

The Complications of Immobility

The Benefits of Safe, Early Patient Ambulation What Evidence Shows About the Use of Safe, Early Ambulation

Safe, Early Patient Ambulation Guide

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Determine the Savings of Implementing Patient Ambulation How to Implement a Safe Early Patient Ambulation Program Discover Nezzie[™] as a Key Component of Your Early Ambulation Program

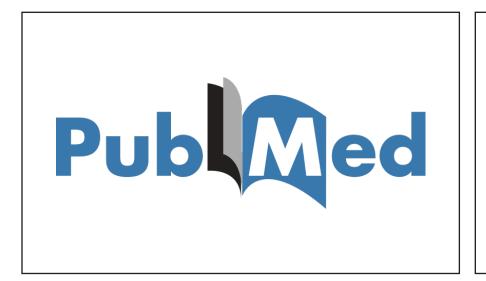
The Complications of Immobility

Post-surgical immobility can have various detrimental effects on a patient's mind and body. The physiological effects may include ventilator-associated pneumonia, urinary tract infections, bowel obstructions, deep vein thrombosis and pressure ulcers. In addition, immobility may contribute to various levels of depression. Preventing these complications can benefit the patient, caregiver and medical facility in terms of both costs and better outcomes. The links below provide further and related reading.





Evidence-Based Practices



Impact of early mobilization protocol on the medical-surgical inpatient population: an integrated review of literature

Efficacy and safety of very early mobilization within 24 h of stroke onset: a randomised controlled trial

THE LANCET



Temporal trends and risk factors for readmission for infections, gastrointestinal and immobility complications after an incident hospitalisation for stroke







THE AMERICAN GERIATRICS SOCIETY

IOSR Journals International Organization of Scientific Research

Knowledge on complications of immobility among the immobilized

patients in selected wards at selected hospital



rsing

Effects of bedrest 1: cardiovascular, respiratory, and hematological systems Prevalence and outcomes of low mobility in hospitalized older patients





THE AMERICAN GERIATRICS SOCIETY AGS THE AMERICAN GERIA Geriatrics Health Professionals. Leading change Improving care for Leading change. Improving care for older adults.



American Journal of Nursing The Leading Voice of Nursing Since 1900

Hospital management of older adults

Diagnosis-related group-adjusted hospital costs are higher in older medical patients with lower functional status

Functional decline in hospitalized older adults



exercise in the hospital of hospitalized older adults: a qualitative study



The Benefits of Safe, Early Patient Ambulation

Nurses and Physical Therapists are aware of the benefits of early, safe, frequent patient ambulation. The physiological benefits for the patient include improved functional mobility, muscle strength, and a reduced duration of mechanical ventilation. Early, safe, frequent patient ambulation can also help avoid complications including urinary tract infections, ventilator-associated pneumonia, bowel obstructions, pressure ulcers and deep vein thrombosis. Benefits for the hospital may include reducing costs via decreased length of Stay and reducing the incidence of hospital readmissions. The links below provide further and related reading.





Evidence-Based Practices



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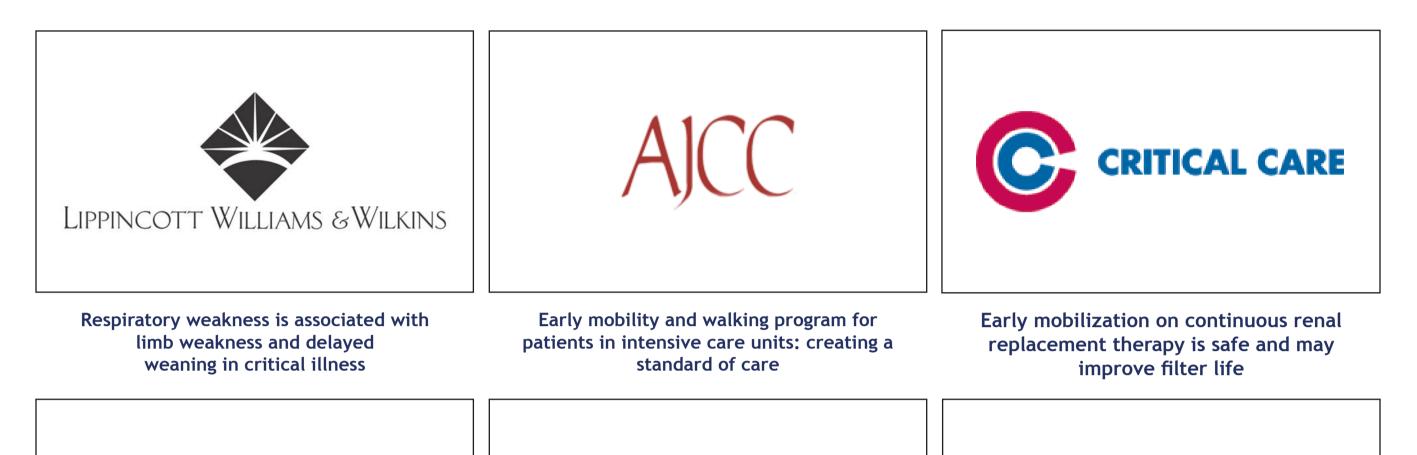
What Evidence Shows About the Use of Safe, Early Ambulation

According to <u>Am J Crit Care. 2009;18(3):212-221</u>, evidence indicates that patients in intensive care units have high morbidity and mortality, high costs of care and a marked decline in functional status. Safe, early and frequent ambulation programs facilitated by Physical Therapists and clinicians in the ICU can promote functional independence without any adverse reactions.

Such programs can also help avoid common, secondary post-surgical complications including urinary tract infections, ventilator-associated pneumonia, bowel obstructions, pressure ulcers and deep vein thrombosis. Benefits for the hospital may include reducing costs via decreased Length of Stay and reducing the incidence of hospital readmissions.

Ongoing education and coordination with the inter-professional team as well as changes in protocols, equipment, and ICU culture have been recommended to increase success. The links below provide further and related reading.

Evidence-Based Practices









Very early mobilization in stroke patients treated with intravenous recombinant tissue plasminogen activator



Safety of out of bed activity and ambulation in patients with pulmonary artery catheters Early mobilization of LVAD recipients who require prolonged mechanical ventilation

IV-tPA treated stroke patients:

a prospective study

TEXAS HEART[®] INSTITUTE



Success of an early mobility program with a patient s/p mechanical ventilation with severe axonal polyneuropathy in the intensive care unit: a case report



in patients with pulmonary artery catheters

Fighting VAP one step at a time: early mobility for the ventilated patient

Early mobilization of patients receiving extracorporeal membrane oxygenation: a retrospective cohort study



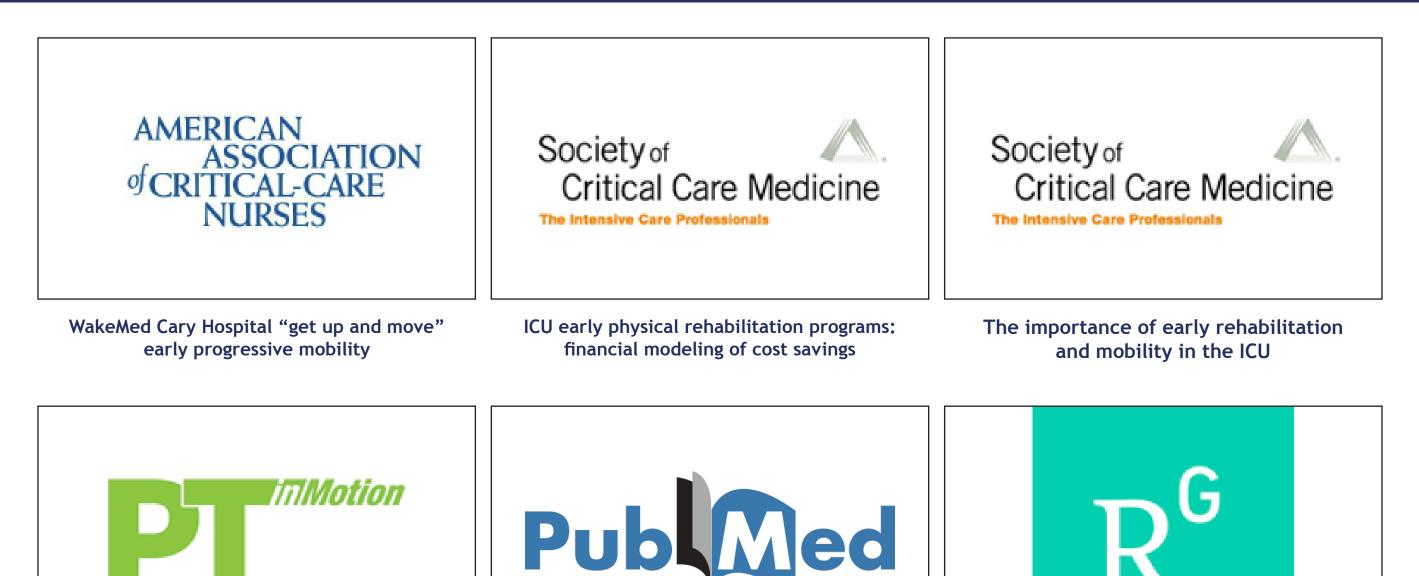
Determine the Savings of Implementing Patient Ambulation

According to even the most conservative financial projections, the implementation of an Early Mobility Rehabilitation Program for post-surgical and ICU patients can generate net savings for U.S. hospitals. The investment will vary by hospital, but the return on investment is clearly positive relative to the improvements in patient outcomes, potential reduced length of stay and the possible avoidance of secondary complications. The links below provide further and related reading.





Evidence-Based Practices





Society of Critical Care Medicine



ScienceDirect®

ICU Early Physical Rehabilitation Programs: Financial Modeling of Cost Savings. Cost Analysis of Shock Wave Lithotripsy

DVT Costs



Delirium Costs



How to Implement a Safe **Early Patient Ambulation Program**

If we want to achieve substantive and sustainable improvements in patient outcomes, we have to change the flawed components of the systems in which clinicians work. We must redesign systems to consistently produce wellness instead of harm. Reference: Early Mobility Toolkit

The success of a safe, early patient ambulation program is anchored in its development. Hospitals must establish the need and define the objectives of such a program, not only to gain buy-in and give life to the program on an administrative level, but to ensure buy-in on a daily basis through all clinical levels to ensure the protocols are adhered to. Implementation involves communicating clearly defined objectives and establishing protocol specifics to ensure the highest possible levels of adherence. The links below provide further and related reading.

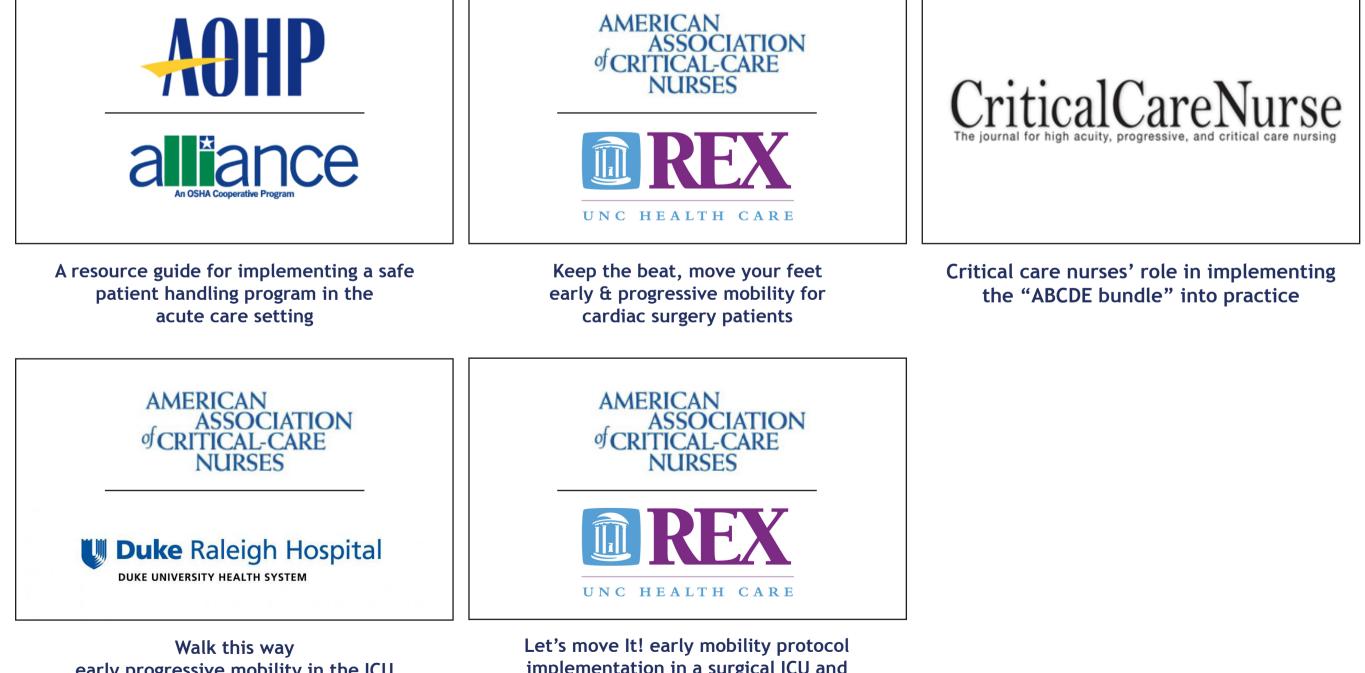




Evidence-Based Practices









early progressive mobility in the ICU

implementation in a surgical ICU and acute care setting



Discover Nezzie as a Key Component of your Early Ambulation Program



Developed by a Thoracic Surgeon and available exclusively through Blickman — Nezzie, is designed to be parked bedside, holds all devices, monitors, oxygen and IV poles, thereby eliminating the need to transfer and carry each item during ambulation. Nezzie reduces the number of clinicians needed; creating a better department workflow. Nezzie features a superior design that holds more equipment than competitive products, yet remains stable, enhancing patient and staff safety. Nezzie uses no more room than a standard IV pole.

Nezzie is Designed to:

- ✓ Facilitate Frequent Patient Ambulation
- ✓ Reduce Complications of Immobility
- ✓ Improve a Patient's Sense of Independence and Well-Being
- Increase Patient and Staff Safety
- ✓ Increase Department Efficiency and Workflow
- ✓ Increase Staff Satisfaction
- ✓ Reduce Cost



Nezzie Video

Nezzie on the Nurses Show

Nezzie Brochure

Savings Calculator

Nezzie's Features



