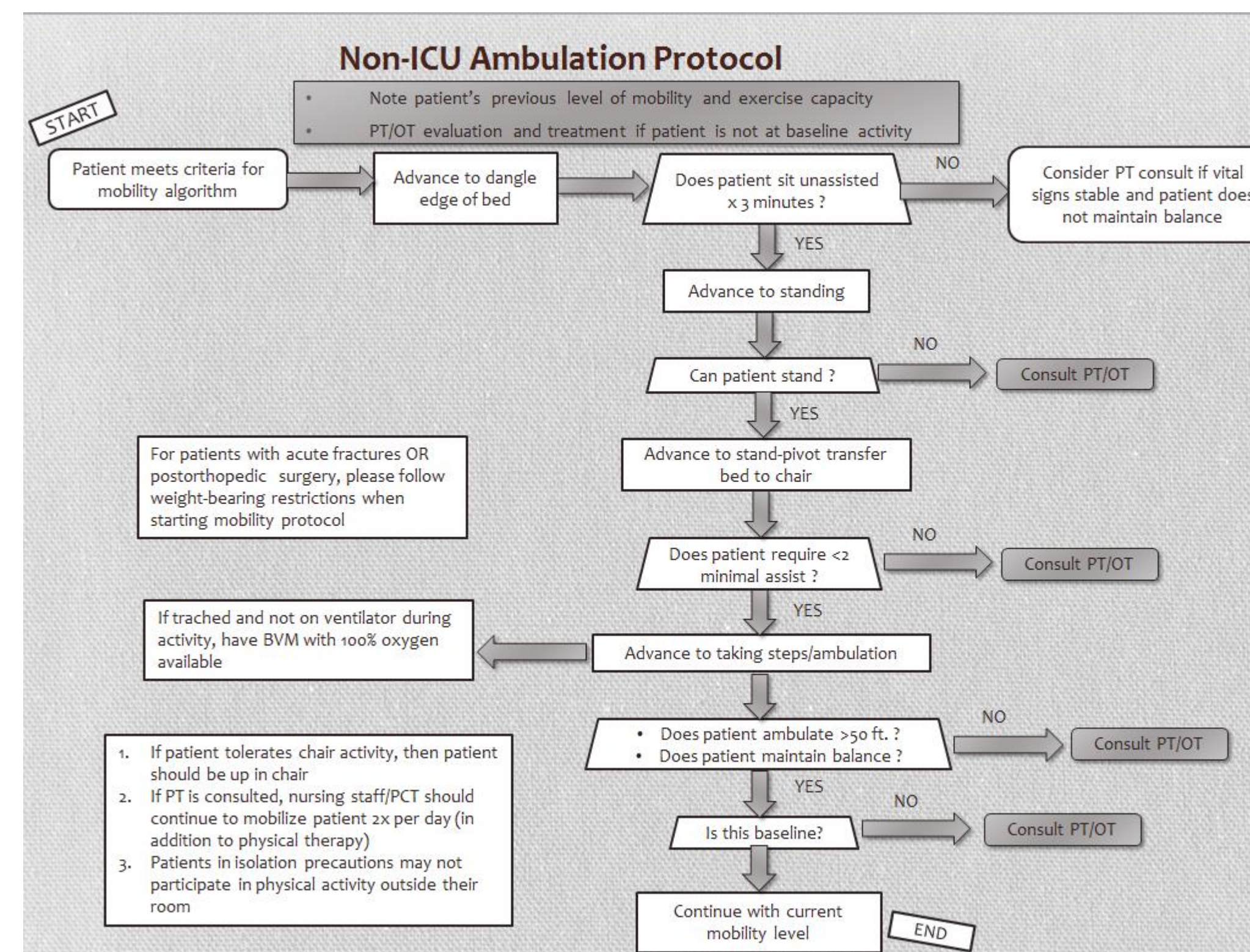
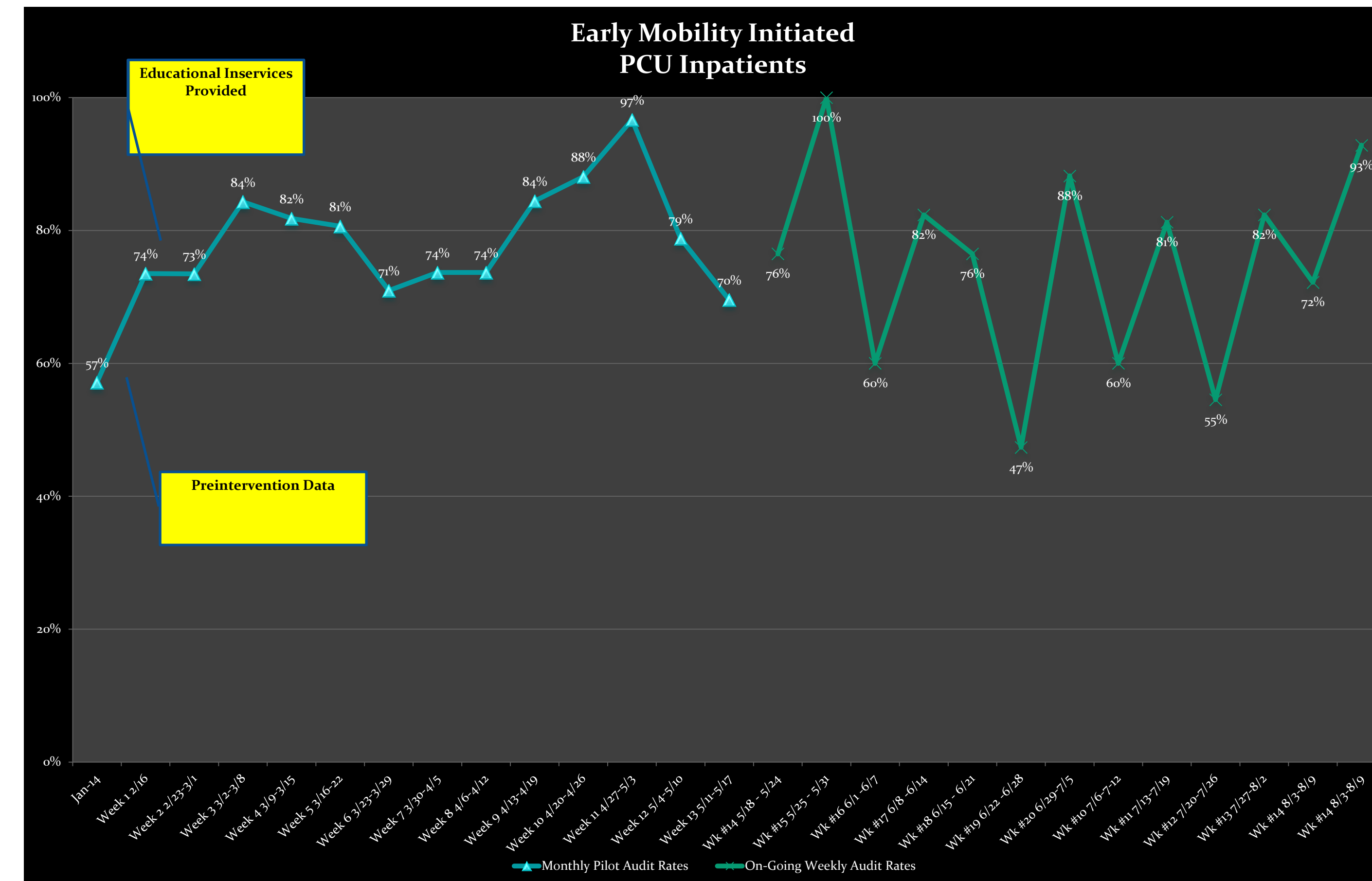


Problem

- In 2012 and early 2013 the average hospital acquired VTE rate was 1.6 clots/month.
- The team identified a need to implement a standardized method for mobilizing patients in the PCU.

Methods

- Metric Definition:** Compliance was considered positive for any patient on the PCU census with documented mobilization on the nursing flowsheet at least once within the first 3 days of hospitalization
- Exclusion Criteria:** Any patients with an order for Bedrest or patients who were discharged in < 3 days.
- Pre-intervention Data Plan:** Three weeks baseline data
- Intervention:** Educational in-service for staff on the protocol
- Post-Intervention Data Plan:** Daily audits for three months. Weekly audits for months 4-6.



Protocol Adapted from Drolet et al. (2013)

Approach to the Problem

- The team identified a need for a mobility protocol and conducted a literature review.
- A protocol was adapted from Drolet et al. (2013) and selected for daily use in practice.
- Key stakeholders: nurses, clinical techs, physical therapists, and physicians were involved

Results

- Pre-intervention Compliance: 57%.
- February – June 2014 Average Compliance: 77%
- Variability in compliance existed for July and August of 2014
- End of the year data for 2014 reflected 93% compliance.

Conclusions & Outcomes

- The ambulation protocol did not have an effect on hospital acquired VTE.
- The team felt that patient benefits of mobility extended far beyond VTE prevention and that the practice of ambulating patients in a standardized way was beneficial to patient outcomes.

References: Drolet, A., DeJulio, P., Harkless, S., Henricks, S., Kamin, E., Leddy, E. A., et al. (2013). "Move to improve: the feasibility of using an early mobility protocol to increase ambulation in the intensive and intermediate care settings." *Physical Therapy*, 93(2). p. 197-206