Implementation of a Deconditioning Prevention Program: Getting Dressed Makes a Difference

Seleem R. Choudhury

Follow this and additional works at: https://scholarworks.uvm.edu/cnhsdnp

Part of the Nursing Commons, Pathological Conditions, Signs and Symptoms Commons, and the Rehabilitation and Therapy Commons

Recommended Citation

https://scholarworks.uvm.edu/cnhsdnp/5
Implementation of a Deconditioning Prevention Program: Getting Dressed Makes a Difference.

Seleem Choudhury MSN, MBA, RN, CEN, FAEN
University of Vermont , Northeastern Vermont Regional Hospital

ABSTRACT

- Deconditioning generated by immobility or bed rest affects essential body systems and diminishes functional capacity.
- After hospitalization or illness patients often struggle to get back to normal level of activity, 46 percent of people over the age of 75 die within one year of hospitalization (Clark et al., 2014).

INTRODUCTION

10 days = 10 years

Problem: Elders (& many patients) in hospitals are more vulnerable to deconditioning and complications.

Aim: Reduce the emotional, physical and financial toll of hospitalization

Objective: Keep patients participating in activities of daily living and self care

- 46 percent of people over the age of 75 die within one year of hospitalization
- For every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old, and reconditioning takes twice as long as this de-conditioning.
- Can dressing in day clothes encourage hospital patients to be more active, stay conditioned and help them focus on recovery?

METHODS AND MATERIALS

- To prevent deconditioning through the development of promoting activity by getting patients dressed which reduces the risk of deconditioning as measured by three outcomes:
  1. LOS, 2) HAC, 3) Patient Satisfaction. LOS and HAC-data were collected from chart review.
  3 months of data were analyzed and compared in 2016 and 2017. The data were also segregated into age groups to analyse any benefit to over 65-year-olds.
  - The comparison did not demonstrate clear correlation that the deconditioning program impacted the LOS and Patient Satisfaction.
  - LOS comparison (n=832) showed improvement in month three in ages 18-59 and over 75. The ages 55-74 showed no decrease in LOS however recalculating the data from median versus mean showed all age groups LOS did decrease.
  - Patient Satisfaction metrics (n=207) showed no clear inference or consistent pattern that deconditioning program improved satisfaction. Scores stayed comparable to previous years, especially among 18-54 age group. The 75 plus age group did see a decline in scores. Hospital Acquired Complications (HAC) was not a reliable indicator with only one incident in a two-year period.
  - Methodological flaws in unreliable data and insufficient ability to separate variables within the electronic health record confounded comparison.
  - Finaly, the multi-faceted nature of discharges limited all of the indicators’ validity.

RESULTS

- Three months of data were analyzed and compared in 2016 and 2017. The data were also segregated into age groups to analyse any benefit to over 65-year-olds.
- The comparison did not demonstrate clear correlation that the deconditioning program impacted the LOS and Patient Satisfaction.
- LOS comparison (n=832) showed improvement in month three in ages 18-59 and over 75. The ages 55-74 showed no decrease in LOS however recalculating the data from median versus mean showed all age groups LOS did decrease.
- Patient Satisfaction metrics (n=207) showed no clear inference or consistent pattern that deconditioning program improved satisfaction. Scores stayed comparable to previous years, especially among 18-54 age group. The 75 plus age group did see a decline in scores. Hospital Acquired Complications (HAC) was not a reliable indicator with only one incident in a two-year period.
- Methodological flaws in unreliable data and insufficient ability to separate variables within the electronic health record confounded comparison.
- Finally, the multi-faceted nature of discharges limited all of the indicators’ validity.

DISCUSSION

- The importance of being active is universally understood, yet hospitals struggle to implement this action. Data of 1-year mortalities of over 65 support that hospitals need to do more to improve this outcome.
- A simple program of getting dressed everyday has the potential to reduce LOS and with further study, improve 1-year mortality.
- This study also showed that while patient satisfaction is not increased, it also does not significantly decrease therefore it’s possible to assume that our patients want hospital staff to be assertive with preventing Deconditioning Syndrome.
- Finally, whilst not supported in this study future work, could analyse staff’s perception of patient readiness for discharge alongside data gradually demonstrating a decrease of LOS of 75-year old.

CONCLUSIONS

- Dressed, holistic approach in needs theory
- Choice, is an important aspect of care.
- Evidence shows that patients who remain in their gowns are likely to lose mobility, fitness and muscle strength, making it harder for them to regain independence.
- Strength demonstrates the purpose of rehabilitation serves to restore capabilities and postpone dysfunction.

REFERENCES