

RN Solutions in the Care of Older Adults

Acute care

This is the first in our series of four profiles that present emerging roles for nurses who work with older adults. Each of the stories follows “Mr. Smith and his wife” as they try to meet the multiple challenges of his complex care needs. In response to these challenges, we highlight innovative solutions that arise from nurses’ keen recognition of the gaps in care and their commitment to finding ways to address them.



Issue

Registered nurses are in the best position to provide the care older adults need to promote and restore their abilities and prevent functional decline.

Mr. Smith is an 85-year-old man who lives independently with his wife in their own home. Two days ago he was seen by his family doctor. The assessment focused on Mr. Smith’s sciatica, because it was causing him more distress than his shortness of breath at that time. After the appointment, however, Mr. Smith’s shortness of breath worsened and he developed a high fever. His wife then decided to take him to the nearby emergency department, where he was admitted for the third time this year. Like many older adults, Mr. Smith has a long history of short-stay hospital admissions due to multiple chronic conditions that require monitoring and periodic intervention.

If you were related to Mr. Smith, how would you expect his care to be managed in this situation?

Did you know . . .

With the right support and expertise, Mr. Smith’s return visits and need for admission could be reduced or even eliminated.

RN solutions address gaps in acute care

Exemplars of practices that provide such care already exist across the country. The nurses who work in these practices coordinate the care of older adults, helping them move more efficiently through the continuum of care and ensuring they have access to appropriate care providers during and after their hospital visit.

Acute care facts

- Today, over 14 per cent of the Canadian population is 65 years of age or older, a figure that will double in the next 25 years (HRSDC, 2013).
- After age 64, per capita health spending doubles every decade, currently costing \$8,425 at age 75 and \$16,821 at age 85 (Picard, 2010).
- Research has associated prolonged hospitalizations with serious adverse outcomes (CIHI, 2011a).
- Seniors need seamless access to the continuum of care based on their needs.



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Minimize return visits

In one such practice, Geriatric Emergency Management Nurses, or GEMs, have been working in B.C.'s emergency departments (EDs) since 2005 and in Ontario's since 1995. RNs in this role thoroughly assess all adults over 65 admitted to the ED in terms of their social, functional and cognitive condition. As they work with other interdisciplinary team members, GEMs deliver health-care services that promote better continuity of care and reduce readmissions.

For instance, through delirium screening, GEMs connect patients with the proper care in the community — care that supports a safe and sustainable discharge. Return visits or readmissions to hospital are minimized as GEMs communicate ED visit information to primary care providers and plan patient support. This support includes ensuring that patients have the aids and appliances they need for daily functioning around the home and furnishing them with detailed discharge plans and instructions (Dunnion, 2007; McCusker & Verdon, 2006). It is hardly surprising that such geriatric-specific ED nursing assessments can reduce functional decline rates in comparison to usual care (McCusker et al., 2001).

- **Myth: Use of the health-care system increases with age.**
- **Fact: Multiple chronic conditions are more closely associated with high use of the health-care system than age (CIHI, 2011b). Of 11 major chronic conditions, 76 per cent of seniors in 2008 reported having at least one (CIHI, 2011a).**

Individualized care planning

Another example of nursing care excellence for older adults is demonstrated in the emerging role of nurses using the 48/6 model of care (VIHA, 2012). A British Columbia provincial initiative, 48/6 requires nurses to develop individualized

care plans within 48 hours of admission. These plans address six areas of function for hospitalized seniors: reconciliation, cognition, pain, mobility, bowel/bladder and nutrition/hydration. The 48/6 model calls for an organization-wide effort to individualize care and prevent functional decline.

RN-led interprofessional care

At Trillium Health in Ontario, seniors' care is being improved by nurses who have reorganized their care model to include a clinical quality care leader (CQCL) role. The CQCL nurse, an RN who oversees the care of a small group on an in-patient unit, maintains continuity of care throughout the admission to integrate care planning for each patient. It's an approach that is driven to achieve positive and person-centred outcomes.

The CQCL nurse interacts with the whole interprofessional team to ensure patients and their families receive integrated, comprehensive care supported by the best evidence. Nurses in this role mentor and educate at the bedside while exemplifying the kind of teamwork, communication, autonomous clinical practice, critical thinking and quality standards that optimize patient safety. The CQCL nurse is pivotal to enhancing quality care environments among the health team and for providing direct-care in complex situations, as appropriate.

RNs provide acute care solutions

Whether in an emergency department or an inpatient unit, RN roles are increasingly focused on the planning and coordination of complex care — resulting in positive health outcomes and patient-centered solutions. Today, the safe, quality care of older adults depends directly on the clinical leadership and practice excellence that RNs are contributing throughout the health system.

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