The Importance of Proper Wheelchair Fit and Patient Satisfaction in a Skilled Nursing Facility

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OVERVIEW OF CAPSTONE SITE

North Mississippi Medical Center is a critical access hospital located off Mississippi Highway 9 in Pontotoc, MS. This facility is a 25-bed critical access hospital that provides care for patients with acute illnesses or conditions that require observation or hospital admission. This facility consists of a compassionate team that includes hospitalists, staff physicians, respiratory therapists, nurses, case managers, rehabilitation therapists, registered dieticians, pharmacists, and social workers. NMMC-Pontotoc offers a wide array of services such as acute care, emergency services, level IV trauma care, outpatient medical care, inpatient medical care, diagnostic services, radiology and imaging, outpatient rehabilitation etc. NMMC-Pontotoc is the only hospital-based swing bed provider in Pontotoc County. The campus also houses a 44-bed long term care facility where patients are also provided a wide variety of rehabilitation services.

PROJECT GOALS / OBJECTIVES

The student will organize evidence pertaining to the importance of proper wheelchair fit in skilled nursing facilities to promote increased independence and patient satisfaction. The student will also compile findings and suggestions based on outcome measure data and collaborate with ATP and the extended care facility administrator to aid them in the proper w/c fit to achieve maximum patient satisfaction, comfort, and ability to perform ADLs more independently. Finally, the student will design a sustainability plan with personnel and provide education on the proper usage of the wheelchair.

LIMITATIONS

The data I collected from my Phase I assessment tool showcased a need and priority for my capstone project based on the influx of cardiac patients and the absence of a protocol in place. The overarching theme of the phase I needs assessment remained the focus on cardiovascular patients which evolved greater with the phase II needs assessment to design/implement/present an education tool to the rehab clinicians on what the Acute Care for Elderly (ACE) Unit of Care is and what changes would occur based on the rehabilitation perspective. The primary focus was on wheelchair fit and assess and measure all ECF residents. This project grew to focus on how satisfied each resident was with their current wheelchair fit, comfort, and performance with ADLs, leisure, or social interactions while seated in their wheelchair.

LIMITATIONS

Researchers declare that nursing home or hospital admission, low mobility, reduced caloric intake, social isolation, and depressed mood may lead to adverse outcomes and further functional impairment. Likewise, these researchers correlated their findings and need for study to the theory and ACE unit model of care which also encourages safe functional mobility and independence while adhering to acute or long-term care (Brown et al., 2009). The previously discussed ideas laid out at NMMC-Pontotoc just affirm their allegiance and abdicate to the mission of “to continue improving the health of the people.” The immersion in data and synthesis of knowledge gained from the many facets of this CAH will aid enriching each patient’s quality of life.

NEEDS ASSESSMENT

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PROJECT DEVELOPMENT

The student will organize evidence pertaining to the importance of proper wheelchair fit in skilled nursing facilities to promote increased independence and patient satisfaction. The student will also compile findings and suggestions based on outcome measure data and collaborate with ATP and the extended care facility administrator to aid them in the proper w/c fit to achieve maximum patient satisfaction, comfort, and ability to perform ADLs more independently. Finally, the student will design a sustainability plan with personnel and provide education on the proper usage of the wheelchair.

IMPLEMENTATION

Collaboration with the Assistive Technology Professional (ATP) throughout data collection, interpretation, and site dissemination proved justification and aided the stakeholder in awareness to develop increased satisfaction, comfort, and ultimately independence with activities of daily living, leisure, and social interactions.

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LIMITATIONS

Despite these limitations (Figure 6), I am confident that these results will aid future students, staff, and residents in facilitating comfort/satisfaction to increase independence with ADLs, leisure, and social interactions to in turn improve overall quality of life. Full implementation was not possible secondary to time constraints, but the overarching theme was increasingly positive and set the groundwork for future clinicians or students. Recommendations to create an outcome measure that fosters qualitative data to gain more insight on resident attitude and emotion during each task would be beneficial. Designing a tool that limits facilitator prompting during assessment would increase the validity of the data. After discussion with key stakeholders of the extended care facility, this project has the potential to grow to answering questions, prompting feedback for the project and how it impacted function and future planning to increase resident quality of life and independence.

PLAN FOR PROJECT EVALUATION

This quality improvement project was evaluated on how beneficial and sustainable it was/will be based on the goals/objectives set prior to the start date. The evaluation tool was designed in a questionnaire type evaluation or outcomes survey with qualitative and Likert scale data entry to allow for the therapists, social workers, nurses, extended care facility administrator, and other key stakeholders’ suggestions/feedback. Each evaluation tool exuded positivity and thankfulness for the project and how it impacted function and future planning to increase resident quality of life and independence.

PROJECT SUMMARY AND FUTURE RECOMMENDATIONS

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Figure 1: Primary Mode of Functional Mobility
Figure 2: Skin Integrity Per: NSG Report
Figure 3: Overall Satisfaction with Comfort
Figure 4: Overall Satisfaction during various tasks
Figure 5: Dissatisfaction during ADLs
Figure 6: Percentage of Completed Measures
Figure 7: Limitations