



# WORKING TOGETHER TO PROMOTE MOBILITY IN THE ICU.

Tools for effective communication about early mobility

Implementing early mobility protocols in the ICU has many advantages.

But it also requires an up-front investment of time and resources to learn new procedures and routines.

Team communication is critical during:

- Implementation — how team members communicate with each other
- Education — how team members know what to communicate

## Improve communication during implementation

Be consistent when communicating. Different communication styles, concept definitions, and vocabulary can obscure meaning and cause harm.<sup>1</sup>

Consider using:

- **A standard vocabulary**
  - To some team members, “confused” or “disoriented” may be synonyms for “delirious,” but other members may interpret them very differently.
  - Common terms aid in clear communication and coordination among team members.<sup>2</sup>
- **Agreed-upon protocols and assessment guides**
  - Use the same assessment methods. For example, the Richmond Agitation-Sedation Scale and the Riker Sedation-Agitation Scale usually result in similar assessments.
  - There may be a risk of conflict, especially if different clinicians use different tools on the same patient.<sup>3</sup>

- **A common format for verbal reports**
  - Include the same patient data during hand-offs or rounds, in the same order, every time.
  - Keep vital information from falling through the cracks.<sup>1,2</sup>
- **Common data-gathering tools**
  - Know where to find necessary information when time is of the essence.
  - Prevent misunderstandings and mistakes.<sup>1,2,5</sup>
- **Structured, interdisciplinary rounds**
  - Use rounds to make sure all team members are on the same page for every patient.
  - Use specialized rounds — like mobility rounds — for PTs, OTs, and nursing staff to develop a mobility plan for each patient.<sup>1,2</sup>
- **Automatic orders**
  - Where possible, implement automatic mobility therapy orders.
  - This can speed up a patient’s access to early mobility therapy.<sup>4</sup>
- **Nonverbal communication aids**
  - Use symbols or icons for prescribed therapy options or patient conditions to speed up processes.
  - A color-coded tag or other quick-to-understand label at the bed can tell a PT or OT patient status and guide therapy decisions immediately.<sup>1</sup>

## Improve education on early mobility

A major goal — and sometimes a major hurdle — to changing an organization’s culture is getting buy-in from the people who have to make it work.

For example, there is often a “culture of immobility” in ICUs.<sup>5</sup> A belief that ICU patients are “too sick” to move robs them of access to physical and occupational therapy.<sup>6</sup>

Use these proven strategies to educate ICU staff of the value of implementing early mobility<sup>6</sup>:

- Multimedia education — to keep team members engaged in the material and reach team members with different learning preferences
- Multiprofessional education and training — use for team building and to promote understanding of other viewpoints
- Goal identification and sharing — use for team building and to promote interprofessionalism
- Interprofessional champions — use to expand the pool of stakeholders and get team members from different fields talking
- Exercises in identifying barriers — use to reveal challenges and assumptions
- Promotion of mobility programs — use to raise awareness of early mobility benefits
- Early mobility as quality improvement program — promotes evidence-based, measurable changes

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