

The Benefits of Early Mobilisation in the ICU

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Quick Poll:

Does your department have a formal recognised mobilisation programme?







The benefits of Early Mobilization with Ergoframe®, Cardiac Chair, Microshifting, Mobi-Lift®, & Alternating Lateral Therapy

Introduction of customer needs in ICU

Enhanced Patient Outcome



Improve Pulmonary Outcomes



Early Mobilization



Pressure Injury Prevention



Falls Prevention



Improve Patient Experience



Improved caregiver & hospital workflow



Safe Patient Moving & Handling



Easy Patient Transportation



Simplify Caregiver Procedures



Hospital Operations Efficiency

FROM A STAFF PERSPECTIVE WHAT PREVENTS PATIENTS MOBILIZING

The Biggest Barriers to Early Mobilisation in your ICU





Mobilisation barriers – FOCUSED ON STAFF

- Staffing levels?
- Lack of Time
- Equipment issues?
 - -Older technology without advanced features (ALT)
- Concerns of staff (patients are too ill to mobilize)?
- Is there an early mobility program already?

And more....





WHY IS THE PATIENT UNABLE TO MOBILISE



Mobilisation barriers – FOCUSED ON PATIENT

- Hemodynamic instability
- Respiratory issues
- Sedation
- Patient Compliance

And more....





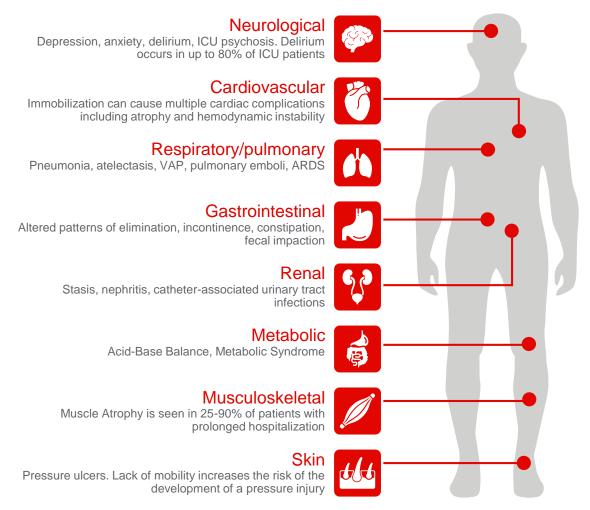
Challenge

Up to 17% of muscles atrophy after 3 days of immobility (1)

Decreased muscle mass 6 – 12 months after discharge from ICU⁽²⁾

Joint contractures may begin to form within 8 hours of immobility⁽³⁾

Complications associated with immobility



Immobility affects every system of the body.



Impact of Early Mobilisation program

Care giver / Facility Focus

- Releases time for direct patient care
- Increase staff satisfaction
- Reduce staff sickness absence*



Patient Focus

- Improve respiratory function
- Reduce the adverse effects of immobility
- Increase level of consciousness
- Increase functional independence
- Improve cardiovascular fitness
- Increase psychological well-being
- Reduce the risk of delirium
- Increase patient satisfaction



^{*} The right equipment with the right practices can enhance the working environment and elevate staff attendance. Ref UHS study

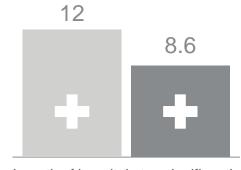
Solution

Early Mobilization Programs



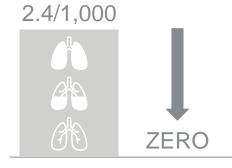
Proven results of using a mobility program (4)

Length of hospital stay [days]



Length of hospital stay significantly decreased from 12 to 8.6 days

Ventilator Associated Pneumonia (VPA) [days]



Ventilator Associated Pneumonia significantly decreased from a rate of 2.14 per 1,000 days to zero

Hospital associated infections (HAI)



Hospital associated infections reduced by 60%

Early mobilization in the ICU could minimize OSS of functional abilities and possible shorten hospital stay by 28%

Early mobilization program can reduce the incidence of delirium by up to 50% (5) delirium by up to



Solution

Early Mobilization Program



Learn more about Early Mobilization with LINET in dedicated brochure



Watch Early Mobilization Program video

How can equipment support patient mobilisation?

Level 1



Level 2



Level 4





Challenges

Moving immobile patient

- Hemodynamic instability
- Patient's trunk and core weakness
- Hemodynamic and orthostatic training
- Patient autonomy
- Assessing muscle strength and hemodynamic stability
- 2-3% loss of muscle mass of first 10 days

Solutions

- Microshifting
- Automatic Lateral Therapy
- One-button functions
 - Vascular leg position
 - ReverseTrendelenburg
- Mobilization button
- Mobi-Lift® handle
- Siderails concept
- Full chair position
- Mobi-Lift® handle
- Siderails concept
- Lateral tilt

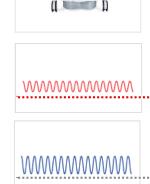


Improving lung health by repositioning

Frame-based Lateral Tilt with programmable Automatic Lateral Therapy

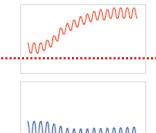






Right Tilt Increased aeration in upper lung (left)



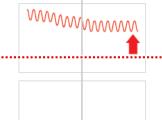


Supine

Increased overall aeration









Increased aeration in upper lung (right)











Increase overall aeration

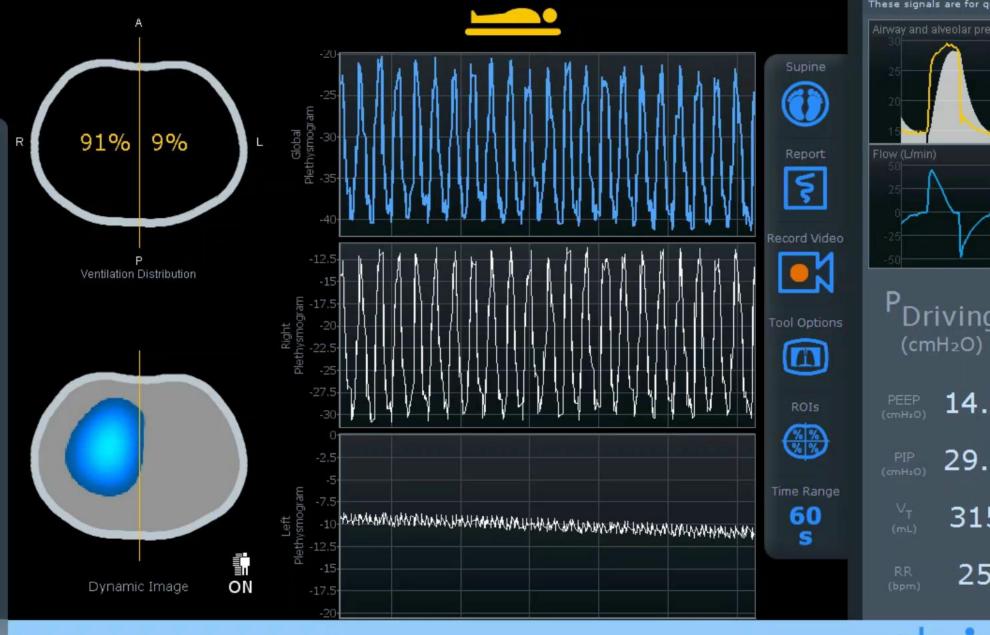
















EXPORT

Ventilation

PEEP Titration



Early Mobilisation Video intensive care

Practical

All stages of Early mobilisation program

LEVEL 1
Microshifting

LEVEL 2

Reverse Trendelenburg

LEVEL 3

Cardiac chair

LEVEL 4

Mobi-Lift® handle, mobilization button & Lateral tilt









Summary



Early mobilisation program can help with:

- Moving immobile patients
- Muscle strengthening exercises
- Improving patient autonomy and confidence
- Helping patients to safely stand up

L



Spotlight ICU Seminar program

- 1. Reduction of Musculoskeletal Disorders via Frame based Lateral Tilt
- 2. Enhancing respiratory outcomes and encouraging the reduction of Ventilator Induced Lung Injury (VILI) via Automatic Lateral Therapy
- 3. The benefits of Early Mobilization with Ergoframe®, Cardiac Chair, Microshifting, Mobi-Lift®
- 4. A guide to Pressure Injuries and Pressure Injury Prevention when Proning with Opticare® X, Virtuoso® Pro & Ergoframe®
- 5. Patient and Caregiver SafetyX-ray cassette insertion, Patient Safety, Easy Patient Transportation





Access to further resources

Stop by Stand 16



SCAN QR TO BOOK ON:







LINET

Thank you for your attention

References

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- 3. Effects of bedrest 5: the muscles, joints and mobility | Nursing Times
- 4. Titsworth wl, et al. The effect of increased mobility on morbidity in the neurointensive care unit. J. Neurosurg. 2012; 116:1379 1388.
- 5. Schweickert w, pohlman m, pohlman a, nigos c, pawlik a, esbrook c, spears I, miller m, franczyk m, deprizio d, schmidt g, bowman a, barr r, mccallister k, hall j, kress j (2009) early physical and occupational therapy in mechanically ventilated, critically ill patients: a randomised controlled trial. Lancet 373:1874–1882.

