

Increase Mobilization Using a Nurse-Driven Mobility Protocol to Decrease Length of Stay in the Surgical Liver Intensive Care Unit

PURPOSE

The project aimed to improve length of stay (LOS) and decrease ventilator days in the liver transplant patient population with the implementation of a nurse-driven mobility protocol. The primary objective was to develop a nurse-driven mobility protocol that would determine the level of mobilization intervention based on the patient's physiologic presentation.

BACKGROUND

Nurses in the surgical and liver intensive care unit (SLICU) remained reluctant to mobilize critically ill post-liver transplant patients. This practice resulted in an increased length of stay (LOS) and increased ventilator days in this patient population.

METHODOLOGY

The Plan Do Study Act (PDSA) method of quality improvement was used for this project. The practice change included the implementation of a mobilization protocol and the introduction of daily mobility rounds conducted by the interprofessional team to establish the mobility level for the post-liver transplant patient. Baseline data included a comparison of mobilization efforts, ICU length

of stay, and ICU ventilator days from the previous year.

RESULTS

When compared to the previous year, mobilization activity increased by 52%. Despite the increase in mobilization activity by 52%, ICU LOS increased to 9.4 days and ventilator days increased to 636 days.

IMPLICATIONS

Although the introduction of a mobility protocol in the SLICU did not result in a decrease in ICU LOS nor a decrease in ventilator days, the mobilization protocol was an effective strategy to overcome barriers in mobilizing the post-liver transplant ICU patient.



Michele Layne-Harden

DNP, MHA, RN, NE-BC

Nurse Executive