

Instrumental Activities of Daily Living (IADL) are: Shopping, cooking, housekeeping, laundry, taking medications correctly, handling finances, using modes of transportation, and using telephone (Graf, 2008).

INTRODUCTION

- IADLs' decline within hours of hospitalization and linked to negative patients' outcomes (Graf, 2008; Cornette et al., 2004; Zisberg et al., 2016).
- In the hospital settings IADLs are often overlooked, under assessed, and underreported (Greysen, et al., 2015).
- Majority of medical records indicate inadequate documentation of IADL assessment in the hospital setting (Bogardus, Towle, Williams, Desai & Inouye, 2001).
- The reasons for the lack of the IADLs assessment have not been clearly explored in the literature; however, one of such reasons could be the widely publicized high rate of nursing burnout (Holdren, Paul III, & Coustasse, 2015).
- Innovative strategy to utilize nursing students to integrate this EBP to promote higher quality of care, as well as improve registered nurses' knowledge, attitude and practice about IADL.

PROJECT PURPOSE:

- To evaluate the feasibility of nursing students performing an evidenced-based IADL assessment, and the impact on nursing knowledge, attitude, and practice.

MEASURES

The screenshot shows the journal article page with navigation options, login information, and the article title. The article title is "A Call for Interfacing Measures of Instrumental Activities of Daily Living Across the Transition of Care" by Koyfman, Irina, MSN, RN, NP-C; Finnell, Deborah, DNS, CARN-AP, FAAN.

The screenshot shows the Lawton-Brody IADL scale with five categories: A. Ability to Use Telephone, B. Shopping, C. Food Preparation, D. Housekeeping, and E. Laundry. Each category lists specific tasks and their corresponding scores from 0 to 1.

Reference

Graf, C. (2008). The Lawton Instrumental Activities of Daily Living Scale. *American Journal of Nursing*, 108(4), 52–62.
 Greysen, S., Cenzer, I., Auebach, A., & Covinsky, K. (2015). Functional Impairment and Hospital Readmission in Medicare Seniors. *Journal of American Medical Association Internal Medicine*, 175(4), 559-565.
 Cornette, P., D'Hoore, W., Malhomme, B., Van Pee, D., Meert, P & Swine, C. (2004). Differential risk factors for early and later hospital readmission of older patients. *Aging Clinical and Experimental Research*, 17(4), 322-328.
 Holdren, P., Paul III, D. P., Coustasse, A. (2015, March). Burnout syndrome in hospital nurses. Paper presented at BHAA International 2015 in Chicago, IL.
 Koyfman, I., & Finnell, D., (2019). A Call for Interfacing Measures of Instrumental Activities of Daily Living Across the Transition of Care. *Home Healthcare Now*. 37(1), 44-49.
 Zisberg, A., Sinoff, G., Agmon, M., Tonkikh, O., Gur-Yaish, N., & Shadmi, E. (2016). Even a small change can make a big difference: the case of in-hospital cognitive decline and new IADL dependency. *Age and Ageing*, 45, 500-504

METHODS:

- Pre-post-test design on an adult inpatient Orthopedic/Spine/ Trauma unit at a large, urban teaching hospital.

ANALYSIS

- Descriptive statistic were used to report on the pre and post project effects on RN's knowledge, attitude and practice as measured by novice questionnaire
- The median and the interquartile ranges (IQR) were used in the data analysis.
- The number of assessments completed as compared by total numbers of patients on the unit
- The average time it took nursing students to complete the assessments compared to the literature average time.

RESULTS

Table 1

Demographics of Nurses

Demographics	Sample n=10
Age (average, SD)	29.56 (8.206)
Years of Nursing Exp (average, SD)	4.368 (6.3198)
Education	AA (20%), BSN (70%), MSN (10%)
Number of nursing students mentored	None (45%), 1-4 (20), 6-10 (0.5%), too many to count (20%)

Table 2

Knowledge-Attitude-Practice Results

	Knowledge Questions (0-3)		Attitude Questions (2-10)		Practice Questions (3-15)	
	Pre	Post	Pre	Post	Pre	Post
Median	1	1.5	9.5	10	13	13
Interquartile range	25	1	8.7	8.7	11.7	8.7
	75	2	10.0	10.0	12.0	15.0

Note. Median Scores: Knowledge increased; Attitude increased; Practice did not change;

Figure 2
Are you planning to implement IADL assessment in your workflow?

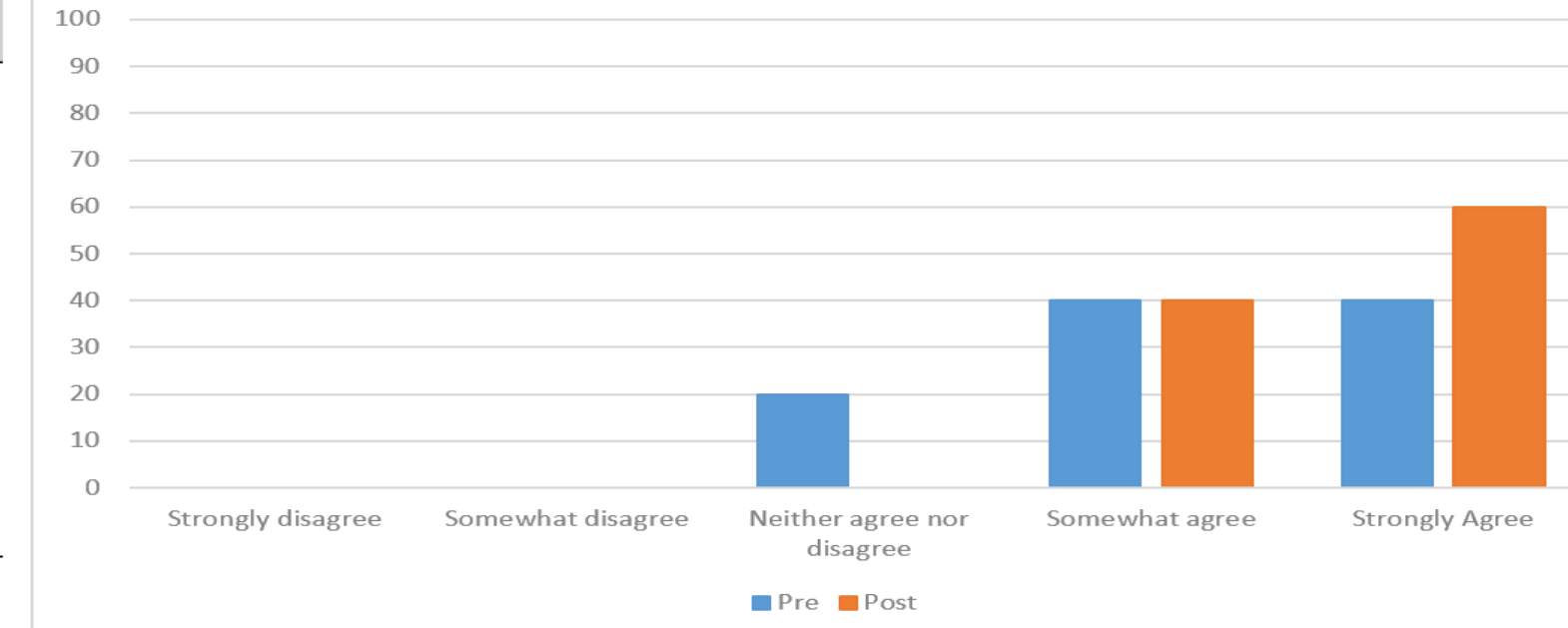


Table 3

Feasibility Table

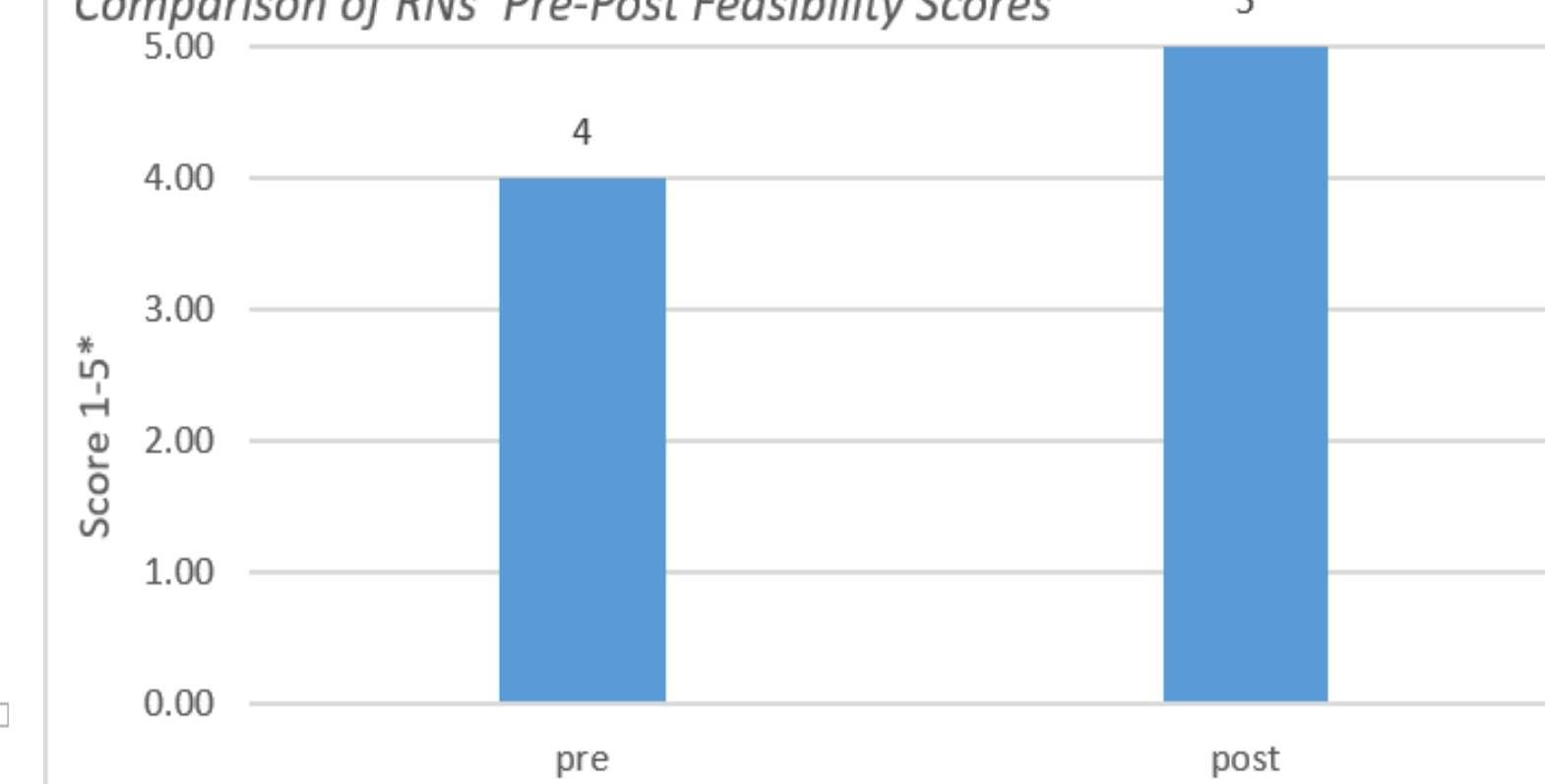
	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Number of patents on the unit	26	26	24	22	26	124
Number of patients assessed	19	10	15	15	18	77
Patients' assessed over total patient population (%)	73%	38%	63%	68%	69%	62%

Average time in minutes it took to assess (s.d)

	Week 1	Week 2	Week 3	Week 4	Week 5	Total
Average time in minutes it took to assess (s.d)	5 (2.3)	6.4 (5.3)	3.4 (1.5)	3.3 (1.8)	3.4 (1.5)	4.2 (2.8)

Note. The mean time for IADLs assessment is 4 minutes. The mean % of patients assessed versus total population is 62%

Figure 1
Comparison of RNs' Pre-Post Feasibility Scores



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References

- Chisholm, D., Toto, P., Raina, K., Holm, M., & Rogers, J. (2014). Evaluating capacity to live independently and safely in the community: Performance Assessment of Self-care Skills. *British Journal of Occupational Therapy, 77*(2), 59-63.
- Graf, C. (2008). The Lawton Instrumental Activities of Daily Living Scale. *American Journal of Nursing, 108*(4), 52-62.
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- Cornette, P., D'Hoore, W., Malhomme, B., Van Pee, D., Meert, P & Swine, C. (2004). Differential risk factors for early and later hospital readmission of older patients. *Aging Clinical and Experimental Research, 17*(4), 322-328.
- Zisberg, A., Sinoff, G., Agmon, M., Tonkikh, O., Gur-Yaish, N., & Shadmi, E. (2016). Even a small change can make a big difference: the case of in-hospital cognitive decline and new IADL dependency. *Age and Ageing, 45*, 500-504