Helping Older Adults Maintain Function and Mobility

Tips for Patients and their Families

CURRIE
2-7-15

This booklet will provide you with helpful tips and information about maintaining your everyday health while you are admitted to hospital and on your discharge home.

Health PEI
One Island Health System

Table of Contents

What is Functional Decline?

It is a general weakness or inability to do normal or basic activities such as walking, bathing, toileting, and feeding.

Staying in bed too long and being inactive can cause muscle weakness, balance problems, exhaustion and even falls.

Many older adults with functional decline stay in the hospital longer and may not be able to look after themselves at home.

Bowel and Bladder (elimination)

Incontinence is when we lose control over our bowels or our bladder. This is not a normal part of aging; however, it is estimated that up to 40% of older adults in Canada are affected by incontinence.

What are the signs and symptoms of incontinence?

- loss of control over voiding
- having to void all of a sudden (urgency)
- voiding more often (frequently)
- urine leaks out before getting to the bathroom (leakage)
- voiding more than three times per night
- constipation
- unable to control bowel movements

With the proper steps, we can help prevent and manage incontinence.

- Make a routine. During your stay at the hospital, it is important to try and keep a daily routine for voiding. For example, if you normally voided after breakfast and supper before you were admitted to the hospital, try to keep that routine.

Talk to your healthcare team if you notice a major change in your voiding patterns.

- ***Stay hydrated.*** Drinking plenty of fluids will help keep your bowels and bladder healthy.

- ***Stay physically active.*** If you are capable of physical activity, ask your healthcare team where the best place for exercising is located. This may be walking the length of the hall or taking a walk to another area of your facility.

- ***Prevent constipation.*** This is very important when preventing bowel incontinence. Decreased fluid intake, decreased physical activity, medications, and a change in daily routine or diet can all contribute to constipation and bowel incontinence.

- ***Keep the washroom accessible.*** If you have mobility issues, or you use any assistive devices, practice getting to the toilet. Keep the path to the washroom clear at all times, and do not hesitate to ask your healthcare team for assistance if you need it.

Cognitive (thinking, understanding, learning and remembering

Staying in the hospital can be a big change in a person's life. Sometimes big changes can affect how we think. You may experience delirium as a result of these changes.

What is delirium?

- Sudden confusion that is temporary. It is important to remember that delirium is not related to dementia or Alzheimer's.
- Remember: delirium goes away, dementia is permanent.

People with delirium may:

- ✓ Act confused.
- ✓ Have trouble paying attention and concentrating.
- ✓ Be forgetful and confused about where they are.
- ✓ Be upset and restless.
- ✓ Have a change in sleeping patterns (mix up days and nights) or sleep all day.
- ✓ See and hear imaginary things.

What can you do to help cognition?

- Use visual reminders if you are having a hard time remembering things. For example, write what time your favorite TV program is on a post-it note and stick it near your chair

Say What? Hearing Loss Prevention and Management

What is hearing loss?

Hearing loss is one of the most common conditions in humans. It can be caused by noise, aging, disease, trauma, and genetics. Hearing not only involves the ears but the brain's ability to integrate information coming from our world and making sense of it.

1. **Conductive hearing loss.** This type of hearing loss occurs when the sound waves are not reaching the inner ear where hearing occurs. This can be due to wax build up, fluid in the ear or a damaged middle ear. Treatment for this type of hearing loss usually involves surgery.

2. **Sensorineural hearing loss.** This is the most common type of hearing loss. It involves damage to the inner hair cells or the auditory nerve. This type of hearing is permanent and cannot be reversed.

Hearing is a treasure. Those with hearing loss are not only unable to communicate or understand essential elements of speech but often disorders accompany hearing loss such as anxiety, depression, and feelings of isolation.

How to protect your hearing

Regular exposure to loud sounds can cause hearing loss. Visiting an audiologist for custom ear protection or wearing ear plugs are excellent ideas for situations where loud noises are present.

Communication Strategies and Living with Hearing Loss:

- Speak clearly and loudly to your communication partner with hearing loss, but do not shout.
- Be patient and provide ample time for the person to respond.
- Avoid anything around your mouth when you are speaking (i.e. eating, chewing gum, biting nails etc.)
    - Many people living with hearing loss rely on speech reading to aid in their communication
- Aim to communicate in ideal listening environments
    - Without background noise (turning off radio/TV)
    - Face to face communication
    - Good lighting

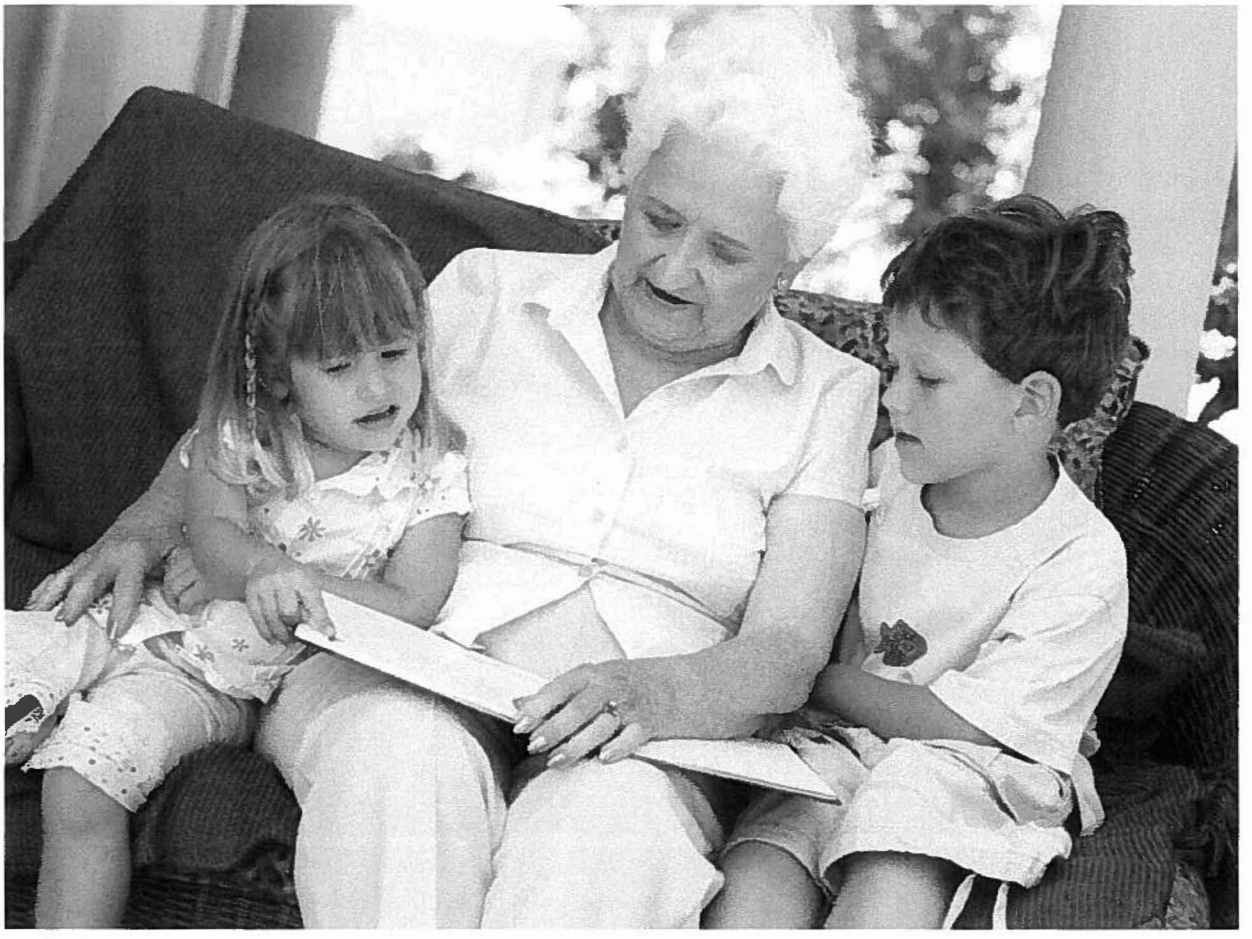
- One-on-one communication is optimal
    - It is difficult for someone living with hearing loss to communicate and listen in large groups.
- Visit an Audiologist
    - Amplification or hearing instruments are often the treatment of choice for those with permanent hearing loss. Audiologists are highly trained hearing-health professionals who identify, assess, and manage individuals with hearing and balance disorders as well as other auditory disorders. (Speech-Language and Audiology Canada)

Maintain healthy hearing

- ✓ If you have hearing aids, wear them.
- ✓ If they are not working properly, check that the battery is charged.

Maintain healthy vision

- ✓ Bring your glasses to the hospital
- ✓ Wear your glasses and clean them often
- ✓ Keep your room well lit during the day
- ✓ If you have difficulty reading small print, try using a magnifying glass or arrange for an eye exam after you go home.



Functional (mobility)

Keeping physically active during your visit:

- Ask a health care provider about your physical activity level before you start moving.
- While seated or in bed, stretch your muscles by bending your arms and legs.
- If approved by a health care provider, try to take short walks (5 minutes or shorter) up to 3 times a day at a slow pace.
- Use a walking device such as a cane or walker if needed for balance.
- Choose an area that is not very busy and make sure a health professional can see you.
- Wear proper footwear (i.e. non-slip slippers or sneakers).
- If possible, perform everyday tasks without the help of a health care providers (i.e. getting dressed, brushing teeth, combing hair).

Once you are home:

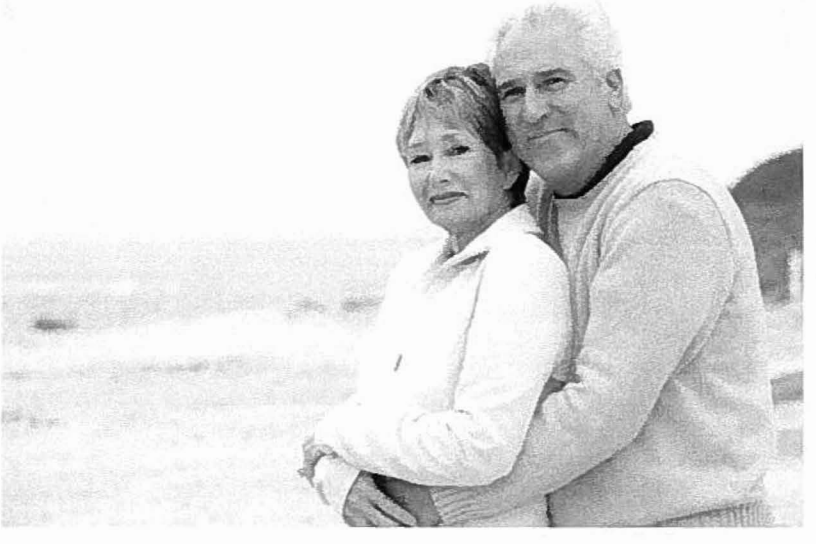
- Ask your healthcare provider about your level of physical activity before you go home.
- Increase your walks from 5 minutes or less at a slow pace to 5-10 minutes at a moderate pace. If feeling better, increase the length of the walk.
- Moderate activities you can consider are:
    - ✓ Brisk walking
    - ✓ Slow-medium paced dancing
    - ✓ Gardening or yard work (i.e. raking the yard)
    - ✓ House work (i.e. doing the dishes)
- Vigorous activities you can consider are:
    - ✓ Swimming laps
    - ✓ Aerobic dancing
    - ✓ Speed walking or jogging
    - ✓ Bicycling

Benefits of Physical Activity:

- Stretching and bending your arms and legs while in bed or sitting in a chair will help prevent joint stiffness.
- Taking walks during your visit will help maintain your endurance and flexibility. Physical activity also improves circulation and helps with weight control.
- Improved sleeping patterns and stress management are also advantages of being physically active.
- Being active is not only a benefit to your physical health but it can benefit your social life! Look into programs held by local establishments.
- If you have poor mobility, physical activity can enhance your balance, which can prevent future falls.
- Being active for at least 150 minutes per week can help decrease chronic diseases and premature death.

Tips to remaining active:

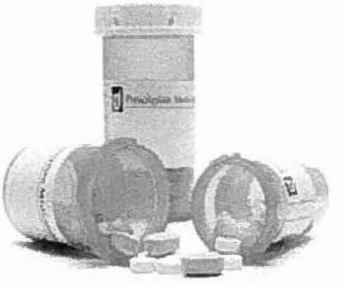
- Have a friend or exercise partner to help keep you motivated to be active.
- Choose an activity you enjoy.
- Keep an activity log to ensure your accountability in being active! Include the activity, the length and the intensity of the activity.
- Increase the length and intensity of the activity over time.



Remember to check with a health care provider about your level of physical activity!

Medication

Medications include those that are prescribed by your doctor and those bought at a pharmacy typically called "over the counter" drugs. If your family member has a chronic or terminal condition, they are often taking many medications for various reasons. It is important to know any side effects or possible problems related to their medication use.



- Keep a list of all medications including prescription, "over the counter", "herbal", or "natural" medications. Be sure to tell the doctor, pharmacist, or nurse about all the medications your family member is taking.

- Try to use only one pharmacy or drugstore. Be sure to tell the pharmacist about any changes in your family member's health or medication.

- Keep all original bottles or packages of medications. Do not combine medications into one bottle. Ensure all unused or outdated medications are disposed of properly.

- Do not use any medications that are prescribed to another person.

- Look for changes in mood, alertness, balance, and appetite when starting a new medication. Different drugs can interact with each other and cause side effects that may be dangerous.

- Go over all the information the pharmacist or doctor gives you. Do not hesitate to ask questions about what the medication is for, its side effects, or recommended dosage.

Nutrition (diet)

Nutrition and hydration status are important to maintain an older adult's independence and prevent functional decline. Malnutrition can impact functional abilities, quality of life, and even increase the length of stay in hospitals.

Things you can do to help:

- Help set up the plate at meal time, with appropriate assistive devices. Specialized devices such as a plate guard or built-up cutlery are available at most hospitals if needed.
- Be there for encouragement and support but also allow the older adult to maintain independent eating and drinking skills.
- Optimize the patient's position at meal times by encouraging them to sit in a chair rather than in bed if possible.
- Make appropriate snacks available between meal times. More frequent small meals are recommended instead of larger meals when trying to improve nutritional status.
- Prevent dehydration by having the older adult consume a variety of fluids. This includes water, milk, juice, coffee, tea, soup etc. It was once thought that 6-8 cups of water was needed every day. However everyone has different needs for fluid, so there is not a specific amount. Water is the best fluid choice to stay hydrated. If on a fluid restricted diet, a dietitian can provide further guidance.
- Check with hospital staff before bringing food in to hospital from outside. Swallowing issues and food allergies may require specialized diets. Hospitals may have policies in place regarding food being brought in.

Nutritional Supplements

A balanced diet should be the first source of vitamins and minerals. The ability to absorb vitamins and minerals from food may be impaired with age or certain health conditions. As a result, a doctor or dietitian may suggest a daily multivitamin or supplement. Vitamin D, Calcium and Vitamin B 12 are common nutrient concerns in the older population.

Nutritional supplements such as Ensure®, Boost®, Carnation Instant Breakfast® and Resource® can provide extra nutrients, protein, and calories. They are typically used for patients who do not consume enough food to meet their daily requirements. A dietitian can help determine if a nutritional supplement is necessary.

Dysphagia and Oral Care

Dysphagia is difficulty swallowing. Dysphagia can cause many challenges that range from difficulty eating to developing aspiration pneumonia.

What is Aspiration Pneumonia?

- Your throat has two tubes - one that goes to your lungs for air, and one that goes to your stomach for food and drink. Aspiration happens when food and drink go down the tube that is meant for air. Not everyone who has dysphagia will get aspiration pneumonia.

Signs of Dysphagia

1. Coughing during or after eating and drinking
2. Choking during or after eating and drinking
3. Difficulty swallowing certain food textures

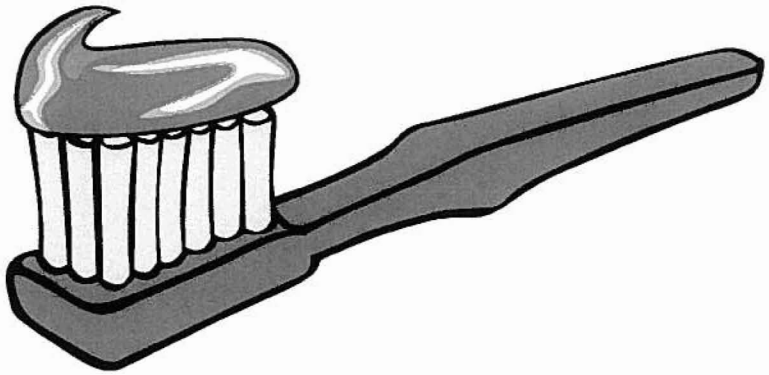
What can you do to help yourself swallow safely?

- ✓ Take your time when eating your meals. Take short breaks in between each bite.
- ✓ If you are eating dry foods, take a drink of water in between bites.
- ✓ Eat your meals sitting up. Being upright can help make sure the food goes down the right tube.
- ✓ If you feel you are having trouble swallowing, talk to your health care provider.

Proper oral care can decrease your risk of aspiration pneumonia.

What is proper oral care?

- Have family bring in your own personal toothbrush;
- Brushing your teeth in the morning, after each meal, and at bedtime;
- Checking to make sure bits of food aren't left over in your mouth after meals;
- Cleaning and soaking dentures everyday;
- Flossing your teeth;



Pain

What is Pain?

Pain is an unpleasant sensory and emotional experience. It can affect a person's emotional, spiritual and mental health, and physical function. Pain is a personal experience and exists when and where the person says it does. Pain may be chronic or acute (chronic-lasting over a long period of time ex. months/years or acute-lasting over a short period of time ex. days/weeks).

It is important to ensure that your health care team understands that you are in pain and want treatment.

Your caregivers may ask specific questions about your pain:

- Do you hurt or do you have pain, discomfort or soreness?
- Describe your pain?
- Rate your pain on a scale of 0-10?
- Where is your pain?
- Is your pain worse at any particular time?
- Does anything make your pain better?

What are the benefits of pain management/control?

- ✓ Reduced stress on the body
- ✓ Improved ability to participate in activities
- ✓ Improved sleep
- ✓ Enjoyment of life

Special considerations for treatment of the older adult....

Older Adults may:

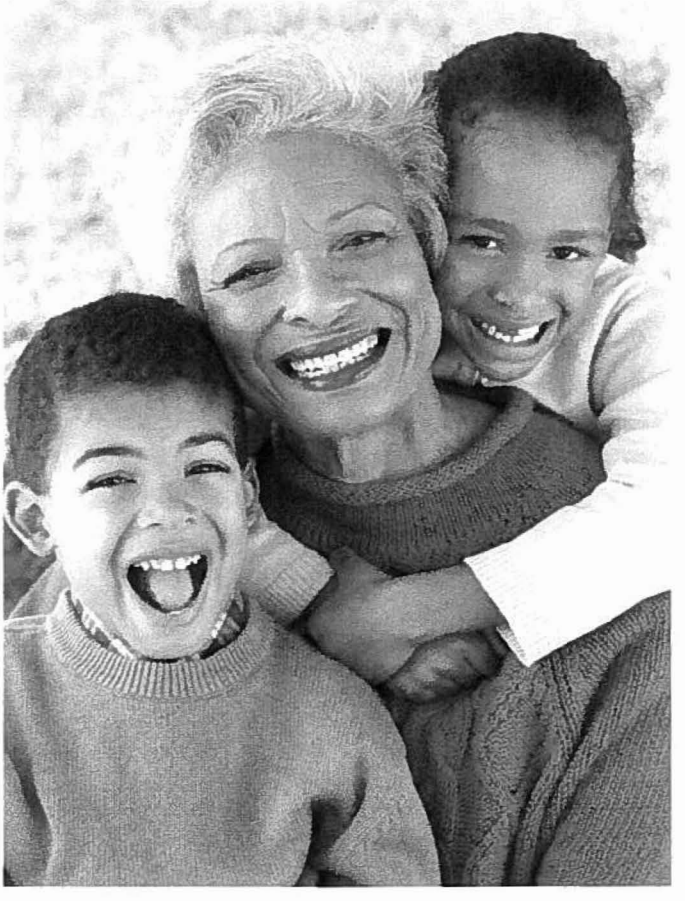
- ➢ be more likely to experience pain
- ➢ have more than one source of pain
- ➢ have multiple medical problems
- ➢ take several medications
- ➢ have greater sensitivity to the effects of medications

Family/Social

What can you do to maintain your social well-being?

- Continue to talk to the people around you. Get to know the other people in your room and the staff at the hospital.
- Take part in leisure and social activities as they are available and you are able to participate.
- If speaking is challenging for you, try using writing and gestures to help you communicate.

Caregiving can be very stressful. It is important to take care of your own needs and take regular breaks to rest. Build a support network. Let family, friends, and other know how you feel, what you need, and how they can help.



Health Team Roles

Your health care team may consist of the following members. Here is a quick description of what they do. (This is not an all inclusive list).

Physician: Health care professional who assess the physical or mental condition of an individual and the diagnosis, treatment and prevention of any disease, disorder or dysfunction.

Nurse Practitioner: A Nurse Practitioner (NP) is a Registered Nurse with advanced educational preparation to perform the following: assess or diagnose common heath issues; order & interpret specific screening and diagnostic tests; prescribe drugs; and order X-rays. NPs on PEI currently work primarily in the community clinics.

Registered Nurse: A Registered Nurse (RN) is a nursing leader who assesses, develops and evaluates your plan of care within the team. The RN role extends throughout the health system including: primary care to prevent illness and promote a healthy lifestyle, hospitalization, seniors, and end of life care. The specialized care is based on the most current scientific knowledge available.

Licensed Practical Nurse: A Licensed Practical Nurse provides support and nursing services to clients, family members, and the community. They assess, plan, implement, and evaluate care for clients throughout the life cycle and through palliative stages.

Patient Care Workers: Patient care workers assist patients with personal care activities. These are activities that a healthy person would fulfill daily such as bathing, dressing, grooming, toileting, mobilizing, and feeding.

Speech-Language Pathologists: Trained to help people with a variety of communication and swallowing difficulties. We work with you and your family to help make sharing your thoughts and ideas easier. We sometimes also work with registered dietitians to help people to swallow safely.

Respiratory Therapists: Health care professionals who care for patients by evaluating, treating, and maintaining cardiopulmonary (heart and lung) function.

Occupational Therapists: Occupational Therapists can assist with enabling your independence with basic activities of daily living such as grooming, bathing, dressing, toileting, and getting from one seating surface to another. Occupational Therapists prescribe equipment and adaptive aids to assist you in doing these basic activities.

Physiotherapists: Physiotherapists will help you improve your quality of life by helping you improve your function and mobility. They will help get you moving and provide education on injury prevention, safety, and education on how to maintain your mobility.

Dietitians: Registered dietitians are health care professionals who are trained to provide advice about diet, food, and nutrition. They use the science of nutrition to help people make healthy food choices and provide one-on-one counseling for special diets.

Spiritual Care Workers: An individual who is trained to support people in their pain, loss and anxiety, and their triumphs, joys and victories.

Pharmacist

Pharmacists are experts in medication management. They are responsible not only for obtaining and dispensing medications, but also for their safe and effective use in the prevention of disease and the promotion of health and wellness.

Don't know the role of a member of your healthcare team? Don't be afraid to ask!

Continue to do these activities at home.

Keep your mind active by doing hobbies such as playing games and doing puzzles.

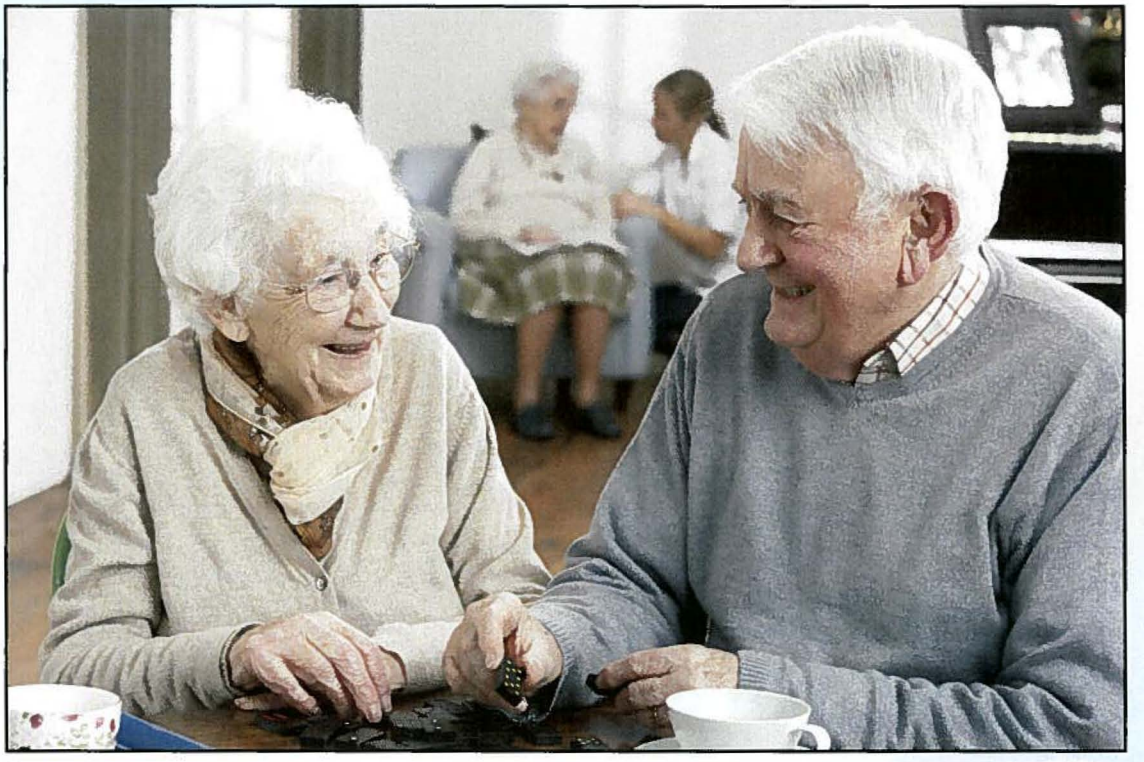
Walk and do simple exercises to keep up your energy level, balance, and strength.

Eat and drink well (eat your meals on time).

Use your glasses and hearing aids regularly.

Maintain your regular sleeping routine by going to bed at your usual time

If you get up at night, use a night light for safety.



Prepared By:

Arielle Anderson, Honours of BScKin, MScOT © Candidate 2016
Dalhousie University

Elizabeth Conrod, BKINE, MSc Audiology © Candidate
University of Western Ontario

Emily Ross, BScN © Candidate 2016
University of Prince Edward Island

Erica Ross, MHSc SLP © Candidate
University of Toronto

Lynn Drake, BScN, RN, MHA © Candidate 2015
Dalhousie University

Sandra Gregory, BSc, Dietetic Intern
University of Prince Edward Island

Content reviewed and approved by Senior Friendly Working Group Members

Health PEI
One Island Health System

May 2015

15HPE41-41691

Health PEI
One Island Health System

SENIOR FRIENDLY MEDICAL UNIT
Self Directed Educational Resource 1

Senior Friendly Working Group Members

Role	Name	Area of practice
Chair	Sandra M^{ac}Kay	Director of Nursing KCMH
Member	Elaine Campbell	Geriatric Program Co-Ordinator
Member	Audrey Fraser	Consultant ARNPEI— (PNAC representative)
Member	Joanne Dennis	Clinical Leader-Medical Palliative PCH
Member	Shari MacDonald	Clinical Educator -KCMH
Member	Kimberly Hammond	Family member-advisor
Member	Kimberly Woods	Nurse Manager Unit 8 - QEH
Member	Leti LaRosa	Member of Public – Senior advisor
Member	Michelle Foster	Physiotherapist - QEH
Member	Karla Crawford	Occupational Therapist - QEH
Resource	Dorothy Dewar	Nursing Research Lead
Resource	Mary Ann MacSwain	Health Information Specialist
Adhoc	Dr Nguyen	Family Physician / Geriatrician
Adhoc	Beverly Martin	Pharmacy Manager PCH
Adhoc	Angela Gallant	Clinical Dietician QEH
Adhoc	Brenda Worth	CNO/ ED of Laboratory Services
Adhoc	Shelley Woods	Chief Nursing Officer-Long Term Care

Health PEI
One Island Health System

SENIOR FRIENDLY MEDICAL UNIT
Self Directed Educational Resource **2**

Table of Contents

NOTE: Internet Explorer is the recommended web browser for activation of the sound clips in this document. If you are using another browser, you will need to save the document as a PDF in order to activate the sound clips.

Introduction

The purpose of this project is to help maintain a patient's pre admission level of mobility and their ability to participate in their ADL's. To do this the patient is to

a. Ambulate with staff/family as tolerated to maintain baseline functional status.

b. Sit in a chair, out of bed for all meals.

c. Be encouraged to maintain their baseline activities of daily living (ADLs).

The goal of this self directed educational resource guide is to provide staff with knowledge and expectations associated with a Senior Friendly initiative being piloted in 4 medical units at the Queen Elizabeth Hospital, Prince County Hospital, Western Hospital and Kings County Memorial Hospital. The initiative is being implemented to help seniors maintain the same level of function (ADL's and mobility) they had prior to admission. Seniors 75 years and older are considered part of this project.

This self directed resource guide provides inclusion and exclusion criteria for project, education on a new mobility algorithm to assist nursing and nursing team members assess a patient's level of mobility. It also provides education on how to complete the Barthel Index which is a tool to help measure ADL functionality/ability.

SENIOR FRIENDLY MEDICAL UNIT
Self Directed Educational Resource

Summary of Expectations:

- All seniors 75 years and older admitted to any of the 4 medical units is to be considered part of the Senior Friendly initiative. (Unless mentioned in exclusion category below)
- A mobility assessment will be completed on admission and patients will be mobilized according to the assessed level. (Unless medically contraindicated). The Laminated Mobility Algorithm is to be kept in patient rooms on units for easy access.
- The patients assessed mobility level will be written on their white board in order to communicate level to other health care providers, patient and family members. Their mobility level will be continuously evaluated as their condition improves. (A-D)
- The reverse side of the mobility algorithm contains information about the different levels of mobility.
- The Barthel Index is built in the assessment section of CIS. It is to be completed within 24- 48 hours of admission (assessment dependant) to determine the patient's ability to complete ADLs. It is their **pre admission ability level** we are measuring. The intent of this initiative is to send the patient home able to carry out their ADLs to their pre admission level.

The Barthel Index is also to be completed prior to discharge.

The Barthel Index score is one of the project indicators. Maintaining the same admission and discharge scores will demonstrate achievement of our project goal which is to maintain the patient's level of mobility. (Functional and physical mobility) [There is specific education related to this assessment further on within this document]

- Seniors 75 and older will be sat out of bed for meals.

- Seniors will be mobilized up to 3 times a day.
- Urinals and bed pans are not to be used during the day hours (unless medically indicated) Rather patients are to be mobilized to the bathroom **OR** to the commode.
- An education pamphlet has been developed that you can review with and provide to the patient / family explaining the project, explaining the importance of moving and continuing to participate in their daily ADL's. (Copies are available on your unit for distribution to each patient)
- An Education booklet for the patient/ family has been developed that can be read while in hospital or when they go home. It contains a variety of information that may be useful to the patient and their family. (Copies are available on your unit for distribution to each patient)

Learning Objectives of Self Direct Resource Guide:

On completion of this self directed education resource guide the participant will:

- Recall the importance of maintaining function in seniors admitted to hospital;
- Describe the expectations for staff and participants in project;
- List the inclusion and exclusion parameters for the project
- Understand the mobility algorithm
- Understand how to complete the Barthel Index on admission and discharge.

Inclusion criteria:

- Any person $\geq$ 75 years is **included** in the Senior Friendly initiative

Exclusion criteria:

1. Patient < 75 years old
2. Patients in emergency department
3. Patients in palliative care
4. Patients with ELOS < 48 hours

What is Functional Decline?

"Functional decline is a new loss of independence in self-care capabilities and is typically associated with deterioration in mobility and in the performance of activities of daily living (ADLs) such as dressing, toileting, and bathing. When older adults are hospitalized, the medical illness causing hospitalization can cause a decline in functional status. Functional decline can also be caused by other factors related to hospitalization such as extended bed rest, reduced daily participation in ADLs, iatrogenic events, and inappropriate use of mobility-restricting devices such as indwelling catheters and intravenous lines" (RGP, 2014)

What the Research says:

Functional decline is a common and serious problem in older hospitalized patients, resulting in a change in quality of life and lifestyle. Hospitalization poses a risk for altered functional status for older adults due to acute illness. Decreased mobility, the negative effects of bed rest such as pressure ulcers, pain, dehydration and/or malnutrition, medication side effects, and associated hospital treatment measures such as invasive lines and catheters that limit mobility are all contributing factors to functional decline. Low levels of mobility and bed rest are common occurrences during hospitalization for older adults and functional decline occurs as a result. (Fischer et al., 2011) (RGO, 2014)

Decline in function **is often difficult to reverse, and may lead to long term loss of independence, social isolation, and reduced quality of life.** According to Palmer (1995) functional decline due to hospitalization results in prolonged lengths of hospital stay, increased recidivism, a greater risk of institutionalization and higher mortality rates.

- 30-60% of older people experience functional decline when hospitalized.
- One year after hospital discharge, less than 50% of older adults recover to their pre-illness level of functioning and rates of long-term care placement are high
- A decline in mobility can start within 2 days of hospitalization!
- Without mobilization, elderly patients lose **1-5%** of muscle strength each day

(Annals Int Med 1993; 118:219-23)

Interventions to prevent functional decline

General

- Maintain individual's daily routine.
- Assess functional ability (Barthel Index and Mobility Algorithm).
- Ensure adequate lighting.
- Have glasses and hearing aids in place/use hearing amplifier/magnifying sheet.
- Communicate functional decline to other team members.
- Avoid inappropriate medications for older adults. (Consider need for pharmacy consult).
- Assess for and treat pain.
- Encourage active participation while in hospital.
- Orient to environment.

Ambulation

- Use mobility algorithm to assess mobility level.
- Address bed rest orders.
- Mobilize patientup to 3 times per day.
- Increase patient activity as tolerated.
- Request family to bring in **supportive footwear. [What they walk in at home]**

- Request family to bring in pajamas and night wear, walking aids used at home. (Walking frame, walking cane etc)
- Use assistive devices (e.g., walkers, canes).
- Maintain clear walking paths in hallways and in patient rooms.
- Provide patient/family with education materials.

Transferring

- Encourage patient to be up and out of bed.
- Keep the side rail closest to the patient up so patient can assist with transfers.
- Use assistive devices (e.g., walkers, canes).

Dressing

- Have patient assist with removing and reapplying attire to their level of ability.

Bathing/Grooming

- Have patient sit up at the sink/in chair/at side of bed to perform bathing, shaving, combing hair, brushing teeth/cleaning dentures; *encourage self care.*

Eating

- Have dentures in place if needed.
- Assist patient out of bed and in a chair for meals.
- Have adaptive utensils available if needed.
- Provide feeding assistance to the patient who cannot self-feed.
- Ensure tray height is adequate.

Continence

- Offer toileting at least every 2 hours (or more frequently according to assessment) while patient is awake.
- Ambulate patient to bathroom to sit on toilet if appropriate.

- Use a bedside commode for the patient with limited ambulation.
- Encourage patient to attempt hygiene care and to wash hands after toileting.
- If catheter in situe, assess need for daily.

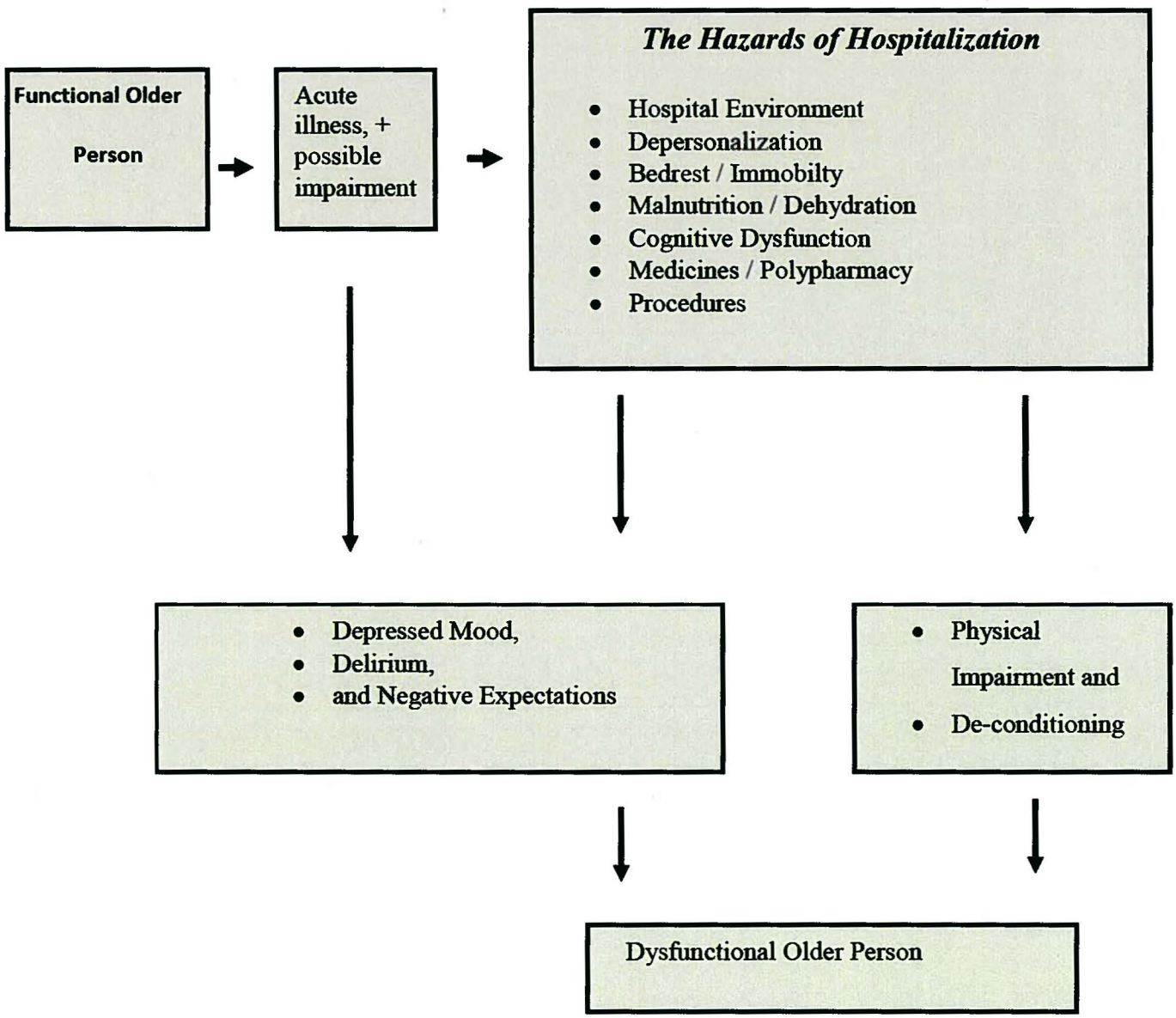
(Lyons, 2014)

What are the foreseeable outcomes when Functional Decline is appropriately addressed?

- **For the patient**
    - Improved mobility and independence in ADLs
    - Improved self esteem related to greater independence
    - Reduced complications during hospitalization
    - Improved rate of return to pre-hospital living environment
- **For hospital staff**
    - Improved ability to detect and prevent functional decline
    - Improved inter-professional collaboration
    - Empowerment and improved satisfaction when caring for older adults
- **For the healthcare system**
    - Decreased institutionalization
    - Decreased length of stay and ALC rates
    - Decreased costs to health care
    - Improved patient and family satisfaction

(RGO, 2014)

Conceptualizing Functional Decline



Palmer et al., (Modified) as cited by Sinha & Bennett 2014

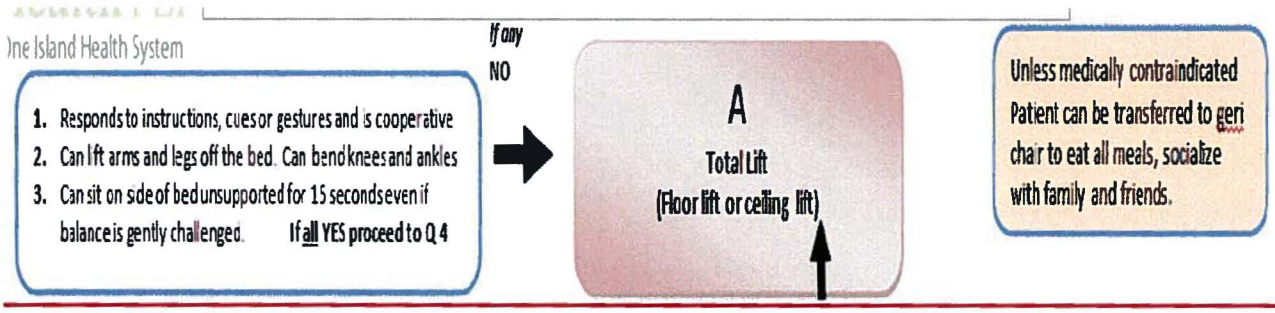
SENIOR FRIENDLY MEDICAL UNIT
Self Directed Educational Resource **12**
Mobility

The mobility algorithm is developed to assist nursing staff determine the level of mobility a patient is capable of, in order to maintain function when admitted to acute care.

It consists of 4 different levels; A, B,C and D. The person completing the assessment uses the questions to help determine which category of mobility the patient belongs. It also provides the mobility expectations attached to each level.

Once assessed please <u>write</u> the letter on the patient <u>white board</u> and the date for communication purposes

Level A



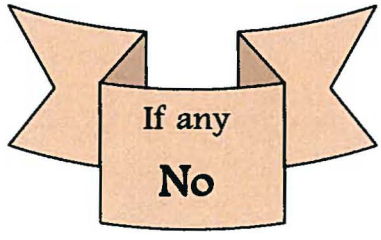
Patients suffering with Alzheimer's and Dementia may not follow instructions or be co-operative when asked questions. Family or friends should be involved when assessing this population's mobility level.

Questions:

1. **Can the patient responds to instructions, cues or gestures and is cooperative?**
2. **Can they lift their arms and legs off the bed? Can they bend their knees and ankles?**
3. **Can they sit on side of bed unsupported for 15 seconds even if balance is gently challenged?**

If all ***<u>YES</u>***

If the patient answers YES to all 3 questions move on to question 4+ 5.



If the answer is no to any and all of the 3 questions they are considered Level A mobility level.

Level A

To be assessed as mobility Level A the patient may have all or some of the following.

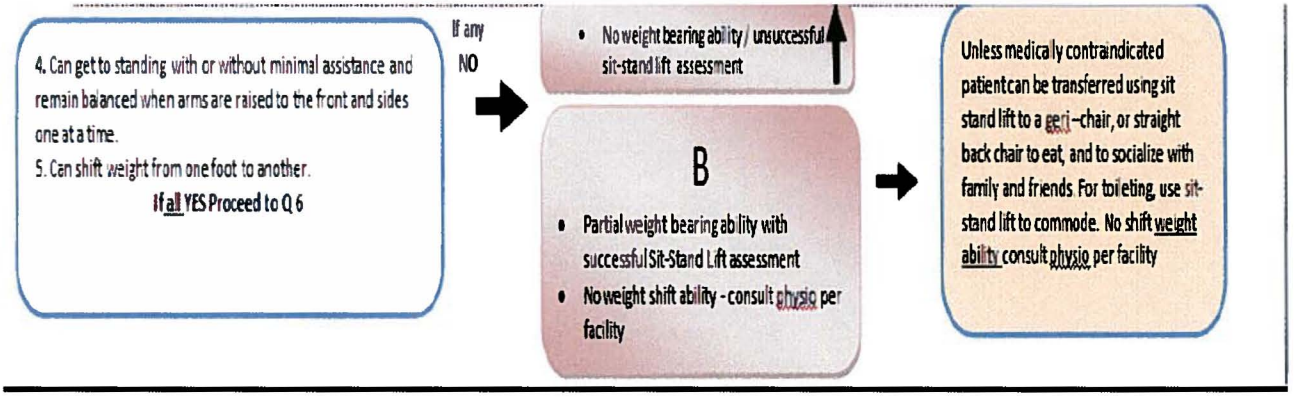
- unable to responds to instructions, cues or gestures
- may not be co operative
- may not be able to lift their arms and legs off the bed
- may not be able to bend their knees or ankles
- may not be able to sit unsupported on the side of the bed for up to 15 seconds

Level A

- The patient is a total lift – Floor or ceiling; unless medically contraindicated patient can be transferred to geri chair to eat all meals, and to socialize with family and friends.
- If patient had some mobility level prior to admission and is deemed Category A consult PT/OT.
- If recent decline in mobility prior to admission please consult OT/PT.

If a total lift (floor lift or ceiling lift) prior to admission over a period of time there is no need to consult PT/OT for mobility reasons. Consider Patients baseline prior to consulting PT/ OT.

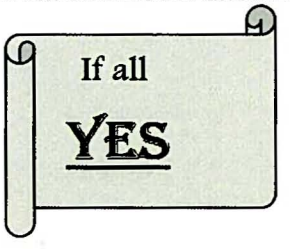
Level B:



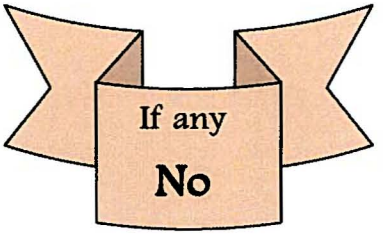
Question 4 + 5:

4. Can the patient get to standing with or without minimal assistance and remain balanced when arms are raised to the front and sides one at a time?

5. Can the patient shift weight from one foot to another?



If the answer to Question 4 + 5 is YES please proceed to Question 6



If the patient is unable to weight bear and has completed an unsuccessful sit /stand assessment then they are a Level A patient.

If they are unable to shift weight from one foot to another but can stand consult physio per facility.

a) If the patient is able to stand but not able to shift weight from one foot to another they are considered level B mobility level and may be suitable for a sit / stand lift.

b) Unless it is medically contraindicated this patient can be transferred to a geri chair or a straight back chair to eat and to socialize with family and friends.

c) For toileting, use sit-stand lift to commode.

d) Urinals and bed pans are not to be used during the day as these promote immobility.

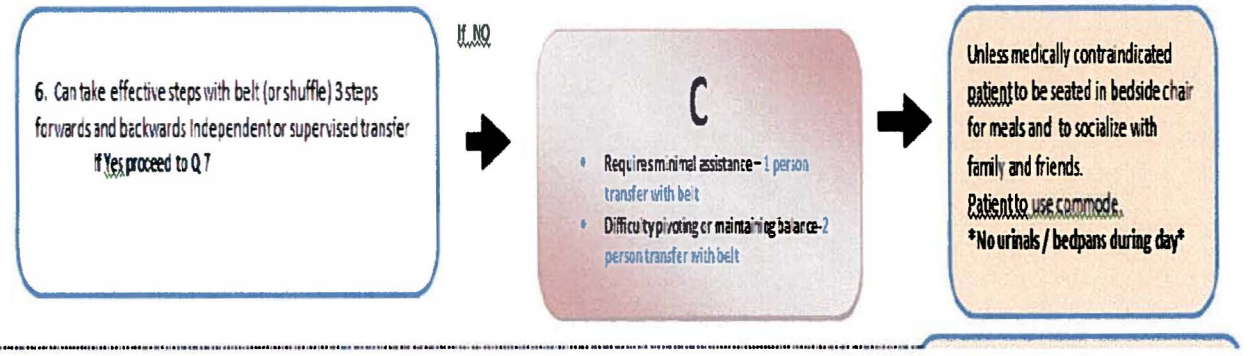
Level B

To be assessed as mobility Level B

- the patient responds to instructions, cues or gestures and is cooperative.
- they can lift their arms and legs off the bed and are able to bend their knees and ankles
- they are also able to sit up in bed unsupported even when balance is gently challenged
- they have some weight bearing ability when assessed for sit / stand lift but are **not able** to shift weight from one foot to another.

Consider consulting PT/OT if improvement in baseline/pre admission function is anticipated.

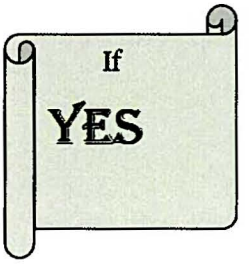
Level C



Question 6:.

Can the patient take effective steps with belt (or shuffle) 3 steps forwards and backwards

- Independent or supervised transfer
  - Requires minimal assistance
    - *1 person transfer with belt*
  - Difficulty pivoting or maintaining balance
    - *2 person transfer with belt*
    -



If **YES** to Question 6 and can transfer independently or transfer with help proceed to question 7.

<u>If No</u> Patients is a candidate for mobilization and considered Category C mobility level

Category C: Unless medically contraindicated patient is to be transferred to a bed side chair to eat meals and to socialize with family and friends. Patient to use commode. No urinals / bedpans during day. These encourage immobility.

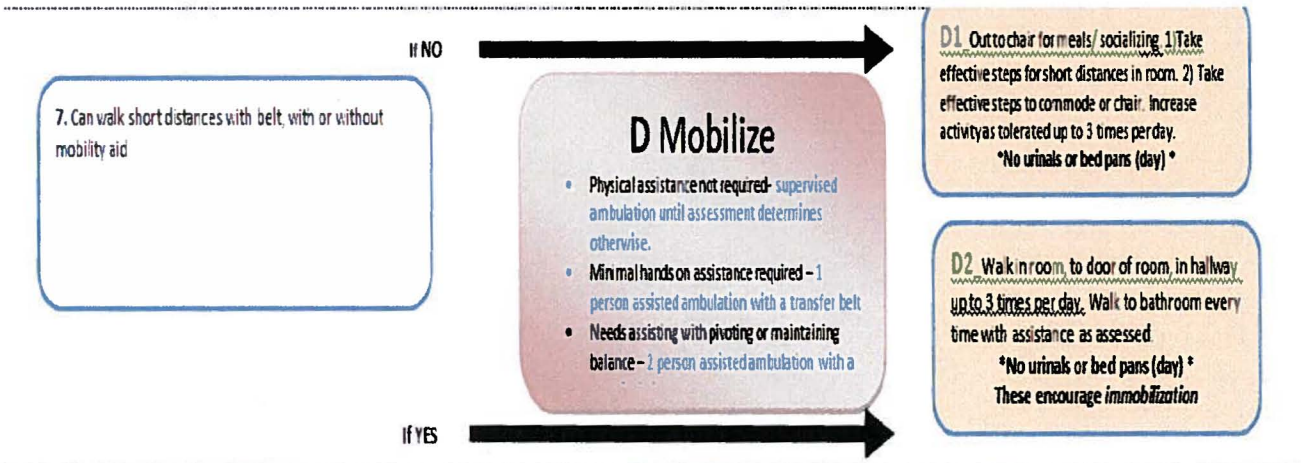
Consider consulting PT/OT if improvement in baseline/pre admission function is anticipated.

Level C

To be assessed as mobility Level C

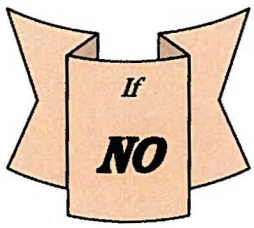
- the patient can get to standing with minimal assistance and maintain their balance when they raise their arms to the front or side (one at a time).
- they are **<u>able</u>** to shift their weight from one foot to the other with assistance /mobility aids

Level D



Question 7:

Can walk short distances with belt, with or without mobility aid.



If No the patient is assessed as Level D1

D1: The patient is seated in bedside chair for all meals and socializing. They can take effective steps in room up to 3 times daily. They can transfer take effective steps to the commode and bedside chair. Increase activity as tolerated up to 3 times per day. Patients can be mobilized up to 3 times a day **around or near the bed** to their level of ability.

****No urinals or bed pans (day) ****

Level D (1)

- To be assessed as mobility Level D1
- the patient is able to take effective steps with belt (or shuffle) 3 steps forwards and backwards
- they are able to shift their weight from one foot to another

Q 7. Can walk short distances with belt, with or without mobility aid.

If
YES

The patient is assessed as level D2

Level D (2)

To be assessed as mobility Level D2

- the patient is able to walk long or short distances. in their room.

D2: If the patient is assessed as level D2 (unless medically contraindicated) they are able to walk with or without assistance / mobility aids:

- short distances in room,
- to bathroom,
- to door of room
- in hallway.

Mobilize patient with 1 or 2 people with transfer belt until assessed as unnecessary

No urinals or bed pans/commodes (day hours). ***These encourage immobilization***

The development of this algorithm is a collaborative effort between nursing, occupational therapy and physiotherapy.

SENIOR FRIENDLY MEDICAL UNIT
Self Directed Educational Resource **21**
Barthel Index

The Barthel index is built in CIS under the assessments tab

Guidelines for the Barthel Index of Activities of Daily Living

General

A person scoring 100 using the Barthel Index is continent, feeds themselves, dresses themselves, gets up out of bed and chairs, bathes themselves, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone: they may not be able to cook, keep house, and meet the public, but they are able to get along without health care provider care.

- The Index should be used as a record of what a patient ***does***, NOT as a record of what a patient ***could do***.
- The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason.
- The need for supervision renders the patient not independent.
- A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives, and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.
- Usually the performance over the preceding 24 – 48 hours is important, but occasionally longer periods will be relevant.
    - Unconscious patients should score '0' throughout, even if not yet incontinent.
    - Middle categories imply that the patient supplies over 50% of the effort.
    - ***Use of aids to be independent is allowed.***

Definition and Discussion of Scoring

Feeding	10	**Independent:** The patient can feed himself a meal from a tray or table when someone puts the food within his reach. (Able to cut up the food, use salt and pepper, spread butter, etc. He must accomplish this in a reasonable time)
	5	Some help is necessary (with cutting up food, spreading butter, using salt and pepper etc.,)
	0	A score of 0 is given when the patient cannot meet the criteria as defined above.

Grooming	5	Patient can wash hands and face, comb hair and clean teeth. Male patients may use any kind of razor but must put in blade or plug in razor without help as well as get it from drawer or cabinet and shave self. Female patients must put on own makeup, if used, but need not braid or style hair.
	0	A score of 0 is given when the patient cannot meet the criteria as defined above.

Toilet use	10	Patient is able to get on and off toilet, fasten and unfasten clothes, prevent soiling of clothes, and use toilet paper without help. They may use a wall bar or other stable object for support if needed. If it is necessary to use a bed pan instead of a toilet, he must be able to place it on a chair, empty it, and clean it.
	5	Patient may **need assistance** with some of the above. Can complete some of this (get on and off toilet, fasten and unfasten clothes, prevent soiling of clothes, and use toilet paper)
	0	A score of 0 is given when the patient cannot meet the criteria as defined above.

Bathing	5	Patient may use a bath tub, a shower, or take a complete sponge bath. He must be able to do all the steps involved in whichever method is employed without another person being present.
	0	A score of 0 is given when the patient needs assistance and cannot meet the criteria as defined above.

Mobility	15	Patient can walk at least 50 yards (45 meters) without help or supervision. He may wear braces or prostheses and use crutches, canes, or a walker but not a rolling walker. He must be able to lock and unlock braces if used, assume the standing position and sit down, get the necessary mechanical aides into position for use, and dispose of them

		when he sits. (Putting on and taking off braces is scored under dressing.)
	10	Patient needs help or supervision in any of the above but can walk at least 50 yards (45 meters) with a little help.
	5	If a patient cannot ambulate but can propel a wheelchair independently. He must be able to go around corners, turn around, maneuver the chair to a table, bed, toilet, etc. He must be able to push a chair at least 50 yards. ***Do not score this item if the patient gets score for walking***
	0	Immobile or < 50 yards(45 meters). A score of 0 is given when the patient cannot meet the criteria as defined above.

Stairs if applicable	10	Patient is able to go up and down a flight of stairs safely without help or supervision. He may and should use handrails, canes, or crutches when needed. He must be able to carry canes or crutches as he ascends or descends stairs
	5	Patient needs help with or supervision of any one of the above items
	0	A score of 0 is given when the patient cannot meet the criteria as defined above.

Dressing	10	Patient is able to put on and remove and fasten all clothing, and tie shoe laces (unless it is necessary to use adaptations for this). The activity includes putting on and removing and fastening corset or braces when these are prescribed. Such special clothing as suspenders, loafer shoes, dresses that open down the front may be used when necessary
	5	Patient needs help in putting on and removing or fastening any clothing. He must do at least half the work himself. He must accomplish this in a reasonable time. Women need not be scored on use of a brassiere or girdle unless these are prescribed garments.
	0	A score of 0 is given when the patient cannot meet the criteria as defined above.

Bowels	10	Patient is able to control his bowels and have no accidents. He can use a suppository or take an enema when necessary (as for spinal cord injury patients who have had bowel training).
	5	Patient needs help in using a suppository or taking an enema or has occasional accidents.
	0	Incontinent

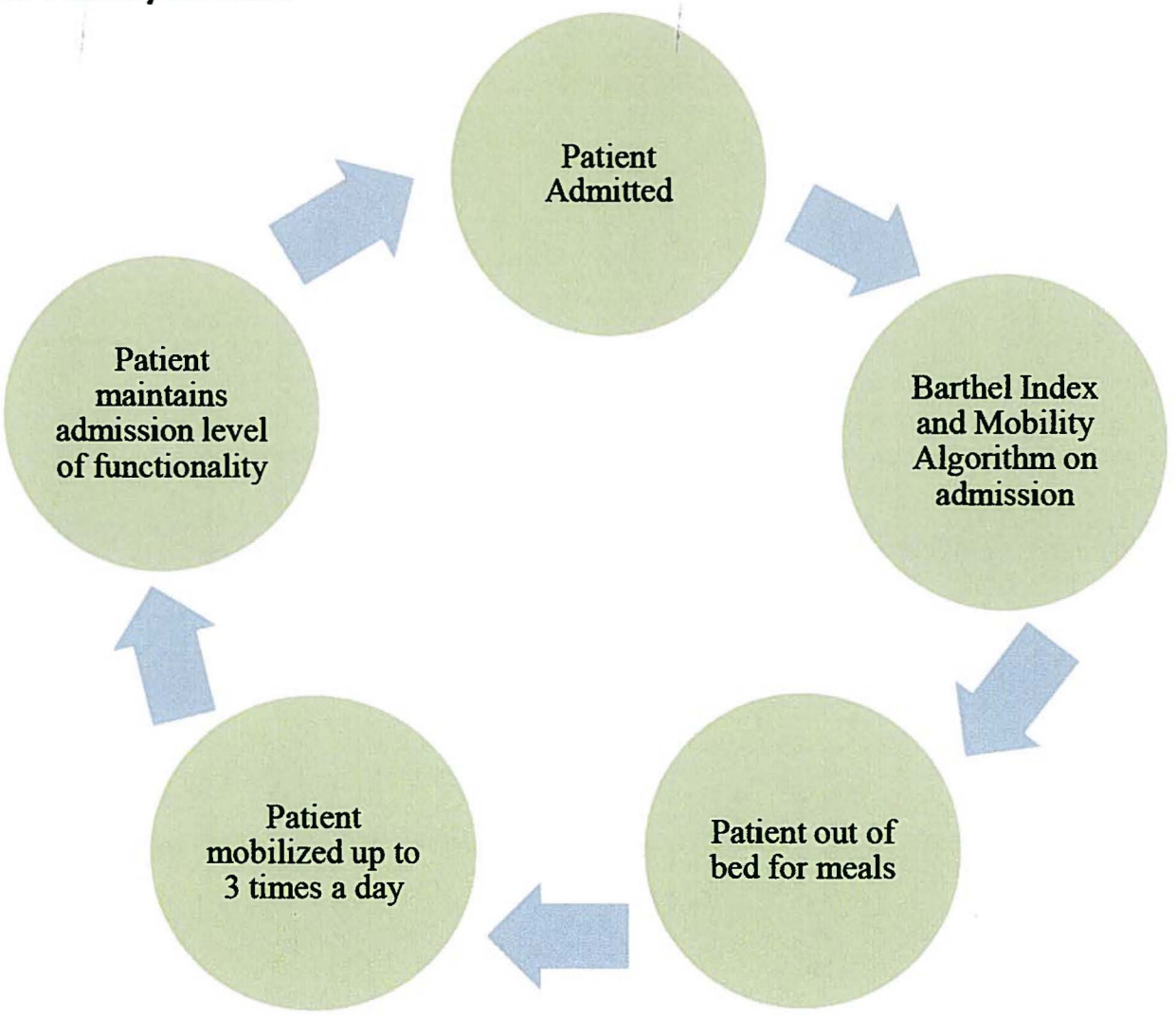
Bladder	10	Patient is able to control his bladder day and night. Spinal cord injury patients who wear an external device and leg bag must put them on independently, clean and empty bag, and stay dry day and night.

		A catheterized patient who can completely manage the catheter alone is registered as 'continent'
	5	Patient has occasional accidents (max 1 in 24 hr) or cannot wait for the bed pan or get to the toilet in time or needs help with an external device.
	0	A score of 0 is given in all of the above activities when the patient cannot meet the criteria as defined above.

Transfers	15	Independent (from bed to chair and back)
	10	Needs supervision and / or verbal cues
	5	Requires assistance of 1 person
	5	Requires assistance of 2 persons
	0	Mechanical lift

Mahoney FI, Barthel D. "Functional evaluation: The Barthel Index." Maryland State Medical Journal 1965;14:56-61. Used with permission.

Senior Friendly Initiative



Audit:

An audit is being carried out the last week of the month of March, April and May 2015 prior to starting the project to gather pre pilot data. This audit will be repeated at 3 months and 6 months into the project.

Patient / family pamphlet:

A patient /family pamphlet is available for nursing staff to provide to patients and their families explain what we are doing. This will assist nursing staff if patients and their families have questions.

Patient / Family information booklet:

This booklet will be available to the patient / family for review in their own time. "Helping the Older Adult maintain Function & Mobility". It provides the patient and family with helpful tips and information about maintaining their every day health while they are admitted to hospital or on their discharge home.

References

Collin C, Wade DT, Davies S, Horne V. "The Barthel ADL Index: a reliability study." Int Disability Study. 1988;10:61-63

Hoogerduijn, J., Schuurmans, M., Duijnstee, M., de Rooij, S., & Grypdonck, M. (2007). A systematic review of predictors and screening instruments to identify older hospitalized patients at risk for functional decline. *Journal Of Clinical Nursing*, *16*(1), 46-57. doi:10.1111/j.1365-2702.2006.01579.x

Internet Stroke Centre. (n.d.). The Barthel Index. Retrieved from http://www.strokecenter.org/wp-content/uploads/2011/08/barthel.pdf

Lyons, D. L. (2014). Implementing a Comprehensive Functional Model of Care in Hospitalized Older Adults. *MEDSURG Nursing*, *23*(6), 379-385.

Mahoney FI, Barthel D. "Functional evaluation: The Barthel Index." *Maryland State Medical Journal* 1965; 14:56-61.

Regional Geriatric Program of Ontario. (RGP)(2014). Senior Friendly Hospitals: Functional decline. Retrieved from http://seniorfriendlyhospitals.ca/toolkit/processes-care/functional-decline

Wong, K., Ryan, D., & Liu, B. (2014). A system-wide analysis using a senior-friendly hospital framework identifies current practices and opportunities for improvement in the care of hospitalized older adults. *Journal of The American Geriatrics Society,* 62(11), 2163-2170. doi:10.1111/jgs.13097

Why is moving good for me?

Walking/moving can:

- Raise your energy.
- Let you keep doing the things you normally do.
- Decrease the chance of problems with your skin.
- Help you digest food.
- Help you sleep better.
- Make your stay here in the hospital shorter.

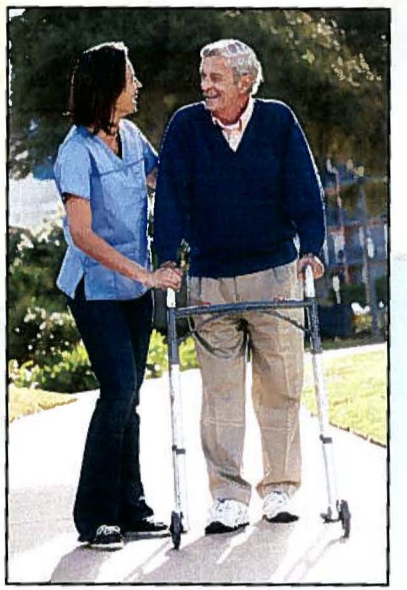
Health PEI
One Island Health System

If you have any questions,
please ask your nurse.

Senior Friendly Hospital

Acute Care

Patient and Family Information



Health PEI
One Island Health System

What will the nursing staff ask me to do while I am in hospital?

- You will get out of bed for your meals.
- You will be out of bed walking up to three times a day with help if needed.
- You may receive physiotherapy therapy/occupational therapy.

List of items to bring in/ have brought into hospital.

- Walking shoes and walking aid from home.
- Night and day attire (pajamas, night dress, casual clothes).
- Personal hygiene items, ie. (Toothbrush, comb, brush, dentures).

What are we doing?

We are delivering a program that will help keep you moving as much as you can while you are in the hospital. This will help keep your muscles strong and try to stop problems from happening.

What are some of the things that can happen if I do not get out of bed?

- Problems such as pneumonia or blood clots.
- You could get weaker and be more likely to fall.
- You could stop being able to do things for yourself that you used to be able to do.
- You may not be able to control your bladder or bowel.
- You can get a sore on your skin.
- It could be hard to swallow your food.
- You could have trouble sleeping.
- You can become sad (depressed).
- You could need to stay longer here in the hospital.