

Ironing Out the Wrinkles



Creative Approaches to Implementing a Hospital-Wide Geriatric Initiative

Linda Griggs MSN, RN-BC, ACNS-BC • Aultman Health Foundation, Canton, OH

BACKGROUND

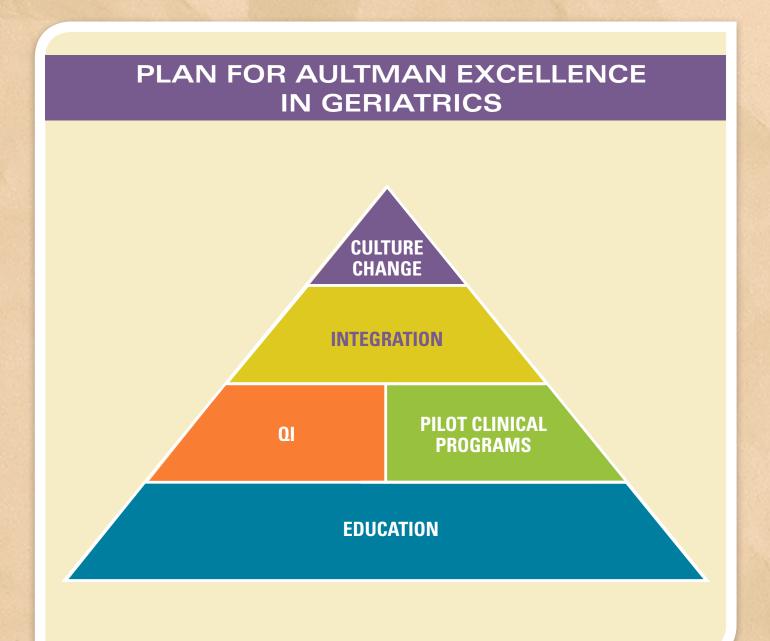
- Nurses Improving Care for Healthsystem Elders (NICHE)
- Program of Hartford Institute, New York University College of Nursing
- Only national geriatric nursing program addressing needs of hospitalized older adults (www.nicheprogram.org)
- Evidence-based
- Identified resource supporting organization's goal of achieving excellence in geriatric care

PURPOSE

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

SIGNIFICANCE

- Older adults are core consumer of health care (CDC & Merk Company,
- Aultman: 45% of admitted patients are 65 or older
- 50% of older adult disability attributed to medical hospitalization (Covinsky, Pierluissi & Johnston,
- Historically, health care providers have little geriatric education
- Change requires creativity, improved collaboration between disciplines, and shifts in organizational culture (Grol & Grimshaw, 2003)



STRUCTURE & RESOURCES

- Administrative support
- NICHE program licensure fee
- Resource allocation
- Steering committee
- Clinical Nurse Specialist serving in educator role
- » Challenged to integrate NICHE program into practice
- Nurse Administrator
- Advanced Practice Nurse pursuing geriatric fellowship
- Geriatric physician consultant
- Doctoral nursing program student also representing local college
- Staff nurse with paid time off

INTERVENTIONS

- Participated in NICHE leadership training
- 6 weeks, web-based
- Completed vision, SWOT analysis, targeting priorities, action plan
- Compiled system data
- » Cost, length of stay, admissions 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 (GIAP)
- **2013 & 2014**
- Evaluated nurse knowledge, attitudes and perceptions toward care of older adults
- Results directed Geriatric Resource Nurse education plan and pilot projects

DELIRIUM BROCHURE



may see or hear things that are not there. These

inform a health caregiver immediately if

you notice a change in your loved one.

to years. Early symptoms are usually minor,

Delirium can make memory and thinking

distinguish, and a person can have both. The

biggest risk factor for delirium is an underlyin dementia. Here are some distinct differences



AULTMAN





the way the brain is working. Delirium is often · new or worsening medical illnesses such as

percent of people with early dementia may not yet be diagnosed).

medications or withdrawal from medications, alcohol or tobacco.

• severe pain, bed rest or lack of sleep.

> People are more likely to get delirium if they have an underlying dementia (sometimes)

dehydration or poor nutrition.

previously diagnosed).

• problems with seeing or hearing.

advanced age (>age 70).depression.

Behaviors observed may change from hour to appear agitated or even aggressive. be very quiet and have difficulty staying

seem confused and not make any sense. · mix up days and nights or the time of day. be restless, or more alert than normal. tremors or picking at clothes or the air.

• have trouble walking and taking care of

> the age of 70 who are hospitalized may months and increase the risk of dementia. develop delirium.

There is no specific treatment for delirium. ecline in their self-care ability and strength. The ral goal is to control dangerous and disruptive

Learn about the signs of delirium, and inform

are and why. Talk about current events.

Decorate the room with calendars and family pictures. Any familiar items that might serve as

confirmed they can walk safely, they would benefit from walking in the hallway.

FUTURE DIRECTIONS

- Continue GRN education
- Geriatric sub-committee of Practice Council
- Ongoing support for established GRNs
- Unit based project support
- Incorporate geriatrics into existing policies
- Journal club
- House-wide education
- Delirium/Dementia
- Mobility
- Medications/Beers list
- Geriatric symposium
- Community HealthTalks
- Collaboration with:
- Media
- Aultcare
- » Insurance provider
- Primetime
- » Medicare advantage program

Please scan the QR code for a reference list and author contact information





OUTCOMES

- NICHE designation attained 2013
- Re-designation at progressive level 2014
- Geriatric Institutional Assessment Profile completed 2013 & 2014
- Statistically significant increase in restraints, incontinence, and overall knowledge scores
- » Higher than peer benchmark
- Evidence-based geriatric education implemented
- Geriatric Resource Nurse (GRN) model

» Internal resources utilized

- » 3 cohorts 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

- 100% increase in gerontological certified nurses
- Geriatric resources added to health sciences library
- Delirium project
- Phase I
- » Pilot unit Coronary Care Unit
- » Training Confusion Assessment Method (CAM) and Mini-Cog
- » Baseline data collected
- » Computer documentation augmented
- » Algorithm outlined
- » Therapeutic activity/sleep promotion cart assembled
- » Patient/Family education developed
- Phase II
- » Intervention education completed
- » Therapeutic activities implemented
- Phase III
- » Data collection

- Mobility project
- Phase I » Pilot Med-surg unit with chronic patient population
- » Chart audit
- Inconsistent activity documentation and unclear activity orders
- » Tool selected
- The Boston University Activity Measure for Post Acute Care (AM-PAC)™
- Phase II
- » Training- safe patient mobility and completion of tool
- » Data Collection- AM-PAC™ score on admission & discharge
- » Mobility level/intervention protocol outlined and approved by Med Exec Committee
- Phase III
- » Education of mobility level/intervention protocol
- 50% reduction in unit fall rate

