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Abstract

Older adults are outliving their life expectancy and account for 50% of the current hospital consumer market (Hartford Institute, 2007). By 2030, the CDC (2007) state twenty percent of our United States (U.S) population will be older adults (adults over the age of sixty-five). Two years ago, St. Joseph's Hospital in Wayne initiated an ACE unit adopting the principles, tools and models of nursing care from the NICHE organization. The 4 East staff noted by recognizing the needs of our geriatric population, they continue to seek new and innovative strategies to enhance nursing and interdisciplinary knowledge and skills for the treatment of older adult patients, improving clinical outcomes and overall greater patient and family satisfaction. The age related changes that occur in the older adult predispose this population to decreased quality of life. (Kallstrand et al, 2012). Sensory and Cognitive tools improve patient experiences in the acute care setting enabling the patient and family to be coupled in plan of care.

Introduction

Our mission statement on 4 East indicates that we hold ourselves accountable to the highest possible standards of clinical and service quality. We strive to integrate dignity, justice excellence and stewardship into all that we do for our patients and community. Implementing the NICHE program underscores and supports this element of our mission statement. Hendrix and Wojceichowski (2005) highlighted the U.S health care system is set up to emphasize immediate acute illnesses negating the underlining chronic problems. The NICHE initiatives recognize this trend and support decreasing sensory and cognitive function in the older adult.

Materials & Methods

Methods

Sensory distortion due to vision changes can negatively impact the older adults hospitalization and can prevent the patients recognizing their nurses and PCA's. White boards were difficult to read, and patients were unable to indentify their primary care givers. As the NICHE coordinator, I contacted the NICHE organization, posted a query on their website to see if other NICHE hospital had geriatric friendly boards available to purchase. I quickly found out, that no standardized geriatric white boards were to be found at designated NICHE hospitals. Vicky, a seasoned nurse into photography and arts/crafts, championed the project to replace the white board on the unit. The continued support of her nurse manager/administration allowed her the time and resources to complete this important project.

Discussion

This grassroots, collaborative nurse driven effort on 4 East was a successful endeavor from day one. The nurses, PCA's, NICHE coordinator/ educator, manager, interprofessional team and chief nursing officer committed to the NICHE process and we never have looked back. 4 East started a successful multisensory equipment program, allocating equipment activities for patients to engage in while hospitalized based on particular stages of Dementia/Alzheimer's. A blanket drive comforting and warming over 350 elder admissions to the unit which has sustained and remains a big hit on the unit. A successful NICHE multidisciplinary steering committee including dietitians, staff nurses, P.C.A'S, speech pathologists, and nursing administration are a committed group of staff dedicated to improving the lives of our hospitalized older adults. Typically omitted in caring for older adults is geriatric specific knowledge, skills and attitudes necessary to assess and treat older adults. Currently disjointed nursing care of the older adult often equates to poor health outcomes (Russo & Elixhauser, 2003). The NICHE coordinator realized that identification of knowledge gaps was vital when caring for elders, the GIAP (Geriatric Institutional Assessment Profile), a self assessment survey, was administered to the nurses. The curriculum for the NICHE class was tailored based on GIAP results. NICHE classes this year number over twenty classes offered for 2014 including interprofessional staff, PCA's and nurses. Hospitalized older adults suffer more adverse events; prevention of these negative health occurrences would depend on knowledgeable geriatric clinicians (Kim et al., 2007).

Results



Conclusion

The #1 goal of the 4 East staff is for their patients to recognize their caregivers. The geriatric trained RN's and P.C.A's understand that the older adult have significant visual impairment, a reduction in the clarity with which a person can see objects, is a major public health problem (Chou et al., 2013). NICHE curriculum encourages the usage of clear, large bold print at eye level 14pt type (<http://www.nicheprogram.org>, 2012). 4 East utilizes two staff identifiers (a face picture and a large print contrasting color magnet with the staff's name). This enables the patient to recognize their caregivers by face or name, it also allows the family to be informed and involved in the care of their loved one.

The geriatric friendly white boards also include an area called “About Me.....”. Older adults may present with a wide variation of cognitive performance, remote memory (reminiscing) remains intact and may provide comfort to the patient who is in an unfamiliar place with worrying health issues. Recently, we had a former Miss New Jersey in her nineties providing conversation for all our healthcare providers who entered the room, the patient enjoyed the reminiscing, loving to talk about that special time in her life. The 4 East staff remains committed to improving the lives of our older adult population, stay tuned for additional geriatric initiatives we are working on!

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