



Best Practices for Identifying and Managing Deconditioning in Nursing Home Residents

Throughout the COVID-19 pandemic, many nursing home residents had less physical and social activity than recommended, resulting in deconditioning. This resource discusses ways nursing home staff can identify residents at high risk for deconditioning and work with them to prevent decline and improve functioning. The material is based on conversations with experts from the field.

WHAT IS DECONDITIONING?

Deconditioning is the process of physical and mental decline after a period of prolonged inactivity.¹ For some nursing home residents, it may lead to decreased mobility, increased risk of falls and hospitalization, functional decline and more. Some physical, cognitive, and psychological decline associated with deconditioning can be improved. As the COVID-19 pandemic continues to evolve, nursing home staff should work to identify residents at high risk for deconditioning and be aware of actions to take to prevent future decline.

IDENTIFYING RESIDENTS AT HIGH RISK OF DECONDITIONING

Several screening and assessment tools are available to assist nursing home staff in identifying high-risk residents. Existing tools include:

- The [Minimum Data Set 3.0 for Nursing Homes and Swing Bed Providers](#) is a tool by the Centers for Medicare and Medicaid Services for implementing standardized assessment of residents. As described in the [Resident Assessment Instrument User's Manual](#), Section GG, Functional Abilities and Goals, contains items that can be used to screen physical and cognitive functioning of residents.
- The INTERACT® Stop and Watch Early Warning Tool (part of the [INTERACT™ Quality Improvement Program](#)) is a simple checklist for assisting direct care staff in identifying and reporting changes in resident condition.
- [Module 1: Detecting Change in a Resident's Condition](#) (part of AHRQ's "Improving Patient Safety in Long-Term Care" training modules) is the first of a three-module set of training resources to improve resident safety. This module focuses on communicating changes in a resident's condition.
- The [Comprehensive Geriatric Assessment](#) (CGA), the [Clinical Frailty Scale](#), and the [FRAIL Scale](#) – These tools can be used to collect information to easily assess health and functional status of nursing home residents.

PREVENTING DECLINE AND RESTORING FUNCTION

Once residents are identified as high risk for deconditioning, nursing home staff can use several strategies to prevent decline or help restore function for those who already experienced deconditioning.



- **Restorative nursing care.** Restorative nursing care focuses on helping residents achieve and maintain optimal functional abilities. Staff can build restorative nursing care into daily resident care, such as assisting a resident with completing active or passive range-of-motion exercises.²
- **Function-focused care.** Function-focused care encourages residents to perform tasks for themselves, which can help get residents moving again and address deconditioning. For example, residents receive verbal instruction from staff during bathing and the individual performs the task rather than having staff perform it.³
- **Occupational, Physical, and Speech Therapy.** Skilled rehabilitation services, including occupational, physical, and speech therapies, are useful to combat resident deconditioning and restore function. Occupational therapy focuses on a person's ability to perform activities of daily living. Physical therapy focuses on a person's ability to move their body. Speech therapy focuses on a person's ability to generate and comprehend speech. Research has shown that rehabilitation therapies provided in nursing homes and other post-acute care settings can help prevent decline in activities of daily living.⁴ Nursing homes can ensure rehabilitation therapies are available for residents at high risk for deconditioning and to potentially restore function for those who have already experienced deconditioning.

FOR MORE INFORMATION

Additional resources, including “Best Practices to Help Nursing Home Residents and Families Reduce the Impact of Social Isolation,” can be found in the AHRQ COVID-19 Nursing Home Resource Catalog, available at <https://www.ahrq.gov/nursing-home/resources/search.html>

¹ Gillis, A., & MacDonald, B. (2005). Deconditioning in the hospitalized elderly. *Canadian nurse*, 101(6).

² Talley, K. M., Wyman, J. F., Savik, K., Kane, R. L., Mueller, C., & Zhao, H. (2015). Restorative care's effect on activities of daily living dependency in long-stay nursing home residents. *The Gerontologist*, 55(Suppl_1), S88-S98. DOI: 10.1093/geront/gnv011. ³ Resnick, B., & Galik, E. (2013). Using function-focused care to increase physical activity among older adults. *Annual review of nursing research*, 31(1), 175-208. DOI: 10.1891/0739-6686.31.175. ⁴ Dobson DaVanzo & Associates

(2021). Therapy outcomes in post-acute care settings: study summary. APTA & AOTA.

<https://www.apta.org/article/2021/04/05/apta-aota-joint-statement/tops-study-summary>.

