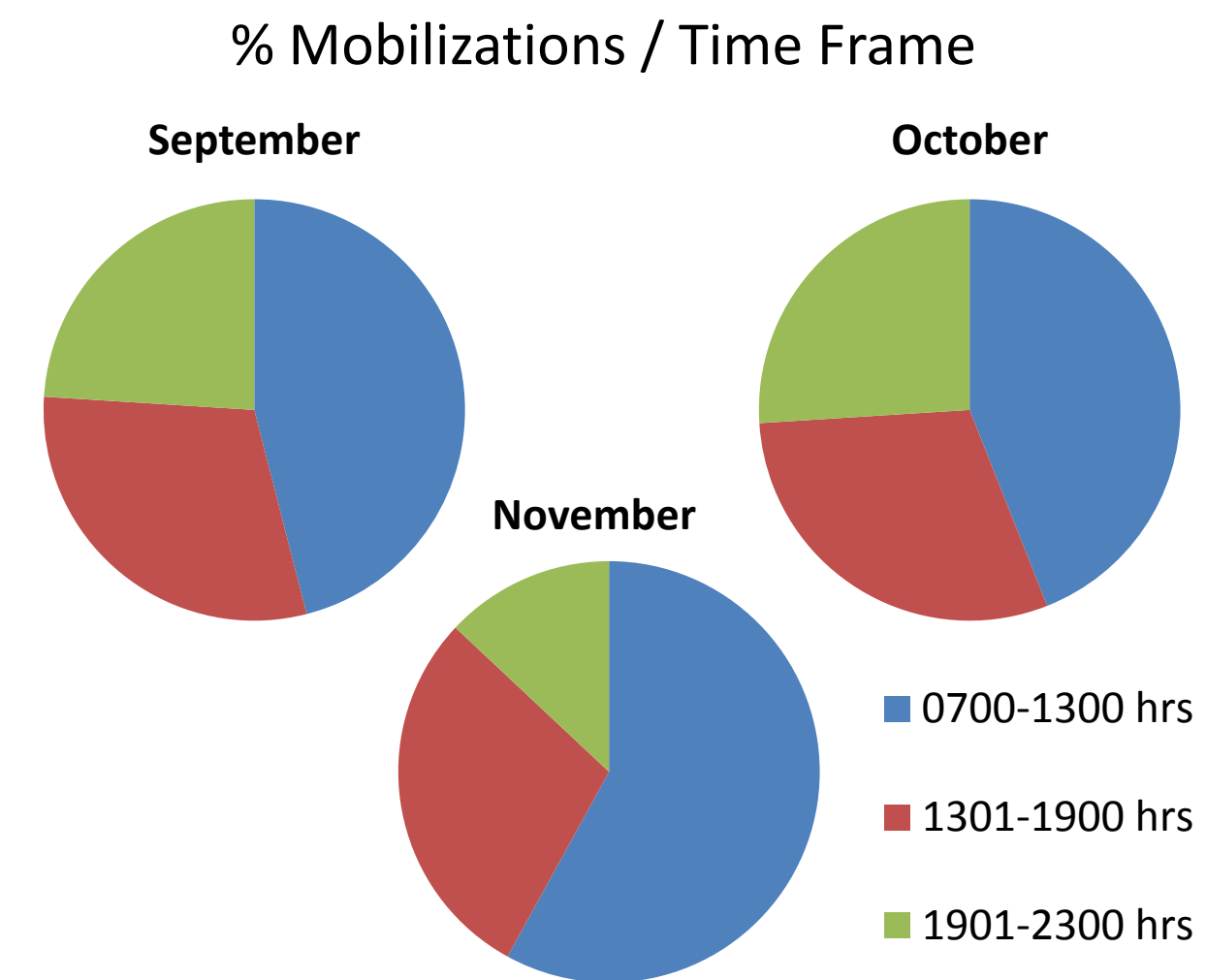
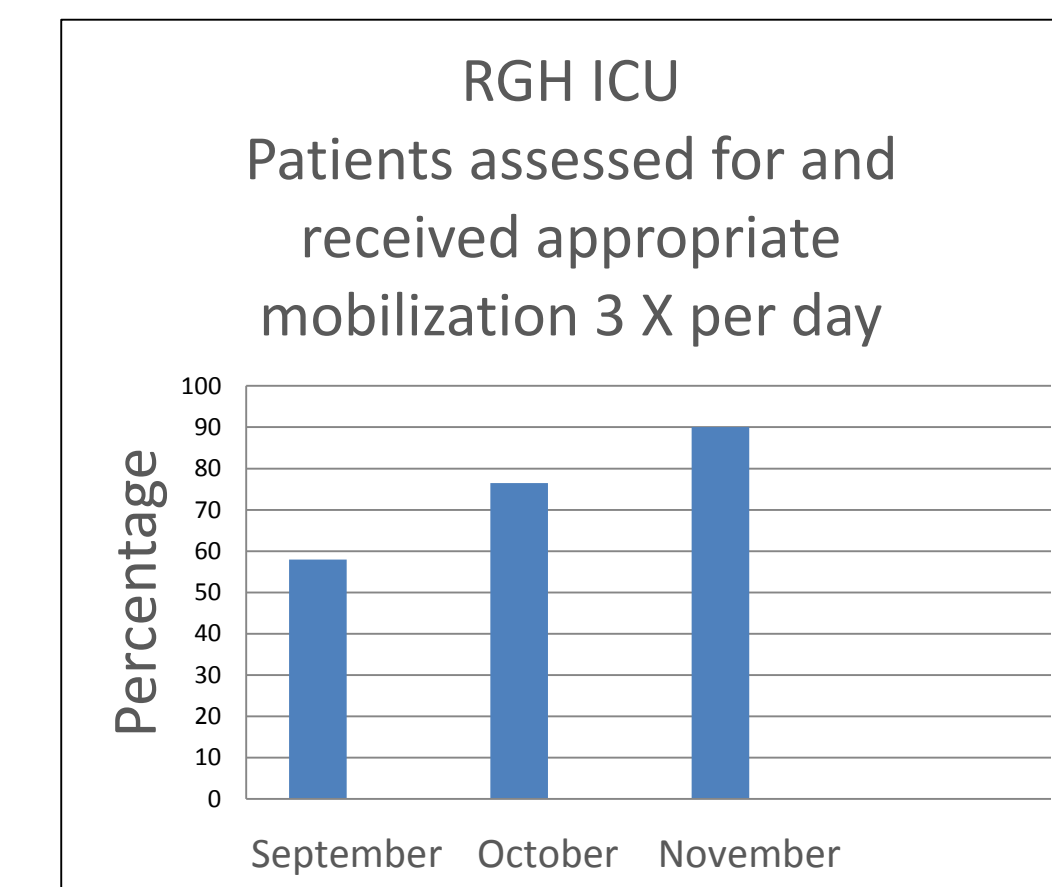


## RESULTS

- Pre and post implementation form
  - 92% of patients with a q12h mobility assessment done
  - 38% of times patients mobilized within 12 hours of admission
  - 90% of patients assessed for and received 3 mobilizations in 24 hours



## Readiness to Mobility Trial Results (September – October 2017)



## LESSONS LEARNED

- Factors affecting our statistics:
  - Changed terminology of mobilization goals from 3 out of bed mobilization to 3 patient specific maximum mobilizations.
  - Statistics are from staff filled in survey which yielded poor compliance.
- We plan to spread the change by providing staff with continued support and guidance on importance of non-pharmacological interventions to minimize long term psychological/physiological effects of an ICU admission.
- We contribute our progress in part, to the commitment and drive of our core delirium team members. Our team completed daily bedside huddles with primary RN's to discuss mobility goals and plans, coordinated new monthly initiatives to maintain staff engagement including prizes, contests and newsletter updates.

## NEXT STEPS

- Our future plans include further education regarding the importance of early mobilization and the long term benefits for our patients' delirium management and prevention.
- We would like to improve our practices surrounding sleep promotion and pain management as a precursor to effective early mobilization.
- It would be preferable to have a documentation system where we can easily pull representative data.