Bridging the Gap to Better Outcomes:
A Gap Analysis for Implementing Early Progressive Mobility

Use the following scales to determine how well your current practice corresponds to the revised, evidence-based guidelines from the Society of Critical Care Medicine (SCCM) for implementing an early progressive mobility program in your unit. If you’re not quite there yet, make incremental changes toward this goal by trying the suggestions offered.

1. **Does your unit have an early progressive mobility protocol?**

   ![Scale](Never - Always)

   **Need help getting there?**
   - Raise awareness of the risks to neurocognitive and physical functioning of patients due to prolonged immobility.
   - Present the evidence supporting the benefits of adopting an early progressive mobility program.
   - Engage peers at a clinical practice or staff meeting to define goals and identify any barriers to implementing an early progressive mobility program.

   **Resources:**
   - On-Demand Early Mobility Webinar
   - Webinar Series Learn Network Discussion Forum
   - Tools and Tactics

2. **Does your unit or organization take a proactive approach to eliminating barriers to implementing an early progressive mobility protocol?**

   ![Scale](Never - Always)

   **Need help getting there?**
   - Assemble an interdisciplinary team to develop criteria for addressing potential safety concerns.
   - Consider changing the default activity orders included in a standardized order set or protocols to “activity as tolerated” instead of “bed rest.”
   - Post the early progressive mobility protocol and/or activity level signs at the patient’s bedside for easy reference by family and staff. Consider using a mobility team approach and schedule times with therapy services.
   - Identify any additional or special equipment available to assist (e.g., patient lifts, transfer sheet)

   **Resources:**
   - Early Progressive Mobility Protocol (includes activity signs)
3. Does your unit employ an interdisciplinary team approach to mobilizing patients daily?

Need help getting there?
- Gather an interdisciplinary group, including therapy services, to select a tool if you don’t have one in place.
- Present a plan at a clinical practice or staff meeting and gain agreement to implement early progressive mobility protocols.
- Use a screening checklist to identify patients ready to receive intervention.
- Start small—implement the protocol with several uncomplicated patients. Once successful, expand the program to more complicated patients.
- Identify any contraindications to participation in the early progressive mobility protocol.
- Establish quality criteria for stopping a session.

4. Does your unit collect data on the compliance and outcomes of the early progressive mobility program?

Need help getting there?
- Work with the CNS, performance improvement staff, or other qualify staff available to identify process and outcome measures such as:
  - Time from admission to first mobility session
  - Time/days from onset of bed rest to standing
  - Time/days from onset of bed rest to transfer to chair
  - Time/days from onset of bed rest to ambulation
  - Adverse events (eg, accidental extubation, accidental line removal, prolonged SaO₂ < 88%, prolonged hyper- or hypotension)

Resources:
- Early Progressive Mobility Protocol
- On-Demand Early Mobility Webinar
- Tools and Tactics
- Early Progressive Mobility Data Collection Tool
- Early Progressive Mobility Protocol
- Webinar Series Learn Network Discussion Forums