Ironing Out the Wrinkles
Creative Approaches to Implementing a Hospital-Wide Geriatric Initiative

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BACKGROUND
- Nurse Improving Care for Healthsystem Elders (NICE)
  - Program of Hartford Institute, New York University College of Nursing
  - Only national geriatric nursing program addressing needs of hospitalized older adults (www.nicheprogram.org)
- Geriatric-informed: focused, holistic care through interdisciplinary collaboration
- Educator-based: identified nurse supporting organization’s goal of achieving excellence in geriatric care

PLAN FOR AULTMAN EXCELLENCE IN GERIATRICS

STORY LINE
- Phase I
  - Pilot Clinical Package
  - Interdisciplinary
  - Educational
  - NICE initiative

OUTCOMES
- NICE designation attained
  - Re-designation at progressive level 2016
  - Geriatric institutional awareness profile completed 2013 & 2016
- Statistically significant increases in remaining, incontinence, and mean blood pressures
- Greater than peer benchmark
- Geriatric-informed education implemented
  - Geriatric Resource Nurse (GRN) model
- Internal resources utilized
  - 3 audits completed
- Pre-post test scores: 100% improvement demonstrated
- 15 units across continuum of care represented
  - Critical care course module
  - Nurse Aide orientation module
  - Nursing collegiate education/geriatric course in RN-BSN completion program
  - Education Symposium “Who Do You See When You Look at Me? Educating the Older Adult Patient”
- Medical Residency rotation

STRUCTURE & RESOURCES
- Administrative support
  - NICE program licensure fee
- Resource allocation
- Sharing committee
  - Geriatric Nurse Specialist serving in educational role
  - Challenged to integrate NICE program into practice
- Nurse Administrator
- Advanced Practice Nurse pursuing geriatric fellowship
- Geriatric physical psychologist
- Nurse unit role: nursing student also representing local college
- Staff nurse with paid time off

INTERVENTIONS
- Participated in NICE leadership training
  - 3 weeks, web-based
  - Completed videos, SWOT analysis, targeting priorities, action plan
  - Compiled system data
- Cost, length of stay, admittance by age organizational-wide and by unit
- Increased awareness
  - Presentations at organizational and unit-based shared governance councils
- Newsletter articles
  - One-on-one rounding
- Conducted Geriatric Institutional Assessment Profile (GAP)
  - 2013 & 2014
  - Increased nurses’ knowledge, attitudes and perspectives toward care of older adults
  - Results directed Geriatric Resource Nurse education plan and pilot projects

SIGNIFICANCE
- Older adults are core consumer of health care (CDC & Merk Company, 2011)
  - Aultman: 65% of admitted patients are 65 or older
  - 55% of older adult disability attributed to medical hospitalization (Corley, Perkins & Johnston, 2011)
- Historically, health care providers have little geriatric education
  - Change requires creativity, improved collaboration between disciplines, and strike in organizational culture (Geri & Grubanc, 2001)

PURPOSE
- To identify creative approaches for implementing evidence-based practice related to the older adult population

DELIRIUM BROCHURE

What is delirium?
- Delirium is a change in mental status that is acute and usually reversible
- Delirium is not dementia
- Delirium usually develops very gradually over months and increase the risk of dementia
- The biggest risk factor for delirium is an underlying new or worsening medical illnesses such as severe infections or heart failure.
- 20-25% of admitted patients may develop delirium.
- Delirium usually clears up after a few days or weeks.

What are the signs of delirium?
- You may notice a change in your loved one.
- Learn about the signs of delirium and what you can do to help.
- Aultman delirium brochure

What can you do to help?
- Final goal is to control dangerous and disruptive behaviors and symptoms
- Have slurred speech or use inappropriate words.
- Mix up days and nights or the time of day.
- Seem confused and not make any sense.
- Be very quiet and have difficulty staying awake
- Are very agitated or restless.
- Tremors or picking at clothes or the air.
- May see or hear things that are not there. These are hallucinations.

What is the treatment of delirium?
- There is no specific treatment for delirium.
- Co-administration of antipsychotics or other medications to control disruptive symptoms
- Available to the patient and family
- The patient and family may benefit from walking in the hallway.

For more information: Delirium/Dementia Journal club

FUTURE DIRECTIONS
- Continue GRN education
  - Geriatric sub-committee of Practice Council
  - Ongoing support for established GRNs
- Unit-based project support
  - Incorporate geriatrics into existing protocols
  - Journal club
- Nurse-wide education
  - Delirium/Dementia
  - Mobility
  - Medications/Button list
  - Geriatric symposium
  - Community HealthTalks
  - Collaboration with: Meds – Aultcare
  - Insurance provider
  - Physicians
  - Medicare
  - Medicaid advantage program

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