

Barriers to Early Mobility Encountered and Solution Strategies

Barriers	Wake Forest	Johns Hopkins	University of California San Francisco
Lack of leadership	Recruited interdisciplinary team	Recruited interdisciplinary team with an overall physician leader for the project	Recruited interdisciplinary team with a PT leader and physician head of critical care support
Lack of staffing and equipment	QI program funded addition of mobility team	Conducted as QI pilot program Staff added conditional to outcome	Conducted as QI pilot program Staff added conditional to outcome PT students taking ICU elective
Lack of knowledge and training	Literature review Protocol	Education from champions to staff Education across disciplines Interprofessional consensus policy written Site visit to established ICU early mobilization program	Education from champions to staff Education across disciplines Interprofessional consensus policy physical therapist/written Site visit to established ICU early mobilization program
Lack of physician referrals for PT	Automatic physician's order	Project coordinator screening	PT and ICU nurse practitioner rounds Inquiry at professional meetings
Over-sedation		Continuous education and reinforcement from champion MD for use of bolus rather than infusion sedation	Staff meeting education
Delirium		Screening Minimize sedation Mobilize	Screening Minimize sedation Mobilize
Patient hemodynamic tolerance of activity	Specific protocol	Created exclusion guidelines PT daily screening	Created exclusion guidelines PT daily screening
Safety	Prospectively set adverse events recorded	PT and occupational therapy emphasis on untangling lines before therapy	Retrospective analysis of incident reports

QI = quality improvement, PT = physical therapy

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