

NICHE



NICHE Hospitals report

Research Conducted in NICHE Hospitals: **Function**

NICHE Hospitals are major sites for important research studies. Following are research efforts, initiatives and outcomes reported by researchers utilizing NICHE Hospitals:

NICHE Site: Two medical units in an urban academic medical center. Function-focused care (FFC) is an approach to care in which nurses help patients engage in activities of daily living (ADL) and physical activity, with the goal of preventing avoidable functional decline. A prospective, observational study conducted with older adults hospitalized at a NICHE site examined:

- Demographic and clinical characteristics of patients who were provided FFC activity
- Relationship between change in physical activity and FFC activities

Results: Ninety-three participants were enrolled in the study. FFC was associated with less decrement in ADL function from admission to discharge ($t=7.6$; $P<.008$). Patients with FFC <1 demonstrated a decrease in Bathel Index¹ from baseline to discharge (mean -7.9). Most (55.9%) used assistive devices for mobility before admission and most (58%) experienced loss of ADL function before admission. All had multiple chronic illnesses, a third report depression and 15% had cognitive impairment. The results suggest that hospitalized older persons can benefit from FFC.²

NICHE Sites: A suburban community hospital in New Jersey and an urban teaching hospital in New York. As a first step to develop an organizational intervention to help promote the physical function of hospitalized older adults, this study identified nursing staff (RNs and Patient Care Associates) perceptions of physical function in older adult patients, including their beliefs about prevalence, risk factors, onset, effective interventions and institutional barriers and facilitators to promoting physical function. To achieve this, six focus groups were conducted at the two NICHE Sites using a semi-structured interview format.

Results: Following are the four qualitative themes that emerged from the focus groups and some of the related views of the participants:

- Walking a tight rope - Nurses described loss of physical function as very common; Patient Care Associates discussed that loss of function as an unusual occurrence.
- Coaching and caring - Both groups emphasized the importance of patient education to promote physical function in older adults.
- Constraints to promotion of function - Both groups stated that staffing and time constraints could be barriers to promoting physical function.
- Enablers of physical function - Both groups discussed the need for facility-wide adoption of a function-promoting philosophy.³

NICHE Site: Medical-surgical units of an urban hospital. This observational study described the degree of function-focused care (FFC) provided by nursing staff to Chinese American ($n=32$) and non-Chinese American ($n=43$) older adults in medical-surgical units.

Results:

- Physical function from baseline to discharge delinked by 4.5 points in the FFC cohort vs. -16.8 points in the non-FFC cohort. FFC was thus associated with less declined.
- The mean for function-promoting activity was $.92$ ($SD=.14$; $range=0.33-1.0$), indicating that 92% of all possible activities were performed using FFC. Test results showed both Chinese American and non-Chinese American groups could benefit from nurse-led FFC.
- Chinese ethnicity was not associated with change in physical function ($F=0.26$; $p=.61$).
- Overall, FFC may help minimize functional decline and decrease use of postacute care rehabilitation.⁴

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Quality Improvement Projects: **Function**

References

1. Mahoney FI, Barthel D. Functional evaluation: the Barthel Index. *Maryland State Med J* 1965;14:56-61. The Barthel Index contains 10 ADL items.
2. Boltz, M., Resnick, B., Capezuti, E., Shuluk, J., Secic, M. Functional decline in hospitalized older adults: can nursing make a difference?. *Geriatric Nursing*, 33(4):272-9, 2012 July.
3. Boltz, M., Capezuti, E., & Shabbat, N. Nursing staff perceptions of physical function in hospitalized older adults. *Applied Nursing Research*, 24 (4): 215-222, 2011.
4. Boltz, M., Capezuti, E., & Shabbat, N. Function-focused care and changes in physical function in Chinese American and non-Chinese American hospitalized older adults. *Rehabilitation Nursing*, 36 (6): 233-240. PMID: 22073502, 2011.
5. 2012 NICHE Conference Poster Session winner: From Pilot Project to Policy Change. Denise Schwartz, BSN, RN-BC, Geriatric Clinical Scholar, Ocean Medical Center, Brick, New Jersey.
6. 2012 NICHE Conference Poster: Footprints Walking Program. Donna Boyd, RN, MS, Gerontological CNS, CHPN, Mary Jo Dailey, Director of Guest Services, Dina Lipowich, RN, MSN, Director of Medical Nursing and Inpatient Geriatrics, Northwest Community Hospital, Arlington Heights, Illinois.
7. Canadian Study on Health & Aging, Revised 2008.
8. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005;173:489-495.
9. 2012 NICHE Conference Poster: Impacting Frailty & Patient-Centered Care: Goal Attainment Scaling With Interprofessional Teams. Dana McNamara-Morse, RN, NP, MN, GNC (c), Soldiers Memorial Hospital, Middleton, Nova Scotia, Canada.

NICHE Site: Ocean Medical Center. To battle the frequently occurring decline in functional status experienced by many older adult patients, Ocean Medical Center initiated a pilot project in July 2010 at its sister Meridian Health hospitals using the Out of Bed/Ambulation program established at its ACE unit as a template.

The pilot program included a system-wide default order form based on an ambulation policy requiring all adult medical-surgical patients to be out of bed and, unless otherwise ordered by the physician, the following orders are considered automatic for all patients:

- Patient will be out of bed a minimum of twenty minutes on day one of hospitalization
- Patients will ambulate minimally twice per day each day thereafter

Results: As a result of the project's education/communication efforts, 95% of nurses at the facility encourage physicians to change "Bed Rest" to "Out of Bed with Assist" and 100% of nurses use the ambulation policy as a guide to do what is best for patients — reduced bed rest. The ACE unit saw a steady maintenance of patient ADL's with 95% maintaining their baseline function due to the program.⁵

NICHE Site: Northwest Community Hospital. Early and frequent ambulation of hospitalized patients may positively impact functional status as well as decrease the length of hospitalization. To implement this intervention concept, Northwest Community Hospital initiated the Footprints Walking Program. With a focus on promoting physical independence, mobility and prevention of infection in the older adult population, patients in medical units were offered walking sessions with specially trained volunteers, seven-days-a-week.

Results: The program has been successfully in place since June 2011 and has expanded from the medical units to include the cardiac surveillance unit and the ICU. 20-25% of patients participate in the program daily. With close to 100 walking sessions on a monthly basis, this program supported the hospital's length of stay targets and readmission prevention initiatives. The program was named as a "Best Practice" by the Joint Commission Survey Team at a re-accreditation visit in December 2011.⁶

NICHE Site: Soldiers Memorial Hospital. In August 2010, this hospital implemented Goal Attainment Scaling Rounds (with inter-professional teams) as a pilot project. Each week, the patients' plan of care goals and interventions were evaluated and reviewed, including use of the Clinical Frailty Scale^{7,8}.

Goals & Interventions:

- Mobility: participate in walking program
- Pain: non-pharmacological interventions, gradual reduction in pain medication or trial of a new medication, routine pain assessment scales used
- Self-Care/ADLs: interventions based on encouraging independence and individualization

Results: Average Clinical Frailty Scale on discharge remained relatively stable (5.50 post-program) when compared to admission (5.33 pre-program).⁹

About NICHE

NICHE (Nurses Improving Care for Healthsystem Elders) is an international program designed to help hospitals improve the care of older adults. The vision of NICHE is for all patients 65-and-over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of healthcare facilities to achieve patient-centered care for older adults. NICHE, based at NYU College of Nursing, consists of over 400 hospitals and healthcare facilities throughout North America. For more information visit www.nicheprogram.org.

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