Table 2: Current State for ABCDE Bundle

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| Program Element | Current State | Desired State |
| Early Mobility  | Urgency and prioritization of mobility is low | Create awareness of the scope of the impact of immobility on patients, and the speed with which the deterioration occurs, to drive urgency and increased prioritization of Early Mobility as an important intervention |
| Approach is non-standardized and driven by individual provider preference; Including which patients are mobilized, when mobility is initiated, and types of mobility interventions prescribed, and mobility goals.  | Develop Standard Operating Procedure (SOP) to standardize approach according to best practice, patient clinical status, current ability and Prior Level of Function (PLOF) |
| Staff fears about patient safety with EM, especially out of bed mobility. | Educate staff about evidence on safety and feasibility of EM in other facilities. Develop SOP incorporating safety criteria for standardization |
| Role Clarification | Roles, expectations and responsibilities of nursing, therapy, respiratory, providers unclear | Clear roles and responsibilities across disciplines as part of SOP |
| Integration of SPHM and EM | Uncertainty across disciplines around patient assessment for appropriate mobility intervention, and appropriate use of equipment with complex patients in the ICU for safety  | Educate staff on clear and standardized patient assessment tools, for mobility level AND equipment choice to safely perform the activity, including skills check off on equipment use |
| Communication | No standardized mechanism or tools to communicate EM related orders, goals and interventions | Clear communication and tools about prior level of function, mobility goals, status, activities, and patient response.  |
| Training for Care disciplines and family involvement | No standardized process or plan  | Standardized process for training of care disciplines and family involvement in mobility activities.  |