

6th Global Congress on Nursing & Patient Care

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USA

Early Mobilization of Patients in the Intensive Care Unit: A Quality Improvement-Evidence-Based Project

Background

At an urban public acute care hospital, a gap existed in the safety and efficacy of early mobilization of intensive care (ICU) patients, with the need for an evidence-based intervention to be implemented. Literature review revealed that a nurse-driven mobility protocol could safely achieve early mobility in ICU patients. This quality improvement – evidence-based project aims to utilize a nurse-driven mobility protocol to determine its effects on early mobilization of ICU patients.

Purpose

The purpose of this quality improvement project is to determine if the implementation of an early mobility program using the Bedside Mobility Assessment Tool (BMAT) would impact patient mobility compared to standard practice over eight weeks in the ICU setting of an urban Hospital in New York City.

Method

The Bedside Mobility Assessment Tool (BMAT) was used to conduct a pilot project on all critically ill patients aged ≥ 18 years admitted to the 17-bed ICU in an acute care hospital. Kotter's Eight-Step Change Process underpinned by the Institute of Health's Plan-Do- Study- Act (PDSA) method of change was used to implement and guide the change process in the unit.

Result

A non-randomized convenience sampling of patients was used to attain the total $N=306$ patients ($n=133$ preintervention, $n=173$ implementation). Between the pre-implementation and implementation groups, there was statistical significance in mobilization rates observed with pre-implementation ($n=56$, 46%) and post-implementation mobility rates ($n=132$, 76%).

Conclusion

Early mobilization of critical patients in the ICU using a nurse-driven protocol with the BMAT assessment tool proved efficacious in promoting early patient mobility activities in this setting. These results are also in tandem with the literature conducted literature review. The impact of early mobility on patient's wellbeing within any paradigm of care cannot be overstated, hence, this project's finding is not germane to the critical care setting but can be applied to other in-patient units.

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Biography

Judith Ann Manning is an accomplished nursing professional from the United States, currently serving at Jacobi Medical Center, part of NYC Health + Hospitals in New York. With over two decades of experience in clinical nursing and healthcare leadership, she has played a pivotal role in advancing patient-centered care and promoting evidence-based nursing practices. Judith is known for her strong commitment to staff development, quality improvement, and inclusive care delivery. As Assistant Director of Nursing, she leads several initiatives aimed at enhancing patient outcomes, fostering interprofessional collaboration, and supporting continuing education for nursing teams, including off-tour staff. She is a frequent speaker at national and international conferences, sharing her insights on critical care, staff training, and equity in healthcare. Her recent projects include early patient mobilization strategies in intensive care units and promoting inclusive access to clinical resources. Judith remains dedicated to mentoring future nursing leaders and improving healthcare delivery through compassion, innovation, and excellence.