Physical Function as a Nurse-sensitive Outcome in Hospitalized Older Adults
Marie Boltz, PhD, RN, GNP-BC and Barbara Resnick, PhD, CRNP, FAANP, FAAN

I. Study Purpose
1. elicit how changes in physical function (activities of daily living and functional mobility) occur in hospitalized older medical patients
2. determine whether risk factors for functional decline can be modified by existing nursing staff

II. Background
1. Physical function is an important determinant of health, self-identity, and quality of life
2. Loss of ADL function occurs in one third to one half of all older patients who are hospitalized annually.
3. Functional decline correlated with:
   a. higher mortality rates,
   b. longer lengths of stay,
   c. greater resource consumption and costs,
   d. increased rate of nursing home admission
   (Hirsch et al., 1990; Chuang et al., 2003; Ponzetto et al., 2003; Land et al., 2002; Hansen et al., 1999)

III. Patient characteristics influencing physical function
1. Delirium and other types of cognitive impairment
2. lower pre-admission ADL scores
3. advanced age
4. depression
5. multiple co-morbidities
   (McCusker et al., 2002; Covinsky et al. 1997; Inouye et al., 2003)

IV. Care practices and physical function
1. central role of nursing
2. influence of nursing – applied interventions

V. Preliminary Work: Qualitative Studies
1. Nursing Staff Perceptions of Physical Function in Hospitalized Older Adults
2. Older Adults’ Views on Physical Function During Hospital Stay
3. Building a Model of Quality for the Hospitalized Older Adult: Physical function as a salient measure of quality
VI. Study Aims
1. describe, in hospitalized older adult medical patients, the relationship between:
   a. patient demographic and health characteristics, and change in ADL function
   b. common nursing care practices and change in ADL function
2. secondary aim is to examine the synergistic influence of nursing care practices upon the relationship between physical function and discharge outcomes

VII. Methods
1. Design: longitudinal, descriptive design
2. Setting: two medical/surgical units of an urban community hospital in the metropolitan New York City
3. Sample: older adults age 7 and above; exclusion criteria: coma or terminal illness
4. Measures
   a. primary outcome measure: change in ADL using Barthel Index
   b. secondary outcome measures: hospital length of stay, discharge disposition, post-discharge rehabilitation
   c. patient characteristics
   d. common nursing care practices
      i. function promoting nursing interventions: Restorative Care Behavior Checklist (Resnick et al.)
      ii. restrictive and tethering devices
5. Analysis: multiple regression examining interaction effects

VIII. Results
1. Findings
2. Implications

IX. Limitations
1. sample
2. measures

X. Future Research
References


