



Implementation of an ADL Assessment Tool on an ACE Unit

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Does tracking patients' ADL functioning with a standard ADL assessment tool improve the number of patients who discharge to their prior residence?

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Background

- 35% of hospitalized older adult patients experience a decline in ADL functioning between baseline functioning & discharge
- The Acute for Elders (ACE) unit quality improvement model of care focuses on maintaining or improving activity of daily living (ADL) function in hospitalized older adults
 - 34% of patients on an ACE unit improved their ADL function from admission to discharge, compared to 24% of patients on a usual care unit
- An ACE unit's goal is to encourage independence in ADL functioning and mobility to ensure the patient can safely return home at the time of discharge

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Background

- ACE unit guidelines state a nurse should perform a geriatric assessment of ADL function on patients admitted to the unit
 - ADL assessments help determine whether a patient is safe to return home or if they need additional care at discharge
- Nebraska Methodist Hospital's ACE unit does not have an ADL specific assessment tool used to assess a patient's functioning

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Review of Literature

- A systematic review of ADL assessment tools found that the Katz Index was the most effective tool for assessing ADL functioning in older adults & predicting length of hospitalization
 - Katz Index was developed in 1963
 - Reliability and validity of the Katz Index has been proven over the years to be accurate in predicting functional outcomes of hospitalized older adults

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Katz Index ADL Assessment Tool

- One of the most frequently used ADL assessment tools
- Measures current functional ability, regardless of cognitive status
 - The most effective tool in the elderly care setting because of its short number of items and general questions
- A subjective assessment takes 2-5 minutes & an objective assessment takes up to 20 minutes

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Katz Index ADL Assessment Tool

- Functional Status based on
 - Bathing
 - Dressing
 - Toileting
 - Transferring
 - Continence
 - Feeding
- Katz Index Categories
 - <2 Severe Impairment
 - 3-4 Moderate Impairment
 - 5-6 Full Functioning/Minimal Impairment

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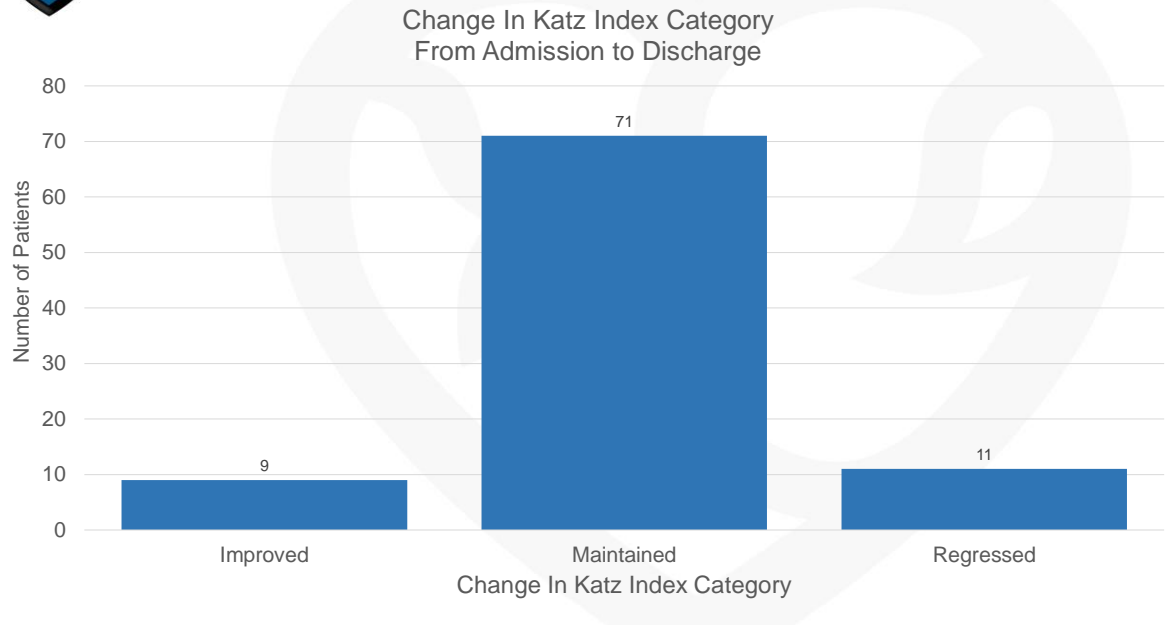


Methods

- RNs on the ACE unit were educated on the project's purpose & how to use the Katz Index
- 30-day trial period
- The Katz Index tool was used to assess ADL function upon admission & every 3 days until discharge on all patients 65+ years old admitted & discharged from the ACE unit
 - Any patient that transferred off the unit during the study period was excluded
- A subjective assessment was performed on admission
 - Admitting bedside RN
- An objective assessment was performed Q3Days
 - Geriatric Resource Nurse

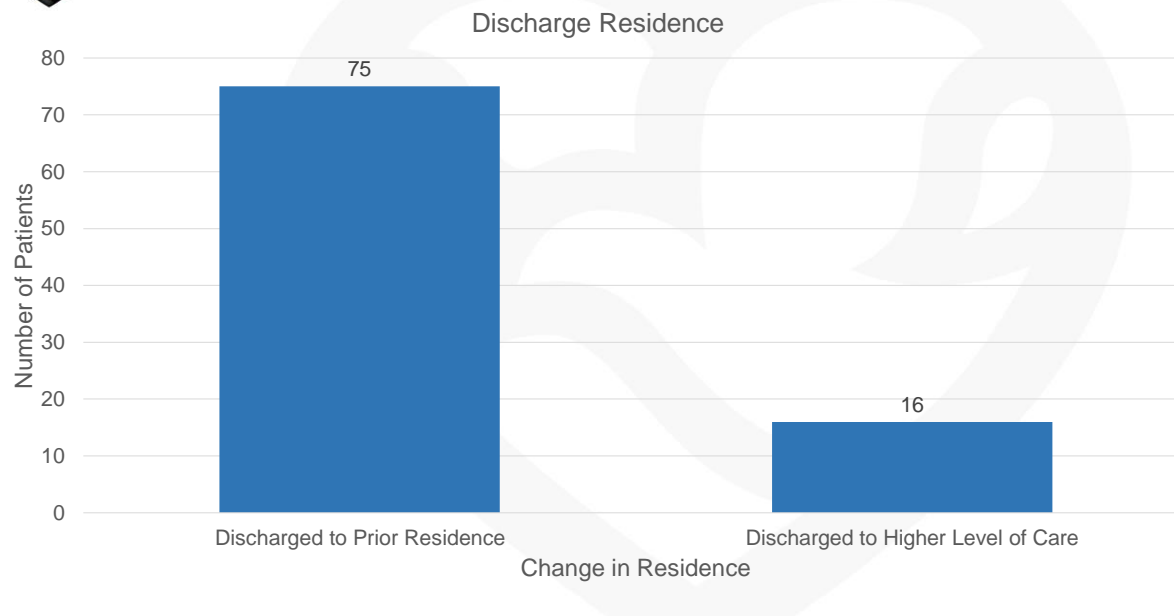
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 Results



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 Results



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Results

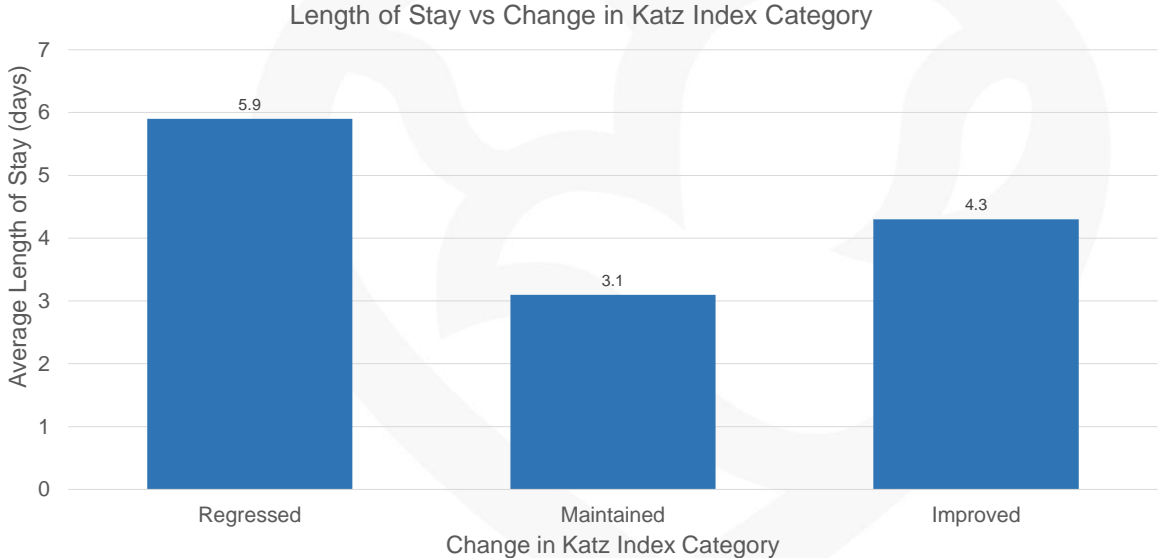


LENGTH OF STAY DATA (days)	
MEAN	3.59
MEDIAN	3
MODE	2
MAX	11
MIN	0

Average length of stay on ACE units is 6.9 days (Abdalla et al., 2018)

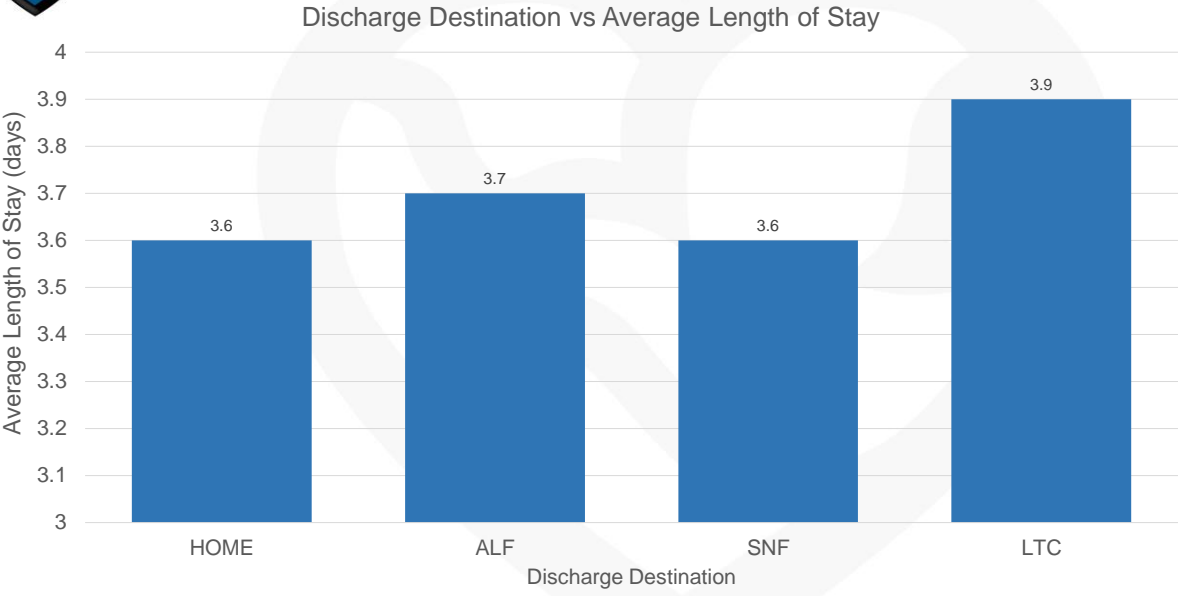
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Results



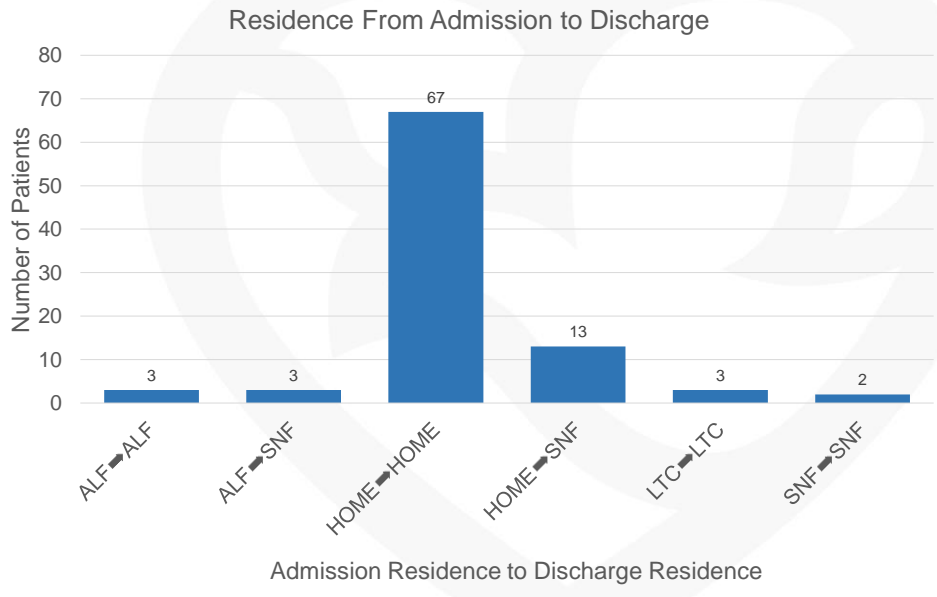
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 Results



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 Results



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Implications for Practice

- The Katz Index tool enables interdisciplinary care teams to have a common language about a patient's functioning
- Communicating using the same assessment understanding will provide the best patient evaluation of needs at discharge
- Assessing ADL function throughout hospitalization can help detect subtle changes, prevent functional decline and allows proper interventions to be implemented in a timely manner

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Implications for Practice

- Bedside RNs were more aware of their patients' ADL upon admission and throughout their hospitalization
- Through the objective ADL assessments, the GRN was able to detect if a patient's functioning was declining and if they needed to have further interventions in place to improve their functioning prior to discharge

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