Cornwall Community Hospital
Hôpital communautaire de Cornwall

Prevention of Functional Decline

Cornwall Community Hospital

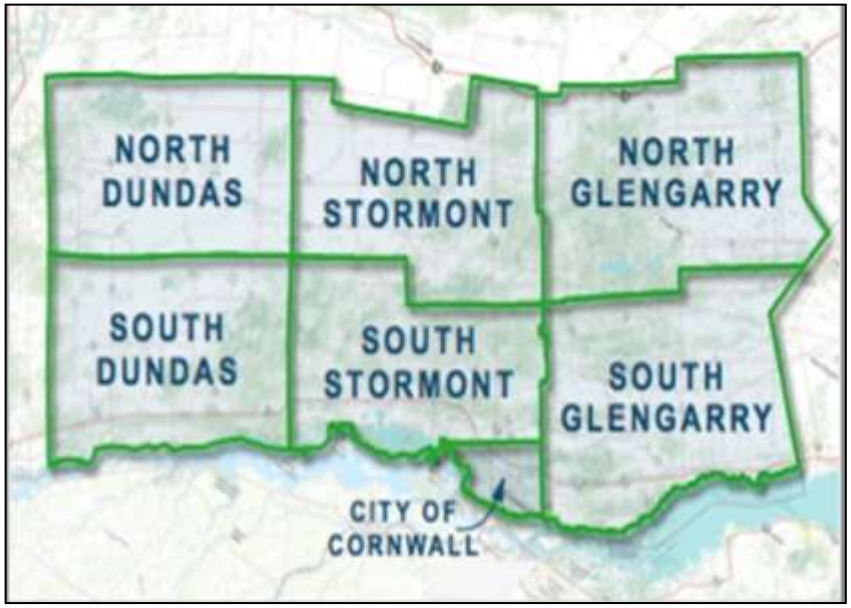
Senior Friendly Hospital Action Project

I C A R E

INTEGRITY • COMPASSION • ACCOUNTABILITY • RESPECT • ENGAGEMENT

Where is Cornwall, Ontario?

The City of Cornwall is a small urban centre located in Eastern Ontario. Population: 46,000. The surrounding rural area of Stormont, Dundas and Glengarry covers a geographical area of 3,200 square kilometers and has a population of 111,000.



Cornwall Community Hospital

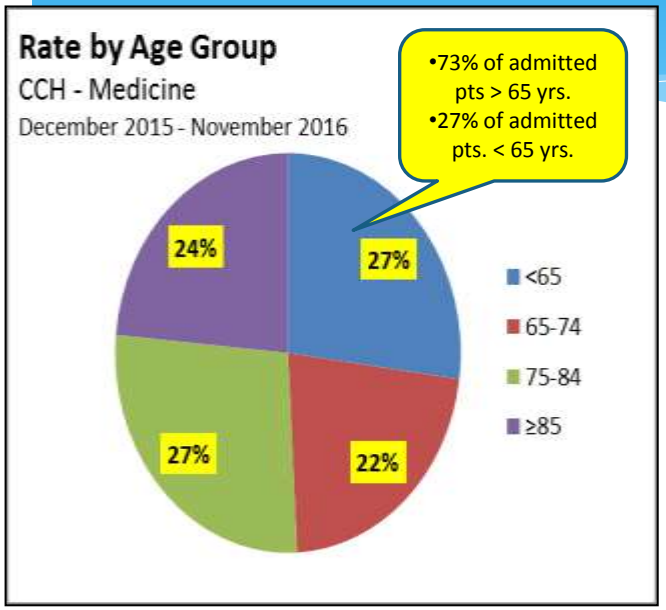
Cornwall Community Hospital

- ED Vists/Year: 59,000 (yr15/16)
- 137 funded beds

Medicine Program

- 64 funded beds
- 114% overcapacity
- 28 ALC patients

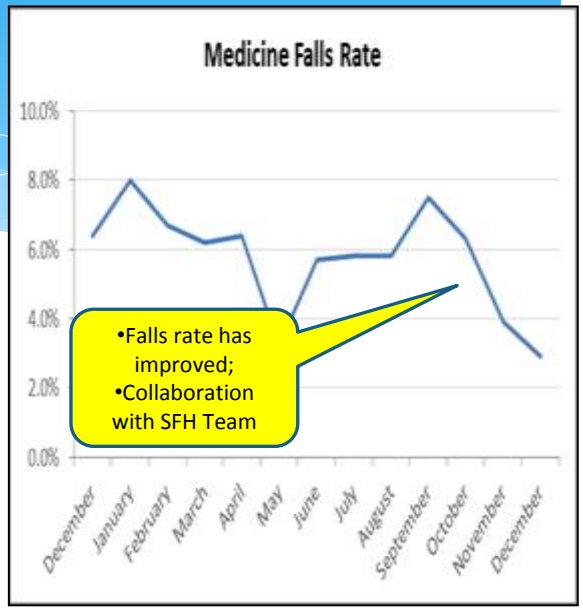
The Medicine Program at a glance…



Q1-Q2 Fiscal Year 2016-2017

CMG+ Code	CMG Definition	Cases	%
139	Chronic Obstructive Pulmonary Disease	208	11.5%
196	Heart Failure without Coronary Angiogram	93	5.2%
249	Non-severe Enteritis	78	4.3%
138	Viral/Unspecified Pneumonia	72	4.0%
437	Diabetes	51	2.8%
26	Ischemic Event of Central Nervous	50	2.8%
811	General Symptom/Sign	50	2.8%
175	Percutaneous Coronary Intervention w	40	2.2%
405	Cellulitis	39	2.2%
654	Other/Unspecified Sepsis	38	2.1%
Top 10 CMG		719	39.9%
Total Cases		1802	

•Top 3 CMGs include chronic conditions.
•Readmission rates for COPD 16%



Cornwall Community Hospital - Medicine Department**

		2015 December	2016 January	February	March	April	May	June	July	August	September	October	November	December
Falls Rate		6.4%	8.0%	6.7%	6.2%	6.4%	3.2%	5.7%	5.8%	5.8%	7.5%	6.3%	3.9%	2.9%
Fall Volume		13	16	13	13	14	8	13	13	13	17	15	9	8
Readmission Rate		12.5%	11.0%	9.4%	6.6%	8.8%	13.9%	6.0%	6.9%	10.7%	7.0%	12.8%	11.3%	
Readmission Volume		32	23	22	15	20	28	13	12	21	16	26	22	
LOS	Acute	2009	1636	2025	2057	2175	1946	1911	1795	1818	2131	1793	1674	
	ALC	963	654	724	407	397	287	354	394	614	819	255	951	
	Total	2972	2290	2749	2464	2572	2233	2265	2189	2432	2950	2048	2625	
	Average	11.6	10.9	11.8	10.8	11.3	11.1	10.5	12.5	12.4	12.9	10.1	13.5	

Functional Decline

What is Functional Decline?

Functional Decline is …

A NEW *loss of independence in mobility and performing activi*ties of daily living (ADLs) such as dressing, toileting, and bathing.

(RGP, 2014)

What causes Functional Decline?

- The **medical illness** causing hospitalization can cause a decline in functional status.
- **However, up to 50% of older adults experience functional decline during hospitalization that is RELATED TO <u>hospital factors</u>.** (RGP, 2014 Updated May 2016)

What is the occurrence of Functional Decline?

Who is at Risk?

- **>73% at CCH** (Medicine Program)
- Increased Age
- Cognitive impairment
- Preadmission mobility issues
- Pre-existing difficulties with ADLs
- Delirium
- Depression
- Prolonged Hospital stay

Senior Friendly Hospital Action Project

(Jan. 2106 – Jan. 1017)

Problem Statement

- The functional status of admitted patients is not formally assessed. Decline in mobility is a leading complication of hospitalized older patients that can result in an increased risk of adverse events such as falls and incidence of delirium which may prolong length of stay.

Our Indicators

- Outcome: % of admitted over the age of 65yrs. with LOS>48hrs with no functional decline as assessed by the Barthel Index.

- Process: % of admitted patients over the age of 65 with LOS>48hrs who were assessed within 48 hours of admission and discharge using the Barthel Index*.

Implementation: Phased Approach

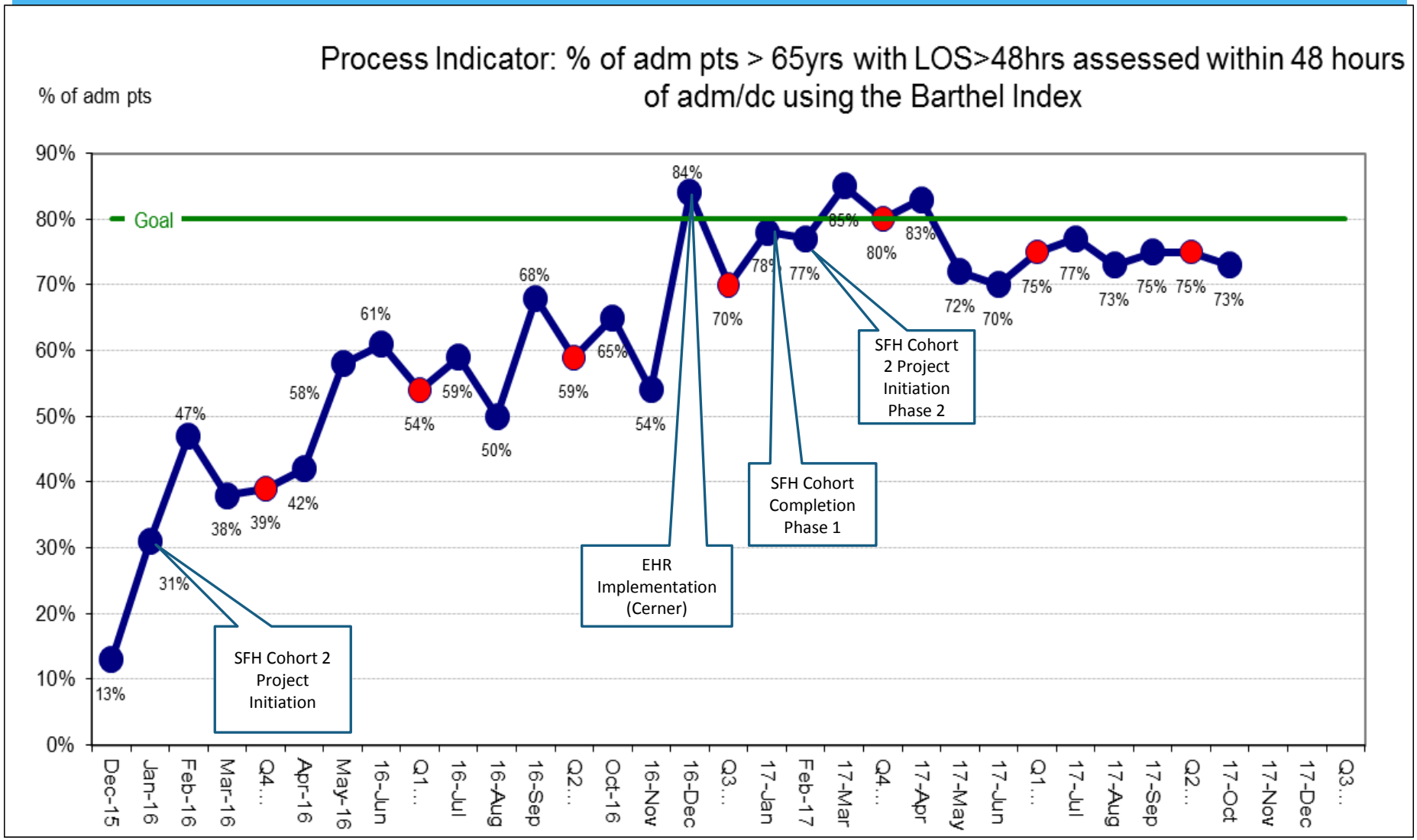
Phase 1 (Jan. 2016-Dec. 2016)

1. Staff education and awareness:
   - Consequences of immobility
   - Barthel tool (manual and electronic)
2. Roll out of the Barthel Tool

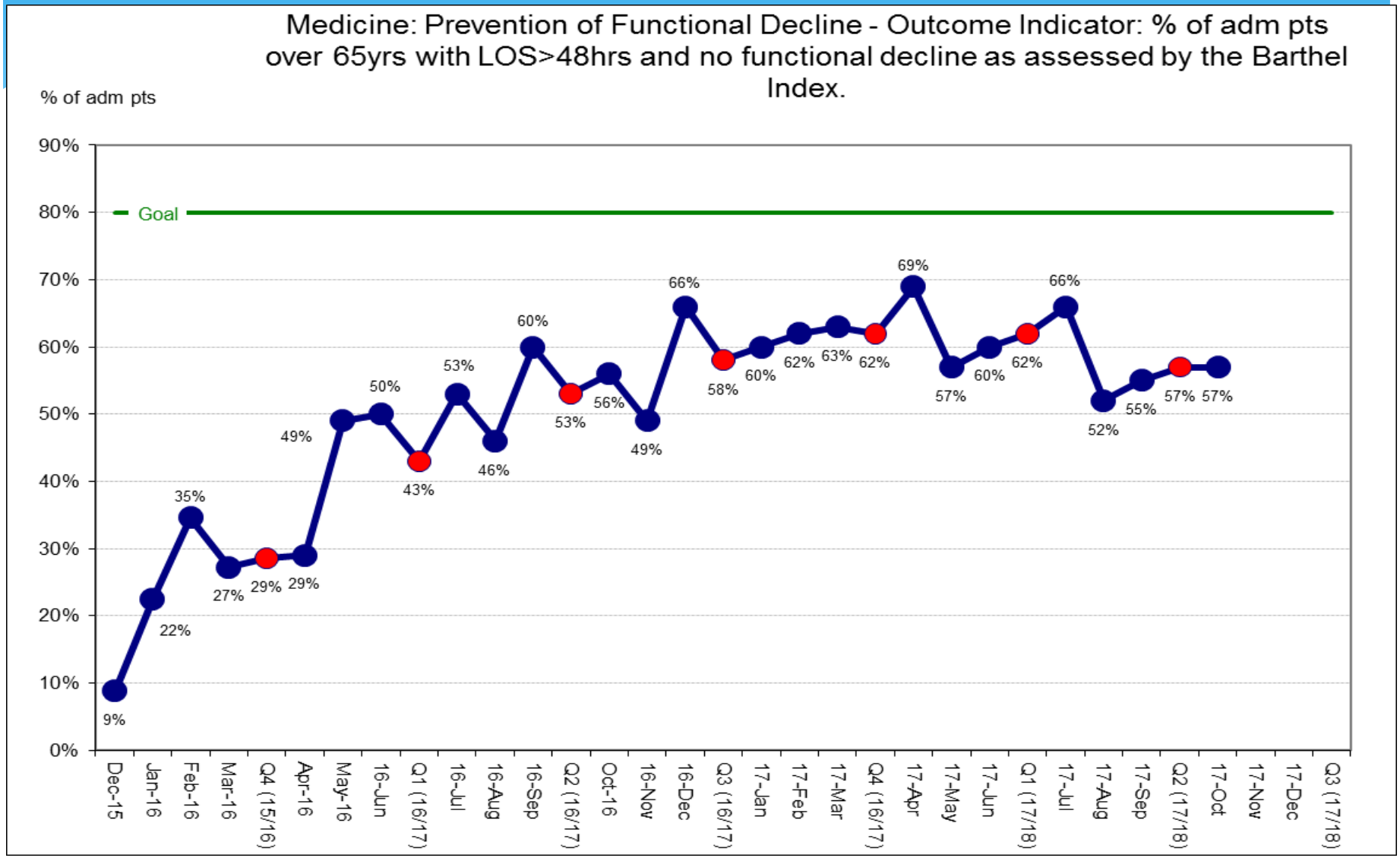
Phase 2 (Feb. 2017-Dec. 2017)

1. Patient and staff education:
   - Strength and balance training
   - Sit to Stand
2. Up for Meals Program

December 2015 – October 2017



December 2015 – October 2017



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Ready, Steady, Balanc
Preventing Falls in 201

"Sit to Stand"

Developed by the CCH Falls Commi

(in collaboration with the Senior Friendly Hospital Sub-Commi

Risk Factors...Important t

BEHAVIOURAL RISK FACTORS

- History of previous falls
- Use 3 or more prescription medications
  - Psychotropic
  - Sedative
  - Anti-hypertensive
  - Anti-diabetic
- Excessive alcohol use

Risk Factors…Important to know

ENVIRONMENTAL RISK FACTORS

- Inadequate lighting
- Lack of grab bars in bathrooms
- Lack of handrails in stairs
- Slippery floors and stairs
- Large clothes
- Cracked or uneven sidewalks
- Looser rugs

Risk Factors…Important to know

BIOLOGICAL RISK FACTORS

- Age and gender
- Loss of muscle strength
- Physical disability
- Impaired control of balance and gait
- Vision changes
- Chronic or acute illness

Clinical Interventions

Goal: Prevention of Falls

Individual Risk Assessment

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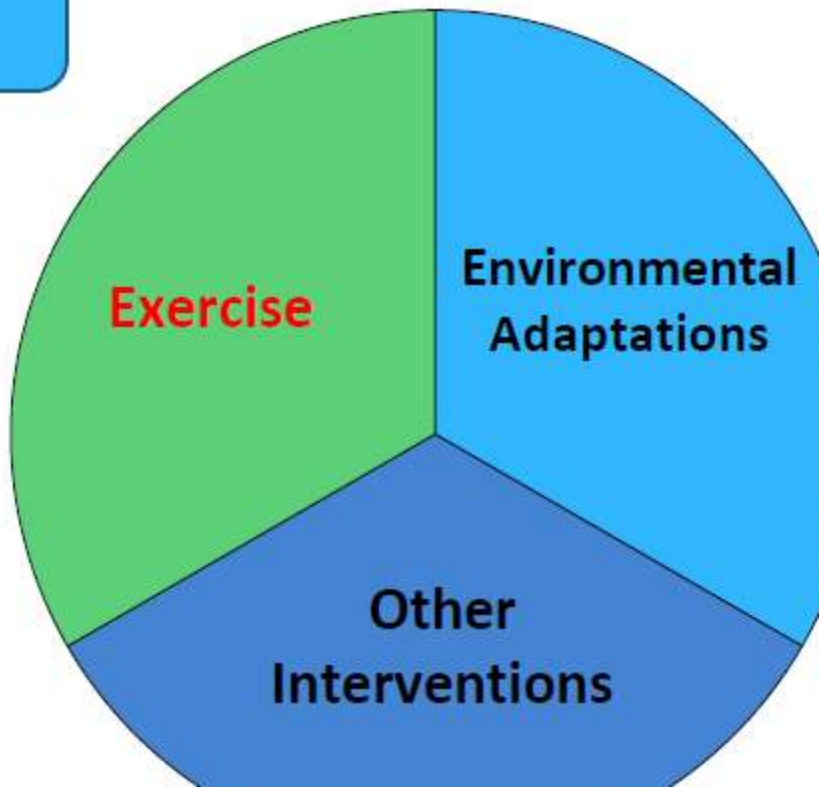
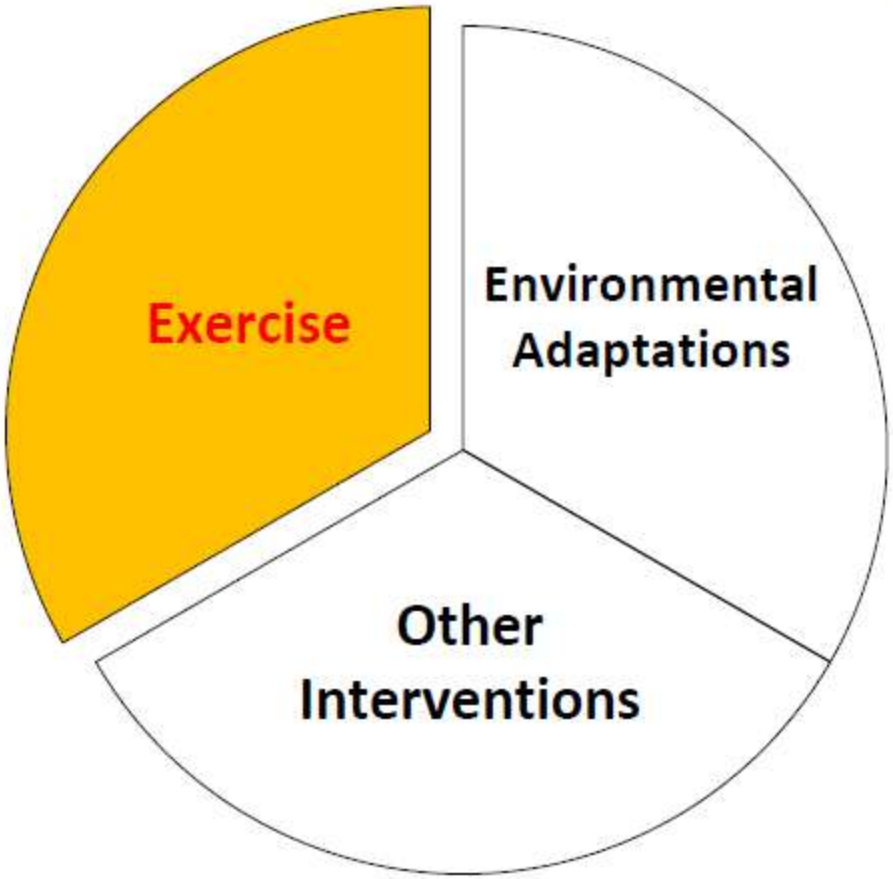
Appropriate Nursing Interventions



Clinical Interventions



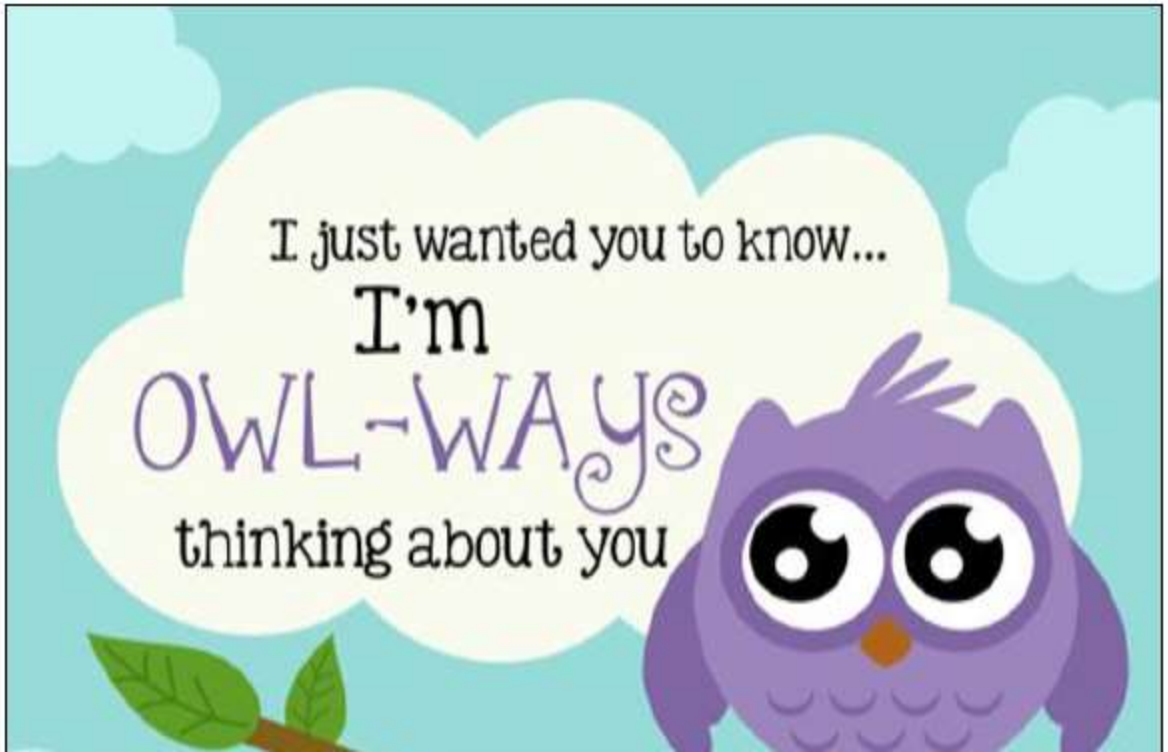
Goals:

- Exercise – Sit to Stand
- Increase muscle strengt
- Increase balance
- Maintain or improve po
- Be able to carry out ADL
- Decrease pain

Balance

Strength

We're all in this toget



The 5 "W

- Why
- What
- Who
- Whe

Why?

- Patients spent most of the time in bed – 83% of hospital stay sitting by the side of the bed; On average patients are in an u position for only 70 minutes per day.
- Rates of functional decline after hospital discharge range fro to 50%.
- Approximately 30% of adults aged 70 and above who are hospitalized for medical illness are discharged with an ADL d that they did not have before the onset of the acute illness.
  - Lack of optimal treatment in the hospital, inadequate rehabilitation, and c support after discharge
  - Optimizing physical activity of patients was a low priority for the nurses w safety taking precedence
  - Some felt movement was unsafe without physiotherapy input
  - No mobility action plans

What?

Benefits of Getting Out of Bed While in

Strategies

- Sit up for all your meals
- Sit up in a chair when you have visitors
- Walk around the unit either with help or by yourself
- Do bed exercises on your own throughout the day

BRAIN

- **Better mood**
- **Better sleep**
- **Less dizziness**
- **Less confusion**

LUNGS

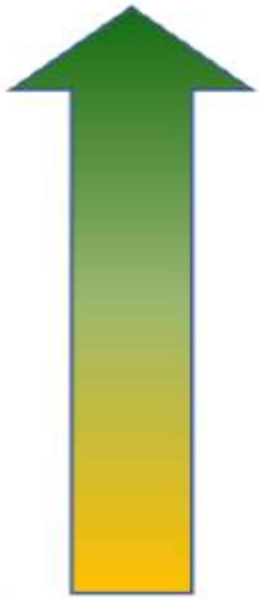
- **Better breathing**

- **Mo**
- **Bet**

- **Bet**
- **Les**

Who?

A Review of the ABC's of Mobility



A
- Ambulates with or without assistance

B
- Bed to chair transfers

C
- Cannot stand to transfer

Sit t
Stand
Up f
Mea
Focu
on
A &

moveON

The following are examples of mobility for patients who ca
stand to transfer:
- Upright or side of bed for meals
- Active Range of Encourage patient to be as active as poss
in bed (personal hygiene, turning, self-feeding)

When?

When? Any time…

Sit to Stand strengthening exercises can be done before any mobility event.

- Walk to bathroom
- Walk in the hallway
- Up to chair during linen changes
- Up to chair for tests rather than stretcher
- Up to commode chair
- Up to wheelchair and out of room with family

Also…

- Encourage Up for Meals (minimum of 2 meals/day)
- Encourage self-care activities while up in chair(dressing, brushing teeth, b
  hair)
- Encourage/educate on benefits of mobility
- Encourage reading, writing, watching TV while in chair

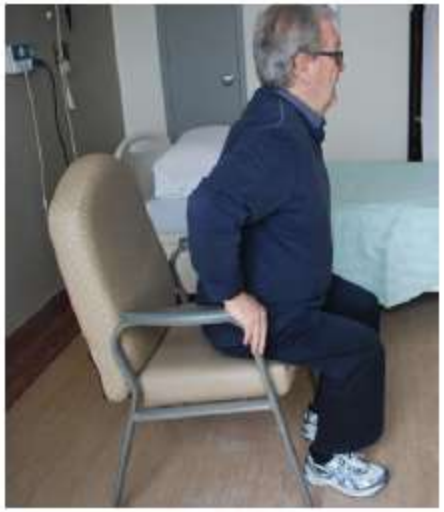
Where?

Where....Everywhere!

"Life in your years"

- requires more than just stamina and energy, requires strength and balance to feel confident in all other activities you go on to do.... Its never too late!

How? …..Sit to Stand



Falls prevention and decreasing the risk of functional decline. We all share the accountab to keep our patients safe

Sit to Stand is an excellent strength and balance exercise we can support and encourage in our routine , everyday practices.

https://youtu.be/EjONdEz5gsE

Challenges we experienced…

Organizational Priorities

- Major EHR implementation project – December 2016

Vacation/Time Commitments

- Sometimes difficult to meet with Team

Roll-Out & Dissemination

- Focus on Medicine Department
- Education to all clinical areas, but not fully adopted

Sustainability

Next Steps…2018

- Continued focus on data collection – working with the electronic health record and building accessible reports
- Roll out to other clinical units
- Collaboration with Falls Committee - 2 priority projects:
  - ✓ Strength and Balance training (Sit to Stand)
  - ✓ Up for Meals
- Continued use of MOVEON principles
- Education:
  - ✓ Manager training
  - ✓ Nursing Orientation
  - ✓ Departmental