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IADLs in Acute Care

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Instrumental Activities of Daily Living in the Acute Care Setting



IADL	ADL
Managing finance	Walking
Managing transportation	Feeding
Shopping and meal preparation	Toileting
House cleaning and home maintenance	Transferring
Managing communication	Bathing
Managing medicaitons	Dressing

Figure 1. Nikoniko. ADLs vs. IADLs. Retrieved from nikoniko.ca

Introduction

- Evaluation and treatment in the acute care setting typically consists of ADL and mobility assessments
- Evaluation sessions take priority over treatment sessions; As a result, patients often do not get the chance to participate in OT interventions during their acute care stay
- Although self-report of IADL skills is typically included in each evaluation, this is reliant on trusting the client's word rather than being assessed firsthand on IADL performance
- This poses a risk for patients to be discharged home while unable to perform IADLs independently

Site Description

Ascension St. Vincent's Riverside

- Hospital located in Jacksonville, FL
- Population includes adults with varying diagnoses requiring hospitalization
- The acute care floor for this capstone experience treats patients with a variety of diagnoses
- The capstone experience included working with patients with a variety of diagnoses including heart failure, diabetes, post-surgical cases, dementia, cancer, pulmonary disorders, and adult failure to thrive

Summary of Needs Assessment

- In the acute care setting, clients are typically only seen by OT 1-2 times before discharge
- IADLs are addressed verbally, but clients do not always provide accurate reports
- Despite necessity for IADL intervention, supplies are limited to what the hospital has available
- Hospitals typically only have supplies and equipment necessary for assessment and treatment of ADLs and mobility
- This creates a challenge to address IADLs as well as a risk for clients to be discharged solely based on independence with ADLs and mobility
- The development of IADL kits allows for more accurate evaluations and appropriate discharge planning



Figure 2. USA. The Role of OT in Acute Care. Retrieved from usa.edu

Taylor Brownlie, OTD-S Annie Wendig, OTR/L- Ascension St. Vincent's Riverside

Literature Review Summary

- Delays in functional recovery, including IADLs, have shown to be a primary determinant of readmission for post-surgical patients (Pisani et al, 2017). • While occupational therapy's (OT's) role in preventing readmission was analyzed, clients who were more dependent in IADLs were more likely to be readmitted
- following discharge (Roberts et al, 2020).
- When analyzing self-care abilities of geriatric patients following discharge from the acute care setting, problems with IADL performance were shown to be correlated with increased admission to skilled nursing facilities and even death (Friedli, Schuetz, & Conca, 2020).
- Along with mortality rates, IADL performance has also been linked to health service utilization among older adults (Na et al, 2019).
- IADL limitations in the elderly population poses a risk factor for increasing healthcare costs, with costs directly increasing with number of limitations (Kurichi et al., 2017).
- Following a typical 2-week hospital stay, IADL skills have been shown to either decline or remain stagnant in majority of acute care patients (Huntley et al., 2017).

Medication Management

Grocery Shopping





16-week capstone experience in the acute care setting with focus areas of clinical practice skills and program development.

Clinical practice: Independently covering treatment caseload (6-8 patients per day) 4 days a week, implementing program as appropriate

Program Development: Developing and implementing IADL supplies to treatment sessions Goals for IADL program:

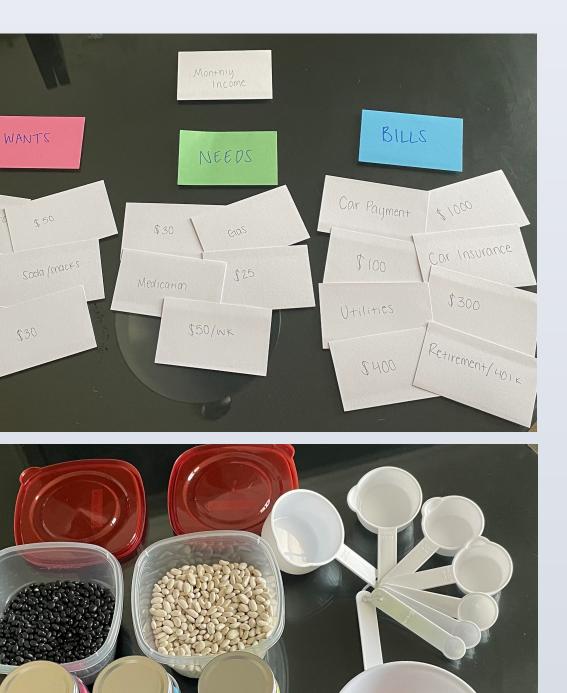
- Assess the ability to complete IADLs safely and independently before discharge
- Modify discharge recommendations if needed based on performance
- Maintain & improve skills needed to complete IADLs throughout stay

Methods:

- Develop questions to identify prior level of function with IADLs in evaluations
- Develop kits including necessary supplies to facilitate improvement in IADL skills
- Utilize questions to identify appropriate patients for IADL treatments
- Implement kits in treatment sessions when appropriate
- Make modifications based on patient performance with kits
- Find a central space to store kits so that they may continue to be used by OTs in the future

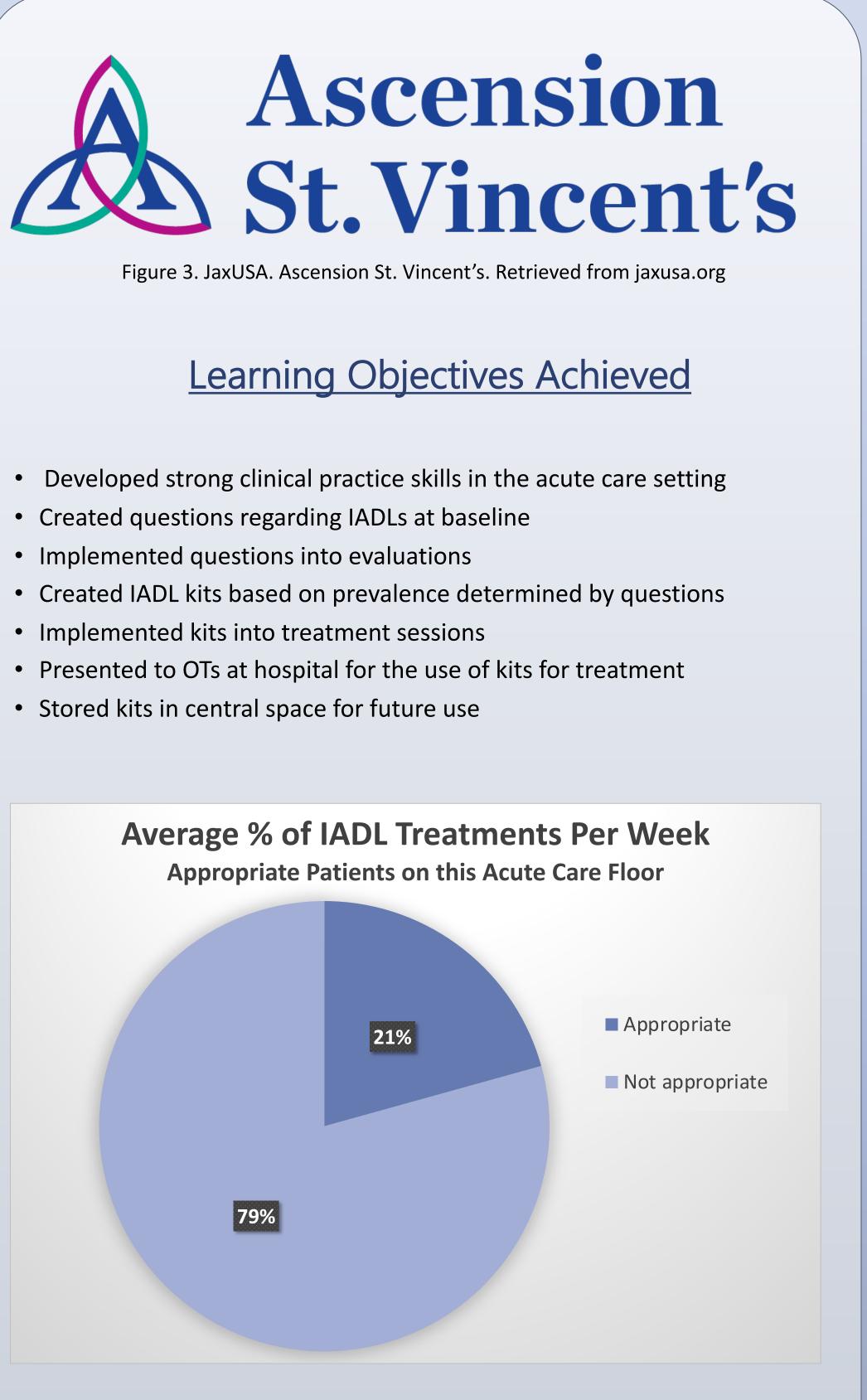
Kits:

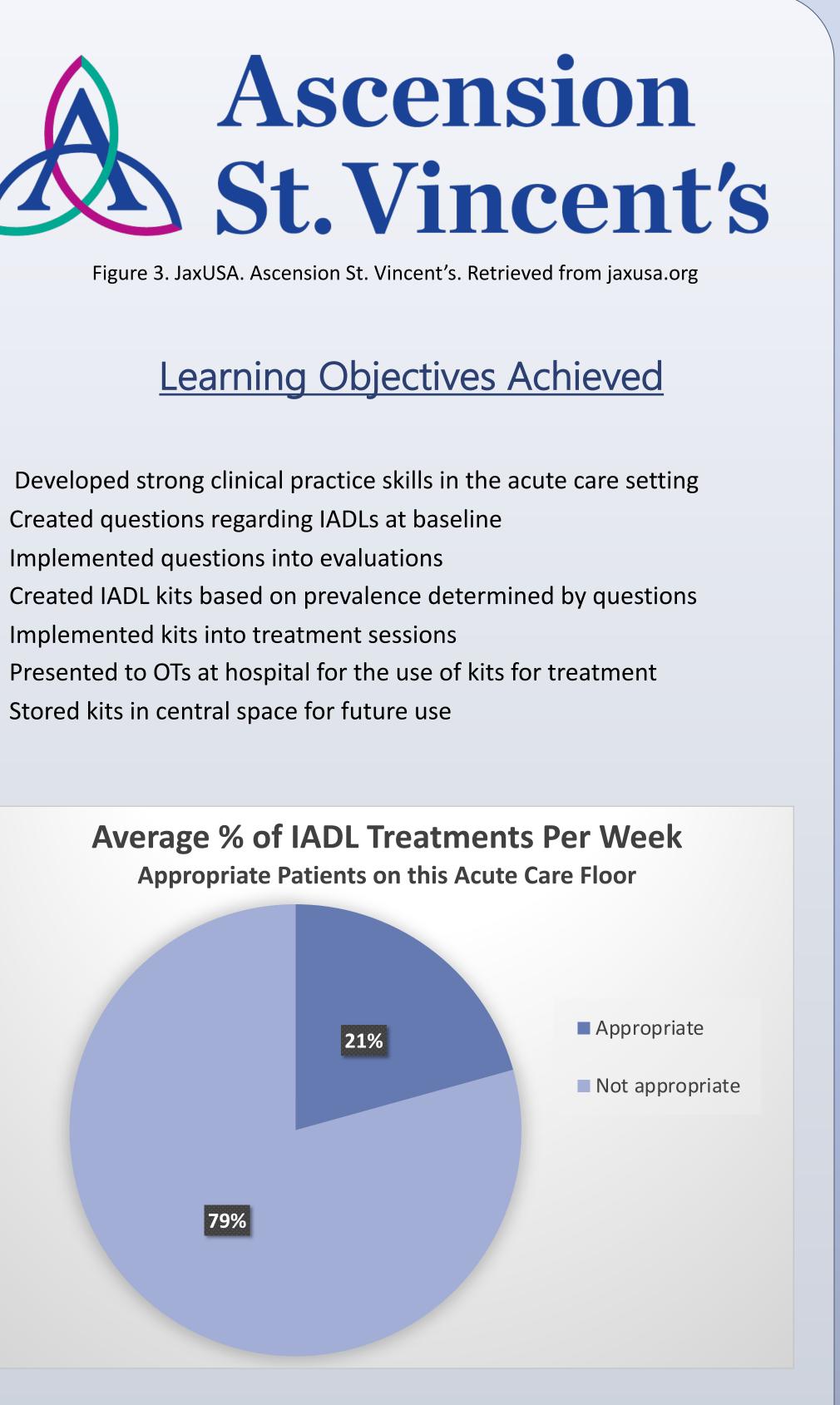
- Medication management- beads to facilitate pills, medication organizer, prescriptions
- Financial management- budgeting/spending activity with wants vs needs
- Grocery shopping- recipes for breakfast, lunch, and dinner, list pad, grocery items
- Meal preparation-recipes, jars with plastic balls, tongs, measuring spoons, dry beans, bowls to facilitate container management, transferring, and measuring Limitations:
- Patient population- many patients were not appropriate for IADL interventions
- Discharge plans other than home (STR, IPR, LTC, etc)
- Patient does not complete IADLs at baseline
- Cleaning protocols/infection control
- All supplies used for kits had to be able to be cleaned between patients
- All materials had to be waterproof/wipeable



Financial Management

Meal Preparation





- create additional kits for other IADLs such as laundry, household cleaning, and pet care • Spend each day implementing kits to all appropriate patients

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Implications for OT Practice

Implementing IADLs to assessment and treatment in the acute care setting has several benefits to patients including:

- Ensuring appropriate discharge recommendation
- Increasing independence with IADLs
- Maintaining skills throughout hospital stay

Future students may:

throughout the hospital rather than covering the whole treatment caseload of one floor

References & Acknowledgments