

RNs/PTs: Eliminating Competing Priorities in the ICU

Erica Thibault, MS, RN, APN, CNS, CWON

In the ICU, nurses and physical therapists (PTs) quickly learn the stark differences not only in their patient care priorities, but also in the ways they communicate. Of course, they always share at least one thing in common: a mutual goal of getting and keeping their patients healthy. If they can find common ground and language, these often at-odds teams can reduce a patient's time on ventilation, shorten their length of stay (LOS), and lower the cost of care.

Bed Rest is Good; Bed Rest is Bad

Too often, competing priorities, protocols, and procedures lead to short- and long-term adverse effects on the patient. Nurses in the ICU keep a clear focus on two long-held tenets of a successful recovery: bed rest and fall prevention. Meanwhile, PTs are committed to avoiding a number of common hospital-acquired conditions, including:

- Pressure injuries, falls, deep vein thrombosis, pneumonia, and urinary tract infections
- Short-term orthostatic/postural hypotension, muscle loss, delirium, depression, anxiety, forgetfulness, and confusion
- Long-term noticeable decrease in physical functionality, lag in neuromuscular recovery; mental health, significant fatigue¹

While the "rest and heal" approach has long been the preferred method of hospital recovery, some nurses may not be aware of research showing significant benefits to early mobility—including the prevention of all the previously mentioned hospital-acquired conditions.

References:

1. Agency for Healthcare Research and Quality, Healthcare-Associated Infections Program, Mechanically Ventilated Patients Toolkit, "Nurse-Driven Early Mobility Protocols: Facilitator Guide."
2. Ronnebaum JA, Weir JP, Hilsabeck TA. Earlier mobilization decreases the length of stay in the intensive care unit. *J Acute Care Phys Ther.* 2012;3(2):204-210.
3. Titsworth WL, Hester J, Correia T, Hester J, Correia T, Reed R, Guin P, Archibald L, Layon AJ, Mocco J. The effect of increased mobility on morbidity in the neurointensive care unit. *J Neurosurg.* 2012;116(6):1379-1388.

In one study, ICU patients following early mobility protocols spent, on average, 13.3 ± 6.3 days compared with the standard protocol (24.9 ± 13.7). The mobility group also spent less time on a ventilator (14.5 ± 8.7 compared to 30.9 ± 20.0).² Another study showed that neuro ICU patients following the *Progressive Upright Mobility Plus* protocol increased their mobility by 300%, decreased their LOS, and reduced hospital-acquired infections.³

Collaboration and Communication

To improve outcomes, the answer is simple: collaborate and communicate. Nurses and PTs can create a more effective partnership, improve the quality of care, and reduce costs by implementing a few simple approaches:

- Team huddles, rounds, and other chances for open discussion
- Shared planning, problem-solving, decision-making, and coordination
- Building a culture of safety where everyone is responsible for outcomes
- Creating accountability with hand-off safety checklists
- Choosing patient care equipment that supports both nursing and PT best practices

It's easy to lose sight of the fact that nurses and PTs are always working toward the same goal. But a mindset switch from competitors to collaborators can help make that goal a reality more efficiently, effectively, and often.

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