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

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
A Average age of geriatric trauma patient increased from 79.61 to 81.17
B 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

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

Check Mobility Level on admission, daily, and discharge

<table>
<thead>
<tr>
<th>Mobility Level</th>
<th>Bedbound Level 1</th>
<th>Passive Transfer Level 2</th>
<th>Active Transfer Level 3</th>
<th>Assisted Walking Level 4</th>
<th>Independent Walking Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Bedbound or confined to bed per order.</td>
<td>Bed to chair activity with NO weight bearing.</td>
<td>Bed-to-chair with partial to full weight bearing.</td>
<td>Assisted (hands on); full weight bearing and ambulation.</td>
<td>Walks without assistance.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Transferred to chair.</td>
<td>Two-person assist; stand and pivot to chair, wheelchair, or commode.</td>
<td>Walk; with two assist.</td>
<td>Walk independently in room only.</td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>Mechanical or three-person lift to chair, wheelchair, or commode.</td>
<td>One-person assist; stand and pivot to chair, wheelchair, or commode.</td>
<td>Walk; with one assist.</td>
<td>Walk out of room; &lt;1 hall length.</td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td>Transfer to chair, wheelchair, or commode with two-person assist.</td>
<td>Transfer to chair, wheelchair, or commode with two-person assist.</td>
<td>Transfer to chair, wheelchair, or commode.</td>
<td>Transfer to chair, wheelchair, or commode.</td>
<td>Transfer to chair, wheelchair, or commode.</td>
</tr>
</tbody>
</table>

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

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

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