**PURPOSE**

Patient immobility has been described as an unrecognized epidemic in the hospital. Immobility is associated with high morbidity, with muscle mass declining by up to 50% during hospitalization. Mobility has been shown to reduce ICU and hospital length of stay, mechanical ventilator days, ventilator associated pneumonias, and ICU costs. The Cardiac ICU at Vidant Medical Center identified patient mobility as an area for improvement and a quality improvement project was started using the Plan, Do, Study, Act (PDSA) cycle system. We aimed to identify barriers to patient mobility in the Cardiac ICU and increase the number of patients being mobilized per day by 50% over 6 months.

**RESULTS**

**IMPROVE Protocol Survey**

Thank you for participating in our survey. This survey assesses the IMPROVE protocol was implemented in the ICU to improve patient mobility and reduce immobility throughout their stay. The survey was split into sections which corresponded to patient endpoints or areas for improvement. A total of 83 nurses participated in the survey. The survey was administered in one half of the unit to evaluate its effectiveness and its ability to improve patient mobility. We identified areas in the current hospital model for mobility that did not meet the needs of Cardiac ICU patients. Particularly, guidance and resources were lacking for bed bound patients who could participate in active mobility and were at high risk for immobility. A new supplemental exercise program specific to the ICU was created, allowing patient-centered mobility progression that was nurse-initiated and easy to accomplish. Moving forward, after obtaining feedback from nurses, our next PDSA cycle will focus on unit education and a training session on the protocol. We also plan to improve the EHR interface to make it easier to document patient mobility over time. We believe these two changes could increase compliance with the protocol.

**MATERIALS & METHODS**

The first PDSA focused on barriers to patient mobility. A bedside questionnaire was administered in one half of the unit to review providers’ knowledge of the current protocol and perceived barriers to mobility. PDSA 2 created an exercise supplement to GEMS using a pedal exerciser, called the IMPROVE Movement Program. Exercise routines were stratified by GEMS level, with separate levels for bed-bound patients who were able to participate versus bed-bound and unable to participate in an exercise intervention. PDSA 3 implemented the IMPROVE Movement Program across the unit. PDSA 4 collected data from the healthcare workers that utilized IMPROVE movement to evaluate its effectiveness and its ability to improve patient mobility.

**REFERENCES**

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