

Functional Status Preservation and Rehabilitation

Interventions To Maintain and Improve Functional Status

- Some interventions can help prevent diseases that commonly cause declines in functional status:
 - Promoting physical activity
 - Promoting social interaction
- Other interventions can help patients regain lost function or minimize the rate of decline in function:
 - Physical therapy
 - Occupational therapy
 - Speech-language therapy

Settings for Services

- Services are delivered in a variety of settings:
 - Hospitals
 - Providers' offices
 - Patients' homes
 - Long-term care facilities
 - Other post-acute care or rehabilitation facilities

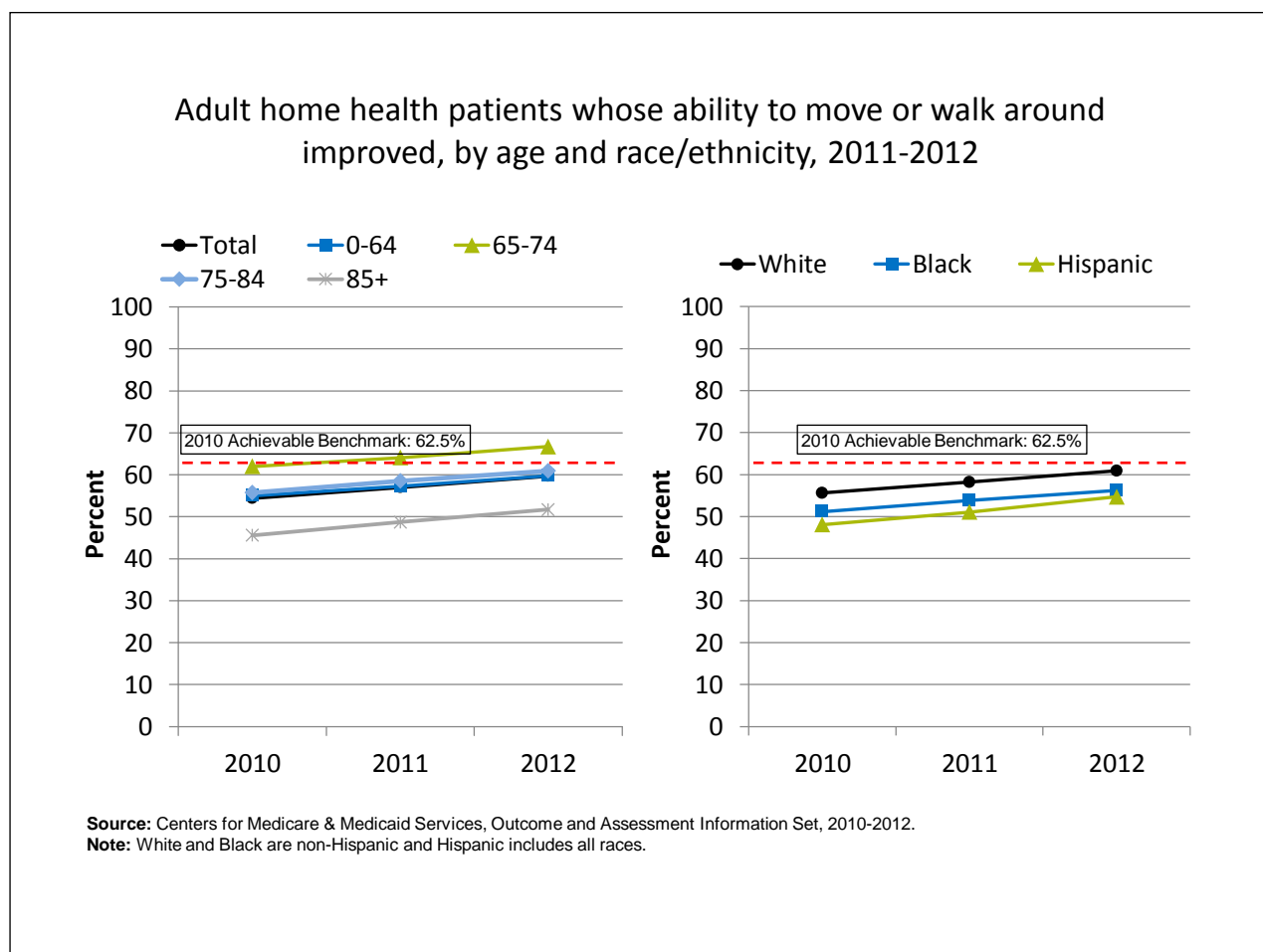
Functional Status Preservation and Rehabilitation Measures

- Improvement in mobility among home health care patients
- Nursing home residents needing more help with daily activities
- Improvement in management of oral medications

Improvement in Mobility Among Home Health Care Patients

- Home care services play an integral role in helping older adults preserve independence, remain in the community, and delay or avoid institutionalization (Lo, et al., 2015).
- Home-based physical therapy assists people in restoring strength, balance, and mobility after an illness or injury (Russell, et al., 2012).

Adults Home Health Patients Whose Mobility Improved

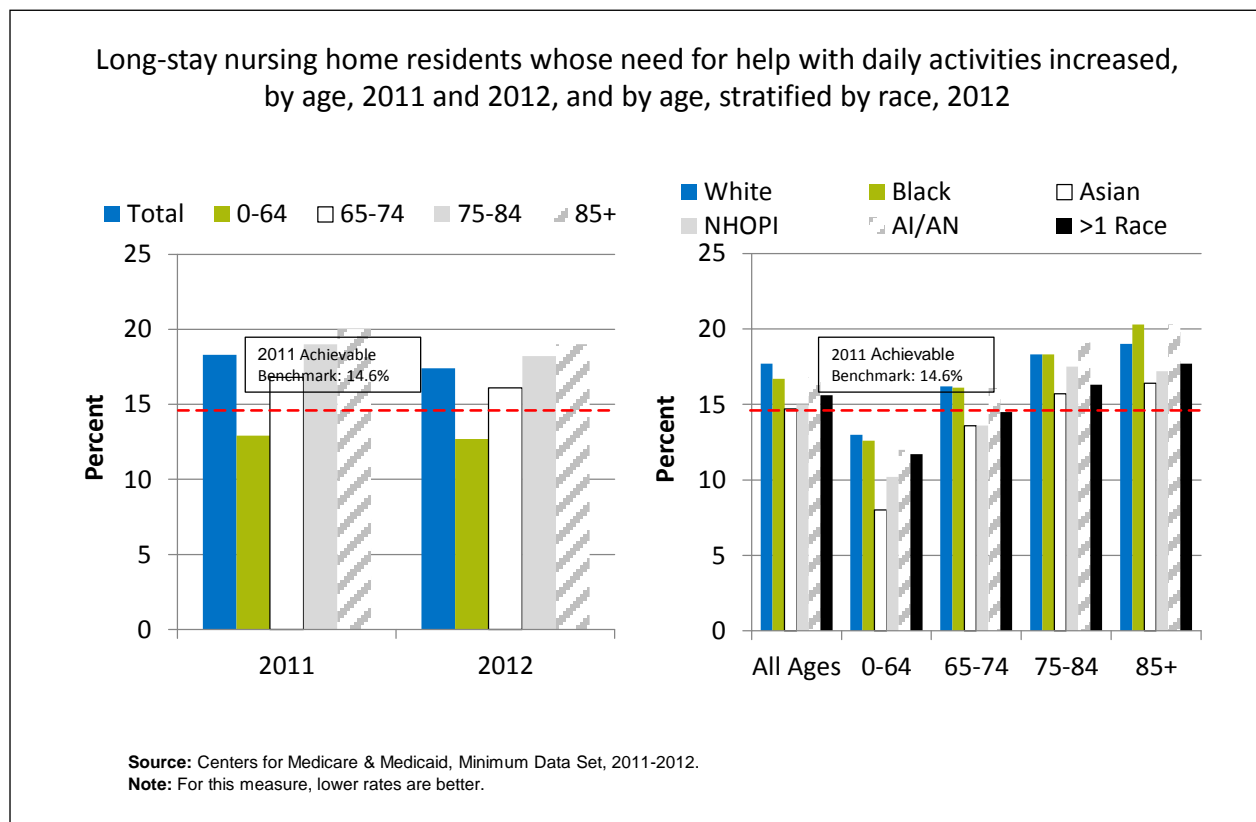


- **Importance:** Many patients who receive home health care are recovering from an injury or illness and may have difficulty walking or moving around safely. Maintaining and improving functional status, such as patients' ability to ambulate, improves quality of life and allows them to stay at home as long as possible. Getting better at walking or moving around may be a sign that their health status is improving.
- **Overall Rate:** In 2012, 59.7% of home health care patients showed improvement in walking or moving around.
- **Groups With Disparities:**
 - In all years, Hispanic home health patients were less likely than White home health patients to get better at walking or moving around.
 - In 2011 and 2012, Black home health care patients were less likely than White patients to get better at walking or moving around.
- **Achievable Benchmark:**
 - The 2010 top 5 State achievable benchmark was 62.5%. The top 5 States that contributed to the achievable benchmark are Maine, Missouri, New Jersey, South Carolina, and Utah.
 - Data are insufficient to determine time to benchmark.

Nursing Home Residents Needing More Help With Daily Activities

- Independence in activities of daily living (ADLs) is positively associated with quality of life. ADLs are basic personal care activities such as dressing, eating, and moving about.
- ADL impairments are strongly associated with poorer physical health, hospital admission, increased cost, and death.
- A resident's ADL status and likely pattern of change over time are important considerations in determining care priorities (Kruse, et al., 2013).

Long-Stay Nursing Home Residents Whose Need for Help With Daily Activities Increased



- **Importance:** Long-stay residents typically enter a nursing facility because they can no longer care for themselves at home. They tend to remain in the facility for several months or years. Most residents want to care for themselves, and the ability to perform daily activities is important to their quality of life. While some functional decline among residents cannot be avoided, high-quality nursing home care should minimize the rate of decline and the number of patients experiencing decline.
- **Overall Rate:** The percentage of long-stay nursing home residents who had increased need for help with daily activities decreased from 18.3% in 2011 to 17.4% in 2012.
- **Groups With Disparities:**
 - In 2011 and 2012, nursing home residents ages 0-64 were less likely than residents in other age groups to have an increased need for help with daily activities.
 - In all age groups, Asian residents were less likely than White residents to need increased help with daily activities.

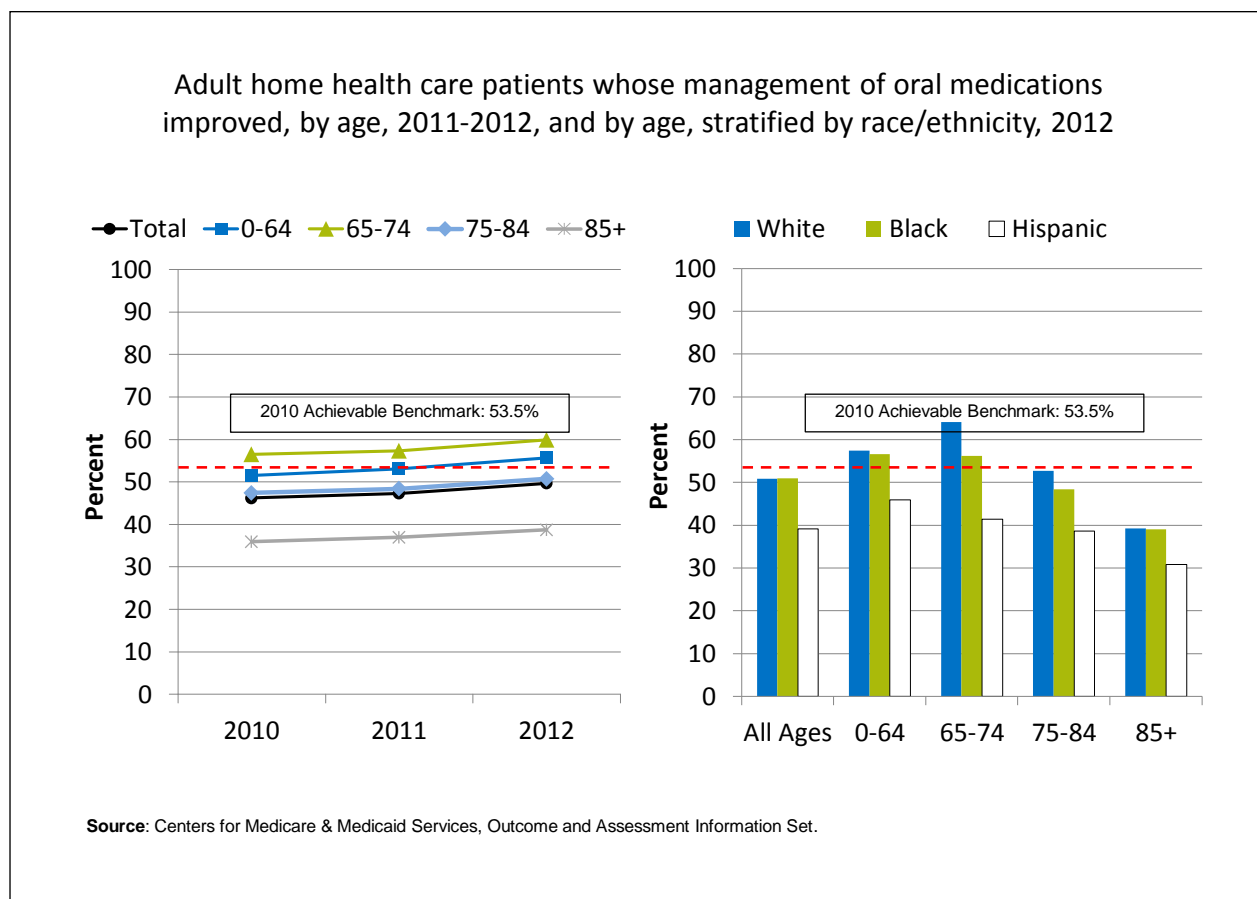
- **Achievable Benchmark:**

- The 2011 top 5 State achievable benchmark was 14.6%. The top 5 States that contributed to the achievable benchmark are Alaska, California, Illinois, Oregon, and, Utah.
- In 2012, residents ages 0-64 had a rate lower than the benchmark. Residents of all races ages 0-64 had a rate lower than the benchmark.
- Data are insufficient to determine time to benchmark for other groups.

Home Health Care Patients With Improved Medication Management

- Medications play a major role in improving the quality of life for many people, especially older adults with chronic illness.
- When people cannot manage their medications, their quality of life is greatly diminished (Shearer, 2009).

Adult Home Health Patients With Improved Medication Management



- **Importance:** Patients who have problems taking their medications as prescribed are at risk for adverse outcomes, including lack of improvement, worsening of disease, serious side effects, and even death.
- **Overall Rate:** In 2012, 49.7% of home health care patients got better at taking their medications, compared with 47.3% in 2011 and 46.2% in 2010.
- **Groups With Disparities:**

- In 2011 and 2012, home health care patients age 85 and over were less likely than patients from other age groups to get better at taking their medications.
 - In 2012, Hispanic home health care patients in all age groups were less likely than Whites and Blacks to get better at taking their medications.
- **Achievable Benchmark:**
 - The 2010 top 5 State achievable benchmark was 53.5%. The top 5 States that contributed to the achievable benchmark are District of Columbia, Illinois, New Jersey, North Dakota, and South Carolina.
 - In 2012, White and Black home health care patients ages 0-64 and 65-74 had a rate higher than the benchmark.
 - Data are insufficient to determine time to benchmark for other groups.

References

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