Building Population Expertise: Innovative Implementation of Nurses Improving Care for Healthsystem Elders in Geriatric Psychiatry

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Introduction

- Between 2000 and 2050, the number of older adults is projected to increase by 135%. 8,10 (Fig. 1)
- Nursing is unprepared to care for geriatric patients, challenged by complexities of delirium, dementia, falls, cognitive changes, and post-discharge care continuity.1,2,8,10
- Nurses Improving Care for Healthsystem Elders (NICHE) is the leading nurse driven program designed to help hospitals improve care by providing principles and tools to stimulate a change in culture to achieve patient centered care for older adults.3-5,7
- FY2016 strategic goals included NICHE implementation to improve elderly care. 46% of Porter Adventist Hospital inpatient volume is age 65 and older.

Facility NICHE Mission Statement: To fulfills a covenant of outstanding care for the geriatric population with excellence and integrity to become their partner for life.

Materials and Methods

Acute Care for the Elderly (ACE) Unit Implementation

- Environment of care
  - Raised toilet seats installed in all rooms
  - Communal dining/activity area to promote socialization
  - Utilization of assistive devices; magnify and reader glasses, hearing amplifier, and walkers
  - Printed materials in 14 size font
- Clinical Structure
  - Implemented 4 permanent charge nurses
  - Required completion of Geriatric Resource Nurse (GRN) Core Curriculum
  - Gerontological Nursing certification expectation
  - Utilization of evidence-based clinical tools and practice guidelines; urinary catheters, restraint minimization, and fall prevention
  - Required continued geriatric training for all GRNs
  - Interdisciplinary care rounds biweekly (Fig. 2)
  - Transition Record forwarded to follow-up health care provider (Fig. 3)

Abstract

In May 2015, the geropsych unit was selected to pilot an Acute Care for the Elderly (ACE) unit, the ACE model developed by Nurses Improving Care for Healthsystem Elders (NICHE) is designed to improve quality of care for older adults. Implementation of the ACE model in psychiatric units is rare (only 2 nationally, and these initiated NICHE in medical-surgical then disseminated to psych). With stable staffing and all patients age 65 and older, our goal was hardwiring NICHE on geropsych, and then disseminating to acute care units. Project steering committee, staff, and leaders were identified and trained on evidence translation into practice. SWOT analysis showed Hospital strengths: Magnet status, strong interdisciplinary shared governance, and internal medicine partnership. Weaknesses: No nurse/physician geriatric specialists. Opportunities: continuum of care, community relationships. Threats: growing geriatric population and state shortage of resources, university faculty, and APRNs. Goals established, NICHE core leadership identified, CNO advocated for resources. Coordinator role integrated with Nurse Manager, program evaluation, project analysis goal integration, interdisciplinary training completed and staff restructure. Geropsych has been developed as an ACE unit: infrastructure meets evidence-based recommendations. Seclusion and restraint rates better than national benchmarks, Pre/post patient satisfaction increased 0.4%. Falls Committee partnership resulted in policy for 65+ at high fall risk status X 48 hours and purchase of raised toilet seats for all rooms with 50% fall rate decrease.

Discussion and Conclusions

- Post-NICHE reduction of Geropsych (ACE unit) total falls, seclusion and restraint rates to below national benchmarks.
- Staff has embraced care of the geropsych population, successfully responding to the challenge of promoting independence and maintaining safety.
- The hospital has established experts in geriatric care.
- Shared governance partnership resulted in policy development: All hospitalized patients 65 and older are now placed at high risk for fall status X 48 hours.

Next Steps for NICHE implementation

- ACE unit dissemination to acute care units.
- Geriatric-specific delirium protocols being evaluated.
- Implementation of Geriatric Recourse nurses core curriculum training throughout the hospital.
- Expand geriatric-specific staff education to other disciplines; geriatric patient care associate core curriculum implementation.
- Implementation of geriatric specific initiatives to improve care of older adults; Fracture fragility program.

Results

- Environment of care
- Clinical Structure
- Required completion of Geriatric Resource Nurse (GRN) Core Curriculum
- Gerontological Nursing certification expectation
- Utilization of evidence-based clinical tools and practice guidelines; urinary catheters, restraint minimization, and fall prevention
- Restraint rates below national benchmark FY14-FY16
- Seclusion hours below national benchmark FY14-FY16

Literature Cited


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