

**0861 - DOES THE INTRODUCTION OF THE SARA COMBILIZER® REDUCE THE TIME TAKEN TO FIRST MOBILISATION IN INTENSIVE CARE?**

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**Abstract**

**INTRODUCTION.** There is a growing body of evidence to support programmes of early mobilisation within intensive care units (ICU). When utilised, early mobility is associated with reduced ICU and hospital length of stay (1), and improved functional outcomes (2). The exact definition of early mobility is still not defined, and actual ability to mobilise can be limited by certain factors such as haemofiltration, airway stability or the use of inotropes (3). The Sara Combilizer® is a combined tilt table and stretcher chair, which aims to allow earlier transfer of patients into the chair. As transfer is passive via the use of a patslide (or similar), it is hypothesised this should allow patients to sit out earlier in their ICU stay, which may subsequently further improve outcomes.

**OBJECTIVES.** This study aimed to assess whether the introduction of the Sara Combilizer® reduced time taken to mobilise, defined as sitting out of the bed for the first time.

**METHODS.** All patients admitted to a large UK teaching hospital during the trial period and ventilated for = 5 days were included in the study. We collected information with regards to time taken to mobilise and final level of mobility achieved prior to obtain a baseline form 1<sup>st</sup> April - 17<sup>th</sup> August 2012. The Sara Combilizer® was then introduced on the 20<sup>th</sup> August and data collected prospectively until 31<sup>st</sup> December 2012. Primary outcome was time taken to mobilise, with secondary outcomes of mobility level at ICU discharge, assessed via the Manchester mobility score (MMS) and length of stay (LOS).

**RESULTS.**

	n=	Mean time to mobilise	Mean MMS	ICU LOS	Post ICU LOS
Pre Combilizer	77	10.6 days	3.9	17.5	25.3
Post Combilizer	83	7.6 days	4.6	15.0	16.9
		p<0.0025	p<0.05	P= 0.072991	p<0.05

[Results]

Following the introduction of the Sara Combilizer® mean time taken to mobilise reduced significantly from 10.6 to 7.6 days (p< 0.0025) and was associated with a significantly higher level of mobility at ICU discharge (p< 0.05). This appeared to be associated with a reduction in ICU LOS although this was not significant, although a significant reduction in post ICU LOS was observed (p< 0.05).

**CONCLUSIONS.** Following its introduction the Sara Combilizer® allowed earlier mobilisation of patients admitted to intensive care and ventilated for = 5 days. This earlier mobilisation was associated with a higher overall level of mobility within ICU and appeared to be associated with reductions in ICU and hospital length of stay. As this trial took place as part of a wider rehabilitation service improvement project a randomised controlled trial is needed to assess the validity of these findings.

**REFERENCE(S).**

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