

# Prevention of Functional Decline Among Hospitalized Older Adults on a Telemetry Unit

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## Introduction

Globally 30-60% of older adults experience functional decline.

Functional decline is the cognitive and/or physical inability of an individual to independently perform activities of daily living. On one telemetry unit, 85% of the patient population is 65 years and older. An estimated 15-58% of unit's population experienced functional decline in 2017. Functional decline can occur as early as day two of hospitalization.

## Purpose

The purpose of quality improvement project was to prevent functional status decline among hospitalized older adults.

## Methods

### Sample and Setting

Pre-post intervention design on a 48-bed telemetry unit in a community hospital in the Mid-Atlantic region of the U.S. Patients ≥65 years and 50 registered nurses were included. The intervention included hallway ambulation and communal dining to improve functional status among hospitalized adults.

Functional status, mobility, and nurse's adherence to providing the intervention were measured using the following instruments.:

- Functional Assessment-ADL Evaluation Index
- Progressive Mobility Continuum
- Documentation adherence by nurses checklist

## Results

- No significant differences in pre-intervention and post-intervention functional status scores.
- Mobility levels were maintained and/or improved.
- Pre-intervention documentation improved showing an increase in documentation of functional assessments, an increase of 34%.

Figure 1. Mobility levels

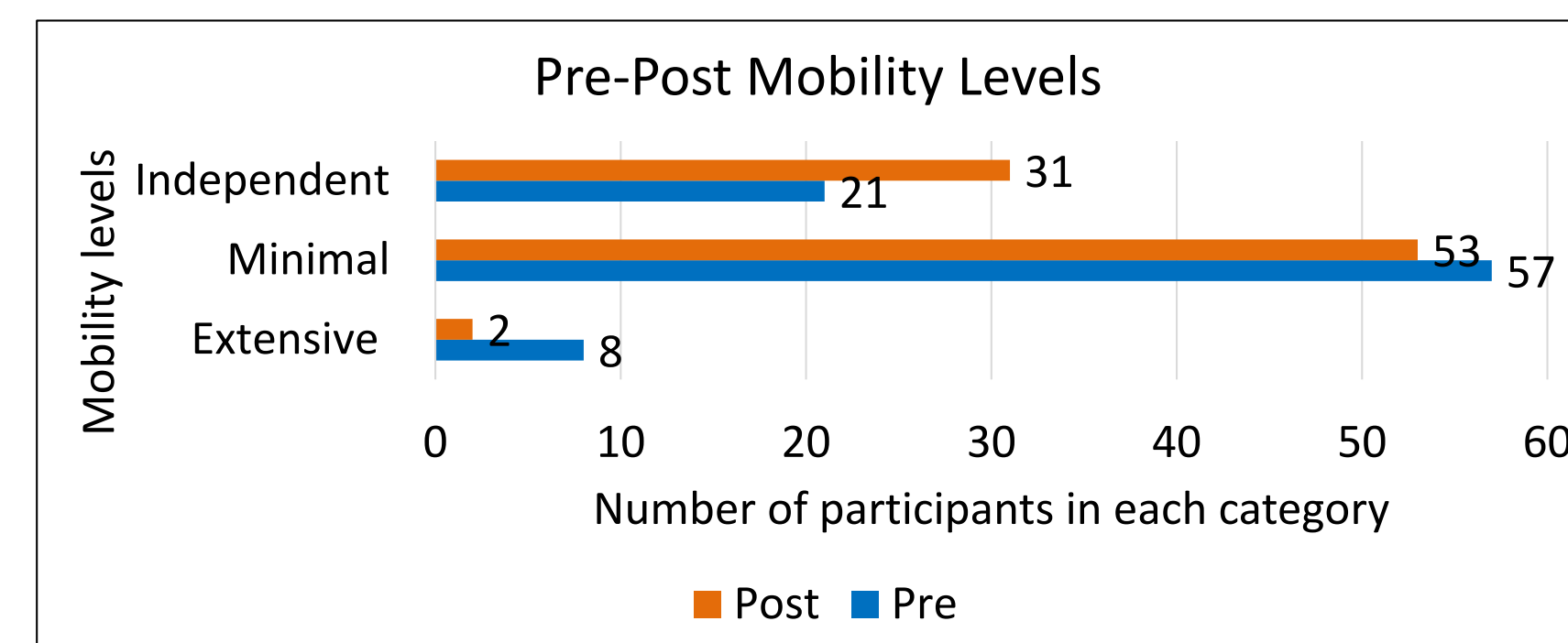
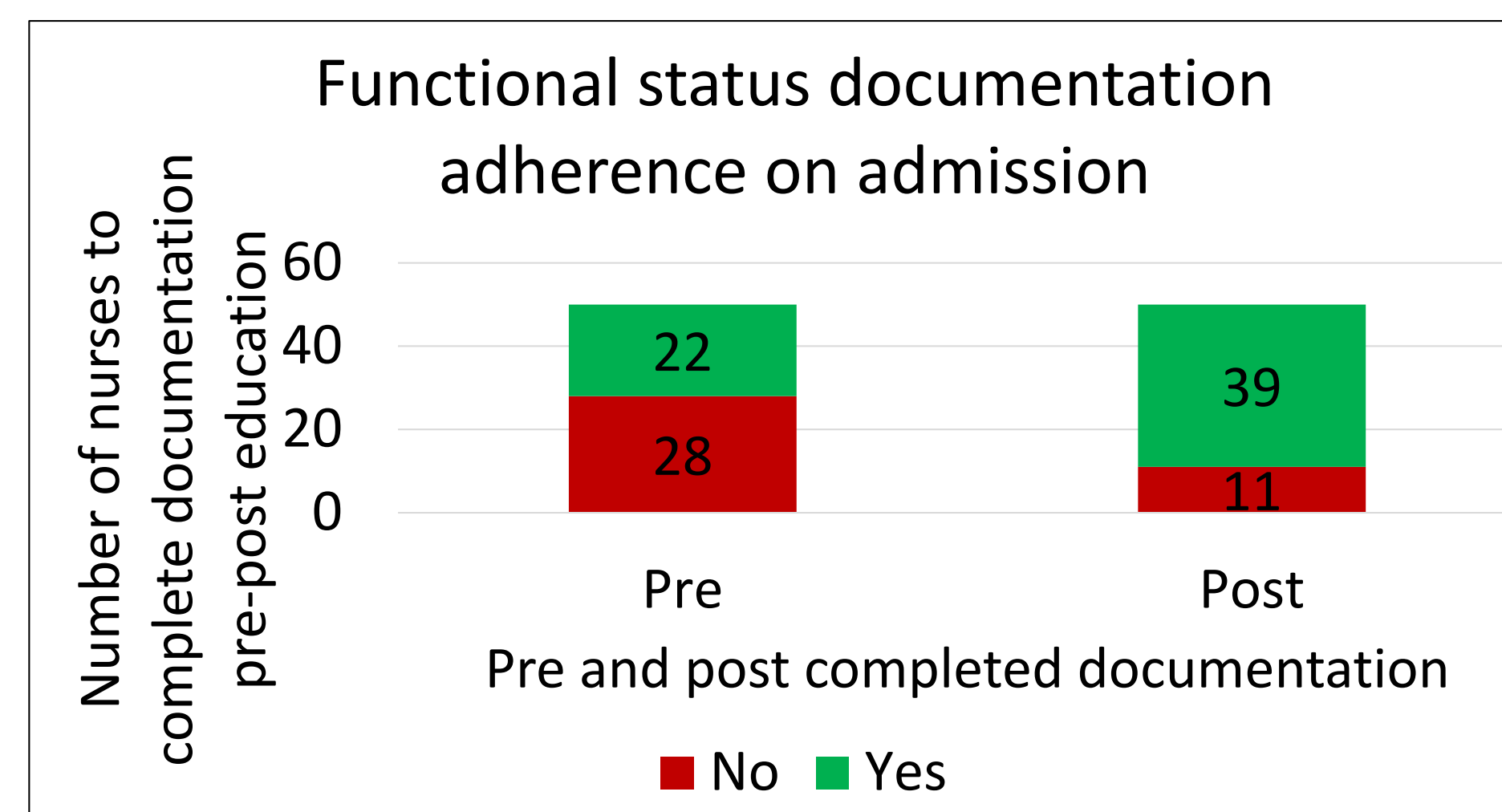


Table 1. Demographics

Characteristics	Number (%)
Age (mean, SD, years)	78.43 (8.748), 65-100
Gender (n, %)	
Male	40 (46.5%)
Female	46 (53.5%)
Length of stay (mean, SD)	4.220 (2.537)
Functional assessment scores	
On admission (mean, SD)	10.44 (2.095)
On discharge (mean, SD)	10.28 (1.803)
Mobility levels (n,%)	
On admission	
Independent	21 (24.4%)
Minimal assist	57 (66.3%)
Extensive assist	8 (9.3%)
On discharge	
Independent	31 (36.1%)
Minimal assist	53 (61.6%)
Extensive assist	2 (2.3%)
Nursing staff (N)	50
AA prepared	10
BSN prepared	34
Masters	6

Figure 2. Adherence to documentation



## Conclusions

The incidence of loss in independence to perform self-care may increase substantially, negatively impacting the quality of life of older adults and placing a greater burden on healthcare services and caregivers. The project findings support hallway ambulation and communal dining in improving or maintaining functional status and mobility levels. Findings also support using nursing staff education focused on functional status documentation to improve adherence. The impact of hospitalization on individuals presenting with acute illnesses is often preventable if a multifaceted, multidisciplinary approach is used to combat associated complications.

## Reference

Kleinpell, R. (2007). Supporting Independence in Hospitalized Elders in Acute Care. *Critical Care Nursing of North America*, 19, 247-252.



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