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Utilization of the FSS-ICU to Assess Hospital Discharge Disposition
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Introduction

- Admission to an ICU is a life altering event that can result in functional impairments.
- As a result, patients’ functional abilities and quality of life post ICU stay is decreased.
- Early identification of patients at risk of developing functional impairments is valuable to allow the healthcare team greater opportunities to implement physical therapy interventions and mobility.
- There are currently few mechanisms for identifying those patients, making it difficult to prioritize follow up physical therapy visits due to constrained resources or measuring effectiveness of interventions.
- However, an emerging method to combat this obstacle is through the use of outcome measures.

Aim & Hypothesis

AIM
- To determine if there is a difference between the FSS-ICU scores acquired within 24 hour of a MSICU discharge across hospital discharge locations.

HYPOTHESIS
- There will be a difference in FSS-ICU scores acquired within 24 hours of ICU discharge across hospital discharge locations.

Methodology

Research Design
- Retrospective chart review of PI project

Time Frame
- 12/01/2016 – 12/31/2016
- Location: LVHN Cedar Crest

Power Analysis
- 80% (180 subjects)
- Two-tail significant level of .05

Hospital Course
- ICU to LVHN MSICU
- Discharge location

Data Analysis
- One way ANOVA
- Bonferroni post-hoc

Total Charts Evaluated
- (n=2075)

Excluded
- (n=1960)
- Patients transferred to ICU from another hospital, floor, or facility
- Multiple admissions within the same time frame
- No discharge record
- Adults unable to consent
- Pregnant women
- Prisoners

Included
- (n = 115)
- Adults over 18 years old
- Direct admit from home
- Self-reported functionally independent
- Active PT consult
- FSS-ICU ICU discharge score
- Definitive discharge location

Results

PATIENTS’ DESCRIPTIVE STATISTICS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>65.60 (15.79)</td>
</tr>
<tr>
<td>Sex (male)</td>
<td>[22.00 - 94.00]</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>30.00 (8.16)</td>
</tr>
</tbody>
</table>

PATIENTS’ HOSPITALIZATION COURSE

- FSS-ICU ICU Admission
- FSS-ICU ICU Discharge
- Hospital Length of Stay

STATISTICAL ANALYSIS

| F (3,110) | 21.18 |
| Home vs. SNF: p < 0.001 |
| Home vs. IP: p < 0.001 |
| Home vs. Other: p = 0.005 |

Discussion

- There was a difference in FSS-ICU scores acquired within 24 hours of ICU discharge across hospital discharge locations, demonstrating the FSS-ICU’s ability to discriminate between hospital discharge disposition in an acute care hospital.

- Our research provided more functional and usable ranges of FSS-ICU scores. Due to the large sample size of patients discharged home and significant results, patients can be reliably discharged home if they have a score between 28 – 35 at ICU discharge.

- Patients followed a linear pathway throughout their hospital length of stay in order to minimize confounding variables, allowing for a more controlled group during the study.

LIMITATIONS
- A linear pathway is not typical of most patients’ hospitalizations.
- Patients self-reported independence for pre-hospital function, which likely contributed to the majority of patients being discharged home.

FUTURE DIRECTIONS
- Analysis of factors that influence discharge in patients scoring between 19 and 28 on the FSS-ICU.
- Examine factors that contribute to a meaningful change in FSS-ICU score including physical therapy visits in ICU and on ward.
- Examine factors that contribute to a meaningful change in FSS-ICU score including frequency of physical therapy visits in ICU and on ward.
- Examine factors that contribute to a meaningful change in FSS-ICU score including specific physical therapy interventions.

Clinical Relevance

- This study builds upon previously published literature by expanding the sample by size and medical acuity.
- The FSS-ICU successfully discriminated amongst home and other discharge settings by providing a range of scores to aid physical therapists in the clinical decision making of discharge disposition.
- Patients who scored at the higher end of the FSS-ICU score (>28) were more likely to go home.
- With a narrower range of FSS-ICU scores, allocation of physical therapy services will improve based on patients’ needs.
- Physical therapy services may be better allocated to patients with lower mobility scores to increase their chances of being discharged home.

References


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