

Starting a Successful Safe Early Mobility Program

Hospitals are always under the extraordinary pressure of maximizing patient outcomes while simultaneously minimizing overhead. Few hospital-wide initiatives can meet these seemingly contradictory requirements, yet implementing a safe early mobility program (SEMP) satisfies both. In fact, clinical studies prove that the benefits of SEMPs include positive outcomes for patients (faster recovery times, improved interactions, 20-30% decrease in total hospitalization time, lowered risk for infection and injury ...), for medical staff (up to 30% increase in productivity and efficiency, lowered risk for on-site injury), and for administration (...average savings of \$1.3k per patient). When patients recover quickly, everybody wins.

So, why aren't SEMPs universal? In reality, a successful SEMP requires a *culture shift* in every department of the hospital. Effective patient mobility requires continuity of care from the ICU to final discharge. For example, as a patient is moved from the ICU to another Floor, where the nurse-to-patient ratio is lower, the patient's need for mobility increases, even though access to mobility, by nature of staff utilization, is significantly impeded.

Here are 5 key factors that will allow you to save money and improve patient outcomes by effectively implementing a hospital-wide SEMP:

1. **Obtain the Backing of Executive Management.** Because an effective SEMP must be coordinated across floors and departments, any strong SEMP initiative must be sponsored at the executive level. Executives are best positioned to authorize the necessary financial support, educate patients and staff in SEMP protocols, and monitor SEMP initiatives in different departments. If a mobility culture shift is not adequately supported at the most senior executive levels, miscommunication and misinformation can diminish desired performance outcomes.
2. **Choose Cross-Functional Champions.** To achieve the desired Culture Shift and program outcomes, you will need to choose a cross-functional team from ICU/PCU/CVICU, the Floors (General Med, Post-Surgical Stepdown, Oncology, Progressive Care), and Pediatrics. This team will champion hospital-wide SEMP development and deployment, ensuring consistent practice across departments. It is advisable that the team include PTs, RNs, OTs, RTs, and Physicians. To be successful, the senior management must empower this team to establish SEMP protocols, ensure alignment with each department's objectives, ensure continuity of care across departments, and choose the best SEMP equipment for the hospital facility. We have found the team to work most smoothly if some SEMP team members are present and accessible on every shift.
3. **Establish Baseline Measurements and Set Goals for Improvement.** The SEMP team, working with the financial and quality personnel, should first evaluate a baseline of performance across each department for key metrics such as: average patient length of stay, average cost per patient, nurse to patient/clinician staffing ratios, number of secondary infections, number of

falls or accidents, cases of ICU delirium, and any other key hospital performance factors which can be impacted by a SEMP. Then, based on clinical studies and best-practice data, as well as any unique hospital dynamics which enhance or limit capability, the team should establish and publicize improvement goals for each key metric.

- a. **Prepare for Potential Impediments.** It is important to know and analyze the lurking impediments to success which are inherent in your current culture (be it people, processes, or technology), and plan a work-around. Institutional department bias can be a powerful enemy to necessary culture change. For instance, over-sedation is a common unstated practice that keeps patients in bed and helps understaffed nursing shifts meet their service requirements.
 - b. **Measure Your Success.** It is vital that the performance data associated with each key metric is regularly gathered and published in order to verify the success of the SEMP or to identify the need for additional adjustments.
4. **Acquire the Right Tools.** Right now, there are emerging technologies that will make SEMP an easy-to-implement reality. Lifts that help patients get in and out of bed, mobi units (mobigo, mobilite, mobikidz) that keep patients ambulant—i.e., there are new tools that can be optimized hospital-wide to ensure continuity of care.
5. **Market the Program and Reward your Success.** To reframe mobility as a core of your hospital culture, be prepared to frequently market your successes across the hospital and reward departments that meet the improvement goals. Accordingly, SEMP should be a consistent topic of conversation at staff meetings, patient team rounds, and everywhere there is an opportunity to educate and instruct clinicians and staff regarding the plan, the goals, and the tools that will be implemented. And don't forget to educate existing and prospective patients! Advertising campaigns that promise better patient mobility can do wonders for the hospital's profile in the broader community, especially once you're able to back them up with well-documented patient recovery statistics.

If you would like more information on implementing a SEMP or would like to discuss a consulting engagement with one of our associated industry experts, please contact us at sales@livengoodmed.com