

A Prospective Study on Functional Status Post Geriatric Trauma.

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A Prospective Study on Functional Status Post Geriatric Trauma

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INTRODUCTION

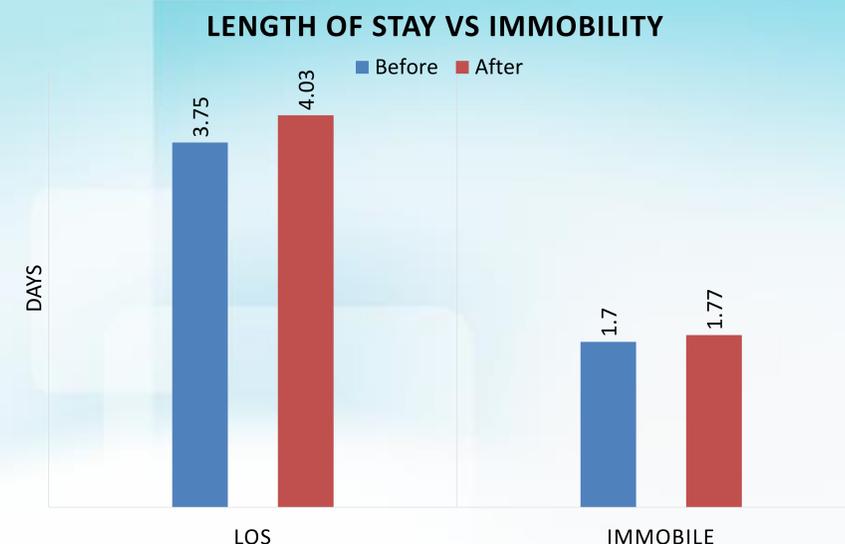
- The geriatric population is growing bringing more geriatric trauma patients into hospitals
- Older adults bring more complications and immobility can worsen outcomes
- Mobility and activities of daily living are major contributors to functional status
- Functional status is described as the ability to perform self-care activities and is a significant element of health status
- The Problem: Continued lack of mobilization, frequent bedrest, and unique needs of geriatric trauma patient ignored
- The Solution: Implement new mobility tool to provide earlier interventions and improve communication between hospital staff about the patient

Check Mobility Level on admission, daily, and discharge	Bedbound Level 1	Passive Transfer Level 2	Active Transfer Level 3	Assisted Walking Level 4	Independent Walking Level 5
	Bedbound or confined to bed per order.	Bed to chair activity with NO weight bearing.	Bed-to-chair with partial to full weight bearing.	Assisted (hands on); full weight bearing and ambulation.	Walks without assistance.
A Maximum restriction or dependence	Patient dependent: Staff provides all turning, positioning, and ROM.	Transferred to chair.	Two-person assist; stand and pivot to chair, wheelchair, or commode.	Walk; with two assist.	Walk independently in room only.
B	Patient participated with staff assist in turning, positioning, and ROM.	Mechanical or three-person lift to chair, wheelchair, or commode.	One-person assist; stand and pivot to chair, wheelchair, or commode.	Walk; with one assist.	Walk out of room; <1 hall length.
C Least restricted/least dependence	Patient is independent in bed.	Transfer to chair, wheelchair, or commode with two-person assist.	One-person standby assist to chair, wheelchair, or commode.	Walk; with standby assist.	Walk out of room; >1 hall length.

METHODS

- Data collected before and after tool implementation through retrospective chart review to compare effectiveness of tool
- Variables will include age, LOS, time of immobility, co-morbidities, consultations, ISS, functional status scores at discharge, and complications

RESULTS



- Average age of geriatric trauma patient increased from 79.61 to 81.17
- The average number of co-morbidities went from 4.45 to 4.96
- Consultations: Physical therapy increased by 9.74%, geriatric consults increased by 4.79%, occupational therapy increased by 1.54%, nutritional consults decreased by 2.77%, and trauma rehab consults decreased by 0.01%.
- ISS decreased by 0.42
- Functional status scores: Feeding increased by 0.02, locomotion decreased by 0.06, expression increased by 0.01 and transfer mobility and social interaction remained exactly the same
- Complications: Pneumonia increased by 0.36%, pressure ulcers increased by 1.09%, deep vein thrombosis increased by 0.55%, and there were no cases of pulmonary embolisms

CONCLUSIONS

- New mobility tool didn't create a huge impact
- Main variable LOS actually increased and wasn't able to reduce healthcare costs
- Other variables to consider why this is the case would be the increase in age bringing more complicated cases to the hospital
- Immobility increase may be due to increase in age
- Co-morbidities increased which may have caused increase in LOS and immobility
- Increase in PT consults may be due to increase in mobility awareness
- ISS decrease may be correlated with LOS
- No significant change in functional status scores
- Complications did not affect mobility tool either as no complication increased by more than 2% and age increase may be correlated

FUTURE IMPLICATIONS

- Further studies should be done to get more trends on data to be more accurate about correlations
- Extend study to more years before tool implementation and after implementation to gather more patient charts
- Look at more variables to see what affects mobility the most
- Increase study on age to see if tool affected certain geriatric population more
- Continue use of mobility tool to increase communication between hospital staff

References

Bortz, K., & Stirparo, J. *A Prospective Study on Functional Status Post Geriatric Trauma*. IRB Proposal.

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