



# Sigma Theta Tau Symposium

## What is the Impact of Progressive Mobility on a Coronary Care Unit (CCU) in a Tertiary Hospital in Saudi Arabia

### ABSTRACT

At King Faisal Specialist Hospital and Research Centre (KFSHRC) the aim is to change the culture from "bed rest is best" to "movement is life". Currently, physicians refer patients to physiotherapy with little follow up from medical and nursing staff. After following a cohort group of 25 patients, it was noticed that 5 patients were referred to the Physical Therapy services. From these patients, 3 were seen and left without a care plan. Although physical therapy is a service provided to the units, the plan of care is frequently inexistent, undervalued and irregular. Also, shortage of staff and misconception of the value of mobilizing the patient were found to be reasons that justify the absent nurse-led mobility initiatives and education on the use of the equipment. While implementing the Progressive Mobility Protocol tool in a Cardiac Coronary Unit (CCU), the main aims are to provide education for both staff and patients, which will lead into the shift of the "bed rest" culture to "movement is life" in the tertiary hospital that this study refers to. The measurable expected outcome is a reduction on the Length of Stay (LOS) by 1.5 days per patient.



- Progressive mobility as defined is a series of planned movements in a sequential manner beginning at a patient's current mobility status with a goal of returning to his /her baseline (Vollman, 2010).
- A meta-analysis conducted by Peter E. Morris (2007) of 39 RCTs determined the mobility barriers and benefits and concluded that mobility is a component of primary, secondary and tertiary prevention of overall disease morbidity and mortality.
- A RCT conducted by Morris et al. (2008), found that hospital LOS for patients who underwent a mobility protocol was 11.2 days, in comparison to the patients who were provided the usual care, who's LOS was 14.5 days average.

### REVIEW



### MAIN GOAL

- Measure the impact of the Progressive Mobility Program (PMP) in the LOS of a critical care unit.
- Introduce the concept of Early Mobility into the unit as well as promote interdisciplinary approach towards the PMP.

### EXPECTED OUTCOME

- Decrease the unit LOS by 1.5 days.
- Decrease in hospital acquired injury.



### METHODOLOGY



- Randomized control trial with two arms conducted over the estimated time of one year
- 250 patients that will be intubated and admitted in the Cardiac Coronary Unit
- PMP will be utilized to assess and progress the eligible patients throughout the protocol
- Educational sessions to the staff provided upon entering the organization and in-services for existing staff



<p><b>Level 1: BREATHE</b></p> <p>Patient Assessment: RASS -5 to -3; SAS 1-2 (eg. cannot participate)</p> <p>Achieved: </p>	<p><b>Level 2: TILT</b></p> <p>Patient Assessment: RASS -3; SAS &gt;3 (eg. opens eyes; may have profound weakness)</p> <p>Achieved: </p>	<p><b>Level 3: SIT</b></p> <p>Patient Assessment: RASS -1; SAS &gt;3 (eg. weak but may move arms/legs independently)</p> <p>Achieved: </p>	<p><b>Level 4: STAND</b></p> <p>Patient Assessment: RASS &gt;0; SAS &gt;4 (eg. weak but may tolerate increased activity)</p> <p>Achieved: </p>	<p><b>Level 5: MOVE</b></p> <p>Patient Assessment: RASS &gt;0; SAS &gt;4 (eg. weak but may tolerate increased activity)</p> <p>Achieved: </p>
---	--	--	--	---

- The language barrier is also a major concern. Even though KFSH&RC is an English speaking hospital, the majority of our patients do not speak English. The level of Arabic that ex-pat nurses achieve is not good enough to sufficiently educate the patients about mobilizing. Nurses rely on translators, Arabic speaking nurses and family members to translate, however, this is not always possible. To overcome these barriers, culturally sensitive animation videos and educational materials are being developed.

### CULTURAL CONCERNS



References:  
Karlsson, M. (2010). Mobilizing Patients: Mobility in the Coronary Care Unit. *Critical Care Nursing*, 26(4), 1-10.  
Morris, E. (2007). Moving our Quality in Patients: Mobility Barriers and Benefits. *Critical Care Nursing*, 23(4), 1-10.  
Morris, E. et al. (2008). Translating Research into Clinical Practice: The Role of Quality Improvement in Reducing Readmission for People with Chronic Obstructive Pulmonary Disease. *Chest*, 133(4), 1011-1018.  
Morris, E. et al. (2008). Early Intensive Chest Physiotherapy in the Treatment of Acute Respiratory Failure. *Critical Care Medicine*, 36(2), 411-418.  
Basel, et al. (2002). *Implementation of Multidisciplinary Mobility Programs in Intensive Care Patients*. *Critical Care Medicine*, 30(12), 2211-2216.  
DeLuca, S. (2002). *Implementation of Nursing, Standards and Practices*. *Journal of Clinical Practice*, 58(1), 1-10.