Challenges and Solutions to Optimizing Function and Physical Activity Among Older Hospitalized

Barbara Resnick, PhD, CRNP
University of Maryland, School of Nursing
The Clinical Problem

• Less than 30% of older adults adhere to current PA recommendations.
• Hospitalized older adults spent 83% of the time in bed....and they learn sedentary behavior during their inpatient stay.
Usual Care

- The industry philosophy and philosophy of care with older adults is generally focused on meeting all care needs of the individual
  - A tendency to complete tasks for older patients and limiting the amount of activity they need to perform
  - Make access easy and avoid the physical challenges in day to day life
Challenges to Physical Activity

- Provider issues: FEAR, motivation and beliefs
- Patient issues: FEAR, motivation, beliefs, and symptoms and medical interventions.
  - Care that creates dependency
  - Policies and environments that prevent/decrease opportunity
Where do we need to go?

- Innovative philosophies that optimize aging from a physical and psychosocial perspective AND do so in a cost effective manner...even when hospitalized.
Function Focused Care: Definition

- Function focused care is a philosophy of care in which nurses acknowledge older adults’ physical and cognitive capabilities and potential with regard to function and engage them in functional and physical activities (e.g., bathing, turning in bed or ambulating) by integrating these activities into routine care.
The Contrast to FFC

• FFC contrasts with current care in which involves completing tasks for older patients or limiting the amount of activity they need to perform (e.g., giving a urinal or bedpan versus helping/encouraging individuals to stand and walk to the bathroom to urinate).
The Goal of FFC

- Engagement in function and physical activity allows older individuals to extend years of independent life, reduce disability, and improve QOL.
- ...an opportunity to practice in a safe environment.
Making It Happen

- Using theoretically based approaches
  - The Social Ecological Model
  - Social Cognitive Theory
    - Performance
    - Verbal encouragement
    - Role modeling
    - Physiological feedback
The Social Ecological Model

- **Public Policy**: National, state, local laws
- **Community**: Relationships among organizations
- **Organizational**: Organizations, social institutions
- **Interpersonal**: Family, friends, social networks
- **Individual**: Knowledge, attitudes, skills

**Social Cognitive Theory**
Step I: Environmental and Policy Assessments

Step II: Education

Step III: Establishing Function Focused Care Goals

Step IV: Motivating and Mentoring
Step I: Environment and Policy

• Are there Policies that are barriers???
• Does the environment optimize/inhibit what the individual is able to do?
  – Simple Assessment tools used to evaluate both the environment and policies
Environmental Interventions

– Bed height for transfers should be 115% of patient’s lower leg length.
– > than 120 lower leg length is too high; < 80% lower leg length is too low.
– Establish clear pathways; pleasant areas to walk; safe equipment
Successes On Environment

- Got commode chairs!
- Unit reminders for staff – made by Champions!
Policy Interventions

• Transportation

• Fall Prevention
  – Direct observation
  – Orthostasis
  – Restraint avoidance—use low beds; tilt chairs; visualization
  – Evaluation and ambulation
Step II: Education

• Teaching a Philosophy
  – What does function mean to the patient, staff, family? What do they believe about physical activity?
  – ALL team members must be involved.
  – What are the benefits of activity for older adults?
  – Short, sweet and repeated
Functionfocusedcare.org

• Resources and tools can be used for training-short, sweet and to the point.
Function Focused Care
Optimizing Function with Physical Activity in Assisted Living Residents

What is Function Focused Care?
We recognize that increasing function and physical activity is critical to quality of life and clinical outcomes for older adults, but this doesn’t always happen. This website will provide helpful information and techniques on how to encourage residents, even those who may be confused or unwilling, to participate in routine daily functional tasks and engage in other types of physical activity such as walking or exercise classes.

Barbara Resnick, PhD, CRNP, FAAN, FAANP
University of Maryland School of Nursing
Video Coaching

Toileting

Going Outside

Eating

Dressing

Group Activity

Oral Care and Grooming
Individual Goals are motivational

- Develop appropriate realistic goals with the resident/patient
- Set goals that can be met in a short time frame—daily, or weekly
- Set goals that are challenging but that the resident can REALLY achieve in a reasonable time frame
- Set goals that are clear and specific
Motivation

• Major aspect of FFC education is on motivation of older adults to engage in functional and physical activities. A CHAMPION is needed!

• The following are helpful to motivate older adults:
  – Education to help with beliefs
  – Verbal encouragement
  – Eliminate unpleasant sensations
  – Cueing and self and role modeling
Motivation

• Definition: An inner urge that moves or prompts a person to action
Things to do to motivate.....

• Strengthen beliefs:
  – About the patient’s **ability** to do what you are asking them to do
  – Provide encouragement to perform the activities.......tell them repeatedly “YOU CAN DO IT”!
  – Provide verbal encouragement of the benefits of doing these activities.... “YOU WILL GET STRONGER, BE LESS LIKELY TO FALL, HAVE LESS PAIN.
Specific Activities to Improve Beliefs

• Give the patient/nurse examples of role models (others who successfully perform the activity).
• Encourage actual performance/practice doing the activity—bathing, walking
• REVIEW, REVIEW, REVIEW the benefits
Decrease Unpleasant Sensations

• Make sure the patient gets pain medications to relieve discomfort….but don’t sedate!
• Use alternative ways to get rid of pain such as heat/ice
• Have patient talk about his or her pain or fear associated with the activity—assume they do have some unpleasant feelings during activity
• Help the patient develop a more realistic attitude to the pain—i.e. pain will not hurt them/pain doesn’t mean they shouldn’t move
• Use relaxation and distraction techniques
• Help them overcome fear by actually performing the activity
Individualized Care

• Helping the patient know you REALLY care about them!!!!!!
• Be kind and caring - despite all things smile and be nice
• Use humor
• GET EXCITED when they do any of the activities you recommend
Social Support-Help from Others

- Remind family and other visitors to verbally encourage/reinforce the resident/patient for bathing, dressing or walking (or whatever their goals are)
- Include visits with family/friends as a goal
Basic Personality

• Recognize that some residents/patients are just determined, motivated and will do all of the activities you recommend!
Integrating FFC Activities

- Building it into what you already do
- Examples:
  - Routine Care → Function/PA component
WHY NOT WALK OUT ??
Role Modeling and Mimicking a friend
Caring and Consistency

• Giving love and attention
• “Becoming them”
• Serving as a “calming force”
• Trust
• Patience
• Humor
• Play
• “Knowing what makes the resident/patient tick”
Fun & Creativity

• Music
• Dance
• Visual Contrast
• Pleasing Fragrances
• Favorite Foods
• Tactile Stimulation
  – The MOMA Experience

There are two types of people in this world, those who would take an Alzheimer's patient on a joy ride and those that would say it was a waste of gas. Which one are you?
Safety

• Promote ambulation and mobility by providing increased security for patients
  – Gait belts
  – Sturdy equipment
  – Appropriate exercise equipment on the unit (weights, pedometers for fun)
  – Rest areas along the hallway and clear paths
  – Fun goals (walk to gift store/coffee bar/unit kitchen)
  – Increased patient visualization
  – Appropriate chair and bed height
Make it Routine:

• Med management - include the patient/resident with ongoing education and functional tasks.
• Dressing changes - include the patient/resident and have them perform the activity.
• Transfers to tests/appts - WALK as far as possible - include transportation services.
• Discharge education...USE mouth an not hands; set goals.
Safety

- Promote ambulation and mobility by providing increased security for patients/residents
  - Gait belts
  - Sturdy equipment
  - Appropriate exercise equipment on the unit (weights, pedometers)
  - Rest areas along the hallway and clear paths
  - Fun goals (walk to gift store/coffee bar/unit kitchen)
  - Increased patient/resident visualization
  - Appropriate chair and bed height
Step III: Establishing Function Focused Care Goals

I’m giving up exercise due to illness and fatigue: I’m sick and tired of it.
Goals

- Balance abilities and strengths, endurance, motivation, medical conditions with the right type and level of assistance at the right time.
  - Assisting too much can result in excess disability
  - Assisting too little can result in fatigue/frustration
Re-evaluate at Intervals

“Because of your age, I'm going to recommend doing nothing.”
Step IV: Motivating and Mentoring

• A champion is needed to initiate the philosophy and keep it going

• Ongoing oversight/motivation of staff & residents
  – pain, fear
Motivation from a two tiered approach

• Start with a champion
• Build a team behind the champion
What Have We Shown?
Outcomes/Benefits

- Decrease falls and ER/hospital transfers
- Change nurses/NAs approach to care
- Maintain function in residents
  - Particularly keep resident walking and get them walking if they had the underlying capability to do so
  - Increased time spent in PA
Dissemination of FFC

• Using a Web-enhanced and theoretically based approach we disseminated FFC to 20 ALs and then to 100 ALs
  – Champion initiates and uses the FFC webpage for training and regular and ongoing monthly visits and weekly email contact to serve a source of motivation for the internal champion
There is hope!