3-2012

Addressing Functional Decline and Psychosocial Needs in Hospitalized Elderly

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An Independent Study Submitted to the Graduate Faculty of the

University of North Dakota

in partial fulfillment of the requirements for the degree of

Master of Science

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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Title Addressing Functional Decline and Psychosocial Needs in Hospitalized Elderly

Department Nursing

Degree Master of Science

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ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

Abstract

Do hospitalized geriatric patients have better outcomes such as increased patient satisfaction, decreased length of stay, and decreased readmission rates with specialized interdisciplinary care, as on Acute Care of Elders (ACE) units, versus usual care? This is one question that this paper will address. The goal in this type of care is to achieve medical stability while preserving maximum functioning. Collaboration with all health care specialties is crucial to geriatric care. Secondarily, the gap in nursing knowledge of the elderly patient's care needs has to be addressed. Thirdly, patient's psychosocial needs should be addressed in order to promote their independence and assist in their return to their previous environment. The purpose of this independent project is to research these three topics and find ways to provide high quality specialized care to elderly patients. Interdisciplinary care of elderly patients will be shown to decrease hospital complications. Quantitative studies, qualitative studies, literature reviews, secondary analyses and case studies were used. They were critiqued on sample size, randomization, type of study, validity and reliability of instruments used and findings. The studies show that interdisciplinary care of the elderly, geriatrics management and geriatrics consultation reduce negative outcomes in hospitalized patients. The studies further show that gaps exist in nursing knowledge of geriatrics and decrease the effectiveness of nursing care. Programs such as Nurses Improving Care for Health System Elders (NICHE) provide ongoing specialized geriatric training to hospital nurses and certified nursing assistants (CNA's) caring for elderly patients and are shown to improve the quality of geriatric care. Furthermore, studies show, that dignity, respect, participation in care and relationships help to meet the psychosocial needs of elderly patients. Youth and adult volunteer programs are shown to benefit hospitalized

elders in meeting these psychosocial needs. For optimum care of the hospitalized elderly, interdisciplinary care should be standard practice. Nurses need to be supported in increasing their knowledge of geriatric patients and their complex needs. Volunteer programs are imperative in meeting the psychosocial needs of hospitalized elders and contributing to their ability to return to their homes and communities.

Addressing Functional Decline and Psychosocial Needs in Hospitalized Elderly

Elderly patients, age 65 and older, make up approximately 60% of non obstetric hospital admissions. Despite these numbers older adults rarely receive specialized geriatric care (Boltz et al., 2008). 13% of the U.S. population is age 65 or older. Yet the elderly account for 31% of the $1.4 trillion spent on national health care (Jayadevappa, Chhatre, Weiner, & Roziano, 2006). Do hospitalized geriatric patients have better outcomes such as increased patient satisfaction, decreased length of stay, and decreased readmission rates with specialized interdisciplinary care, as on Acute Care of Elders (ACE) units, versus usual care? This is the first clinical question that this paper will address.

It is also noted that there is a deficit in nurse's knowledge related to the care of geriatric patients (Boltz et al., 2008). Geriatric patients have specialized needs. They deserve to have those needs met with care and compassion by nurses that are specially trained and genuinely interested in them. On average older adults have four chronic illnesses. These illnesses lead to more frequent complicated hospitalizations which take their toll on the older adult's well being. Older adults when hospitalized, often have functional decline both physically and mentally.

Elderly patients feel a lack of dignity when hospitalized. They must be treated with dignity and respect. They must be allowed to participate in their care and to develop relationships with staff and volunteers. These implications will also be discussed as related to the acute care of the elderly hospitalized patient.

Purpose

The purpose of this independent project is to ensure high quality specialized care to elderly patients by addressing their unique sensory and psychosocial needs. This was met in two ways, first with a comprehensive in-service addressing sensory change and second by instituting a teen volunteer program in a rural hospital setting.

Interdisciplinary care of elderly patients is known to decrease hospital complications. The interdisciplinary team members each bring their own expertise to meet the geriatric patient's care needs. With interdisciplinary care patients have less falls, less delirium associated with hospitalization, decreased functional decline, shorter length of stay, less cost, decreased nursing home placement after hospitalization and increased quality of care (Jayadevappa et al., 2006; Naglie et al., 2002; Nikolaus, Specht-Leible, Bach, Oster, Schlierf, 1999; Marcantonio, Flacker, Wright, Resnick, 2001).

An interdisciplinary Acute Care for Elders (ACE) unit planning committee has been established at Memorial Health Center (MHC) in Medford, WI. This is a small rural hospital. As a member of that committee this author is involved with pursuing the possibility of using the ACE concept of care for hospitalized elders at MHC. This is an ongoing process and many of the ACE concepts have begun to be implemented.

Expanding nurse's knowledge of geriatric care needs on the medical/surgical unit is one method of ensuring high quality care to the elderly patients of MHC. This will be accomplished by implementing the Nurses Improving Care of Health System Elders (NICHE) program's geriatric trainings. NICHE programs are the only national nursing programs designed to strengthen the geriatric nurse practice environment. NICHE provides guiding principles and operational tools to develop and utilize geriatric-specific resources, evidence based clinical

protocols and nursing organizational models (Boltz et al., 2008). Before the NICHE training is available, an in-service was given to the medical/surgical nurses and certified nursing assistants (CNA's) that addressed sensory changes in the elderly and the safety risks they impose. A hands- on sensory training was also included with the in-service.

Finally, an ACE volunteer program (particularly a youth volunteer program) was developed in order to help meet the elderly patient's psychosocial needs, especially for dignity, respect, participation and developing relationships. The focus of the program is to recruit and train volunteers to work with the elderly in the hospital setting. The training includes information on delirium, dementia and sensory changes and equips the volunteers with ways to interact with elderly patients and meet their unique needs.

Significance

The significance of this project is that it will promote interdisciplinary specialized care of the elderly in the acute care setting as the standard of care. The goal in this type of care is to achieve medical stability while preserving maximum functioning (Benedict, Robinson & Holder, 2006). Collaboration with all health care specialties is crucial to geriatric care. Physical and occupational therapy prevent functional decline. Discharge planning from the time of admission improves patient outcomes (Fletcher, Hawkes, Williams-Rosenthal, Mariscal &Cox, 2007).

Secondarily, the gap in nursing knowledge of the elderly patient's care needs has to be addressed. According to Boltz et al. (2008), the majority of hospital nurses have received no specialized training in the needs of the elderly patient despite evidence that lack of geriatric education negatively affects quality of care. Few of the nation's 6000 hospitals have institutional practice guidelines, educational resources, and administrative practices that support best practices care of older adults. While one person cannot change the nation's hospitals, an attempt

can be made to reach the local health care facility and improve the nurse's knowledge of geriatric care through an inservice to nursing staff and promoting the NICHE concept and trainings.

Thirdly by assisting in the development of a volunteer program that is especially designed for working with the elderly this author can be part of an ongoing program that will help meet elderly patient's needs for dignity, respect, participation and relationships.

Theoretical Framework

The theoretical framework used for the backdrop of this study is that of holistic care and the use of the Neuman systems model. This is a framework that works well with the Acute Care for Elders concept. "The need to provide comprehensive and holistic medical care for older adults has been called for, but it is not easy to provide integrated health care within a hospital system that has been compartmentalized into specialties" (Matsubayashi et al., 2011). The Neuman systems model was used as the theoretical framework for this study and is ideally suited to it. The theory is systems based and equally applicable for all health professions. Betty Neuman in the early 1970's had a far reaching vision in creating a conceptual model that would apply to all disciplines and would speak to all members of a multidisciplinary health care team. An important outcome of nurses using the Neuman systems model is that of client satisfaction based on client driven care. Neuman systems model (NSM) nurses will coordinate multidisciplinary healthcare teams. The goal will be holistic healthcare aimed at attaining optimal client wellness. The focus is on the client as the center and reason for existence of the healthcare team. Neuman systems model nurses will continue to provide high touch care in a high tech healthcare environment both now and in the future (Lowry, L., Beckman, S., Gehrling, K., & Fawcett, J., 2007).

individualized care, promotes feelings of well being, and allows the patient to make decisions about future interventions. In the inter-professional team, each team member brings their own unique training, values and perspective. The success of the team depends on having a common goal, removing barriers and promoting effective collaboration (Burzotta, L., & Noble, H., 2011). The patient is the final decision maker and needs to be involved in every aspect of their care.

Process

Literature Search

A search was conducted using the University of North Dakota Harley French Library's website. The first database searched was CINAHL using the subject headings "NICHE" and "acute care elderly" separately. CINAHL was also searched using "acute care elderly", "geriatric nursing" AND "NICHE" and "NICHE" AND "hospital". The term NICHE and the term "acute care elderly" turned up nothing in the Cochrane Library. PubMed was then searched using the terms "geriatric interventions" and the terms "reducing delirium". Next qualitative studies were desired. CINAHL was searched using the terms "qualitative" AND "elderly" AND "hospital". The articles on the Geriatric Institutional Assessment Profile (GIAP) were found by searching in CINAHL using those terms. In CINAHL a search was undertaken using the terms "psychosocial" AND "hospital" AND "elderly" and "functional decline" AND "elderly". CINAHL was also searched using the term "holistic care". In addition CINAHL was searched using the terms "teens" AND "elderly" and "volunteers" AND "elderly". Finally CINAHL was searched using the terms "Neuman" AND "theory". The literature search was limited to the past 10 years except one article dated 1999.

The ConsultGeriRN.org website was utilized for the sensory changes information that was the basis for the ACE Volunteer Training PowerPoint (Cacchione, P., 2005). The sensory

kit that was used for the hands on sensory training was developed by C. Van Son, PhD., RN, of Oregon Health Sciences University (OHSU) School of Nursing.

Thirty-four articles were obtained through this search. Sixteen relevant articles are included in the literature review.

The information obtained with the literature review was used to support and develop a change in the way that elderly hospitalized patients are viewed and treated in a rural hospital setting. The use of interdisciplinary care with inter-professional teams adds a great deal to the care and outcomes of hospitalized elderly. This could take place on a specialized ACE unit or the ACE concept could be utilized throughout the hospital when caring for elderly patients. Treating patients holistically to address all of their needs is of great benefit to them and improves patient outcomes as well. Outcomes based reimbursement will continue to drive our health care systems. Increasing nurse's knowledge of elderly patient's needs also adds to the value of their care. The elderly are the greatest users of our health care systems and staff need to be trained in their specialized needs and treatment desired. Developing relationships with hospitalized elderly patients has been shown to increase their satisfaction and decrease their functional decline. Implementing activities and one to one interactions with volunteers helps these patients develop relationships, provides meaningful activity and increases their feelings of self worth, dignity and respect.

Target Audience

There are three target audiences for this project. First, Memorial Health Center (MHC) as a whole is being presented with the ACE concept and what it means to care for elderly patients with an interdisciplinary team approach. Second, the nursing staff is being exposed to further education on the specialized care needs of the elderly. Third, the ACE volunteers are

being recruited and trained in how to approach and work with elderly patients. They are given information on delirium and dementia and sensory changes that occur with aging and supplied with ways that ACE volunteers can help meet their needs.

Implementation

An ACE planning committee was formed at MHC. As part of this committee the author conducted an in-service for the medical-surgical nurses and CNA's on sensory changes in the elderly, hands-on sensory simulations and safety issues that these sensory changes can lead to. The in-service was well received and the same information was used by the nurse educator at MHC for a skills fair for additional staff.

An ACE Volunteer Training audio power point was developed and has been utilized in training new volunteers and particularly youth volunteers at MHC. North central Wisconsin is very rural and youth volunteers alone are not readily available. Summer volunteer programs and recruitment targeted especially at youth will continue to be implemented. This also benefits the youth volunteers in exposing them to the medical field and potential future health related careers. The ACE volunteer program will be open to people of all ages who have the time and desire to give of themselves to hospitalized elderly patients.

Evaluation

Evaluation of the ACE Volunteer Training power point was done by the MHC volunteer coordinator and by the volunteers that attended the program on an anonymous written evaluation form. It is part of their orientation to volunteering at MHC. The ACE planning committee was also provided with the power point presentation and input was received. The Gerontology Clinical Nurse Specialist of Aspirus Wausau Hospital was consulted and provided excellent comments on the original power point presentation. The comments that she shared were

incorporated into the final ACE Volunteer Training power point. The ACE planning committee has asked the Vice President of Patient Care Services at Memorial Health Center to pursue adding some of the content presented in the ACE Volunteer Training power point to new employee orientation at MHC.

Review of Literature

The literature review revealed that the effect of specialized interdisciplinary care on this population results in improved patient outcomes, decreased readmission, decreased functional decline, decreased nursing home stays after hospitalization and improved geriatric patient care experiences. Further reviews were done on the need for improved nursing knowledge of geriatric care, qualitative studies of elderly patient's hospitalization experiences and on volunteering and what it means to the volunteer and the patient.

Effects of Interdisciplinary Care

Four quantitative studies show reductions in delirium with a geriatric consultation approach (Marcantonio et al., 2001), shorter length of stay and greater life satisfaction with geriatric assessment and management during hospitalization (Nikolaus et. al., 1999), no decline in ambulation, transfers, place of residence with interdisciplinary care after hip fracture (Naglie et al., 2002), and shorter length of stay and decreased cost with ACE unit patients (Jayadevappa, 2006). One study also shows efficacy and cost effectiveness of specialized geriatric care interventions (Cordato et al., 2005). In this respect it is similar to the above mentioned study regarding the ACE units medical care costs and health resource utilization. It demonstrated that with specialized geriatric services improvements were made in patient's functional status, reduction in hospitalizations and decreased long term care institutionalization. These measures

were cost effective especially with patients with multiple medical problems. The multidisciplinary team is in large part responsible for these positive patient outcomes.

All of the studies found that the geriatric consultation, interdisciplinary team approach, ACE unit, or geriatric assessment and management, resulted in better outcomes for hospitalized elderly patients and many times at reduced cost. The cost benefit analysis in these studies would be useful to administrators considering changes in treatments or interventions. Single sights and retrospective studies were some limiting factors. One study felt that the lack of statistical power limited the findings (Jayadevappa et al., 2006; Naglie et al., 2002; Nikolaus et al., 1999; Marcontonio et al., 2001).

Elders' Experiences with Hospitalization

Five studies were reviewed regarding the elderly patient's experiences with hospitalization. These studies had a common theme finding that elderly patients wanted to be treated with dignity, they wanted to participate in their care and they wanted to develop relationships when they were hospitalized (Jacelon, 2003; Tutton, 2005; Williams et al., 2009; Ekdahl, Andersson and Friedrichsen, 2010; Junius-Walker et al., 2011). One study actually found that the elderly patients that they studied wanted only to be informed but then wanted the doctor to determine the best treatment (Ekdahl, Andersson and Friedrichsen, 2010). Another study found that care providers and their patients differ in their treatment priorities (Junius-Walker et al., 2011).

It is noted that once a patient's medical condition has stabilized the patient becomes more focused on the dignity and privacy issues. Patients maintained dignity by making meaning out of interactions with others, adjusting attitudes, managing image, managing information and life reviewing (Jacelon, 2003). Patients participating in their care emerged as a strong theme.

Facilitation, partnerships, understanding the person and emotional work are all part of participation (Tutton, 2005). Patients' were found to have a deep need to be informed and listened to. Some frail elderly patients did not want to participate in medical decision making. They viewed the hospital as an institution of power with which they could not disagree (Ekdahl, Andersson and Friedrichsen, 2010). These findings carry ramifications and show the need to treat patients with dignity and respect and make sure that they know their value and that their decisions matter. Due to the number of comorbid conditions in the elderly, care providers and their patients need to have an overview of the patient's health status. They need to share their views on health and care priorities. They need to mutually develop a health care plan. Developing relationships was the third theme emerging in the studies regarding care of the hospitalized elderly. These relationships are important to the patient and include relationships between patient and practitioner, practitioner and family, patient and family, and members of the health care team. An underlying theme also is the need for compassion (Williams et al., 2009). Compassionate care must be given status, value, and the needed resources. All staff and volunteers must be supported, guided and evaluated on treating patients with compassion.

The conclusions of these studies looked at elderly patient's hospitalization experiences from three different angles, that of dignity, participation, and relationships, and can be used to guide their interdisciplinary care. The frail elderly are a unique population and when hospitalized they become even more vulnerable. The more that is known about the individual and their care priorities, the better the hospital staff is able to meet these needs and prevent further decline. The themes in these studies show that hospitalized elderly need to have some control. They need to feel connected to staff. They need to feel valued and important. By meeting these intangible but ultimately very important needs the elderly patient's hospital

experience will be viewed in a more positive light and their psychosocial needs as well as their physical needs will be met.

Importance of Nurses' Knowledge of Geriatrics and the Unique Geriatric Practice Environment

Two secondary data analyses by Boltz et al. (2008) test the relationship between nurse's geriatric knowledge, geriatric nurse practice environment, and geriatric care delivery. They also assessed the hospital's readiness to implement geriatric care initiatives. In these secondary analyses large groups of direct care nurses were studied. The geriatric nurse practice environment scores increased after implementing the specialized geriatric NICHE program. The institutional values in care of older adults' scores increased also. The aging sensitive care delivery scores increased as well (Boltz et al., 2008; Boltz, Capezuti, Kim, Fairchild & Secic, 2009).

The results of these studies show that a significant relationship exists between the geriatric nurse practice environment and the quality of geriatric care. The geriatric nurse practice environment consists of resource availability, institutional values, and capacity for collaboration. Interestingly RN to patient ratio was not a perceived indicator of quality. These studies also showed a gap in geriatric nursing knowledge affecting the quality of geriatric nursing care (Boltz et al., 2008). These studies clearly show that with the majority of our nation's hospital admissions consisting of patients over the age of 65, health care has to rise to the occasion and educate our present and future health care workers in geriatrics. It is also necessary to create an environment that can meet these patient's needs in a way that will decrease functional decline and lead to their continued high quality of life.

Volunteers and the Hospitalized Elderly

Three articles involving studies devoted to volunteers and their work with the elderly were reviewed. The results of these studies show how volunteers can relate to the hospitalized elderly. One way to work with people with dementia is by meeting them where they are at. Adolescence and young adulthood are strong memories that remain intact in early Alzheimer's disease. The studies also used an evidence based nursing intervention of life history programs. In this way interactions are shifted from a disease focus to a personhood focus. The studies also showed how "personalized companionship" can work in meeting a patient where they are at, in that point in time (Chung, 2009; Luyendyk, 2007; Ellis, 2007).

For the elders, in one study, the program built on their strengths and supplied them with one on one attention and the ability to build relationships. For the youth, the program exposed them to elders with early dementia and increased their comfort level and understanding of this population (Chung, 2009). The life history program supports the personhood of the elderly patients, especially those who no longer speak. The first person voice of the life history gives back to the patient the voice they may no longer have (Luyendyk, 2007). This idea is fascinating to any setting where patients with dementia may find themselves. In acute care settings elderly patients are hospitalized for longer time periods than younger patients. This is an ideal way for volunteers to get to know them. The theme of meeting patients where they are at is not new. As volunteers are not involved in care giving tasks they are free to interact in the affective domain of giving out and responding to communication signals at the level of emotion (Ellis, 2007). Not only do the frail elderly and those with dementia need these meaningful interactions in institutional settings, they also need them wherever they might be. Learning some of these techniques could add meaning to the daily lives of an elderly person and enrich the life of the volunteer as well.

These studies show ways for the youth volunteers to work with the hospitalized elderly in the areas of learning to work with the dementia patient's strengths, increasing the youth's comfort level in working with the elderly and those with dementia, providing the hospitalized elderly with the dignity and participation that they crave.

Conclusions

This literature review clearly shows that geriatric patients benefit from specialized care programs. Interdisciplinary care and specialized care programs for geriatrics are needed in all care settings. Elderly patients have multiple complex disease states and are at high risk of increased complications in the hospital setting. They have the potential for delirium, functional decline and need for future readmission or institutionalization if not cared for adequately. In general RN's are not specially trained in geriatrics although this is the largest proportion of today's hospitalized patients. There is an educational need for nurses on general medical/surgical units in geriatric care. Not only are the physical needs of this age group complex but the psychosocial needs are as well. Elderly individuals benefit greatly from being treated with dignity and respect. They want to be an active participant in their care and strive to develop relationships with staff and volunteers. Incorporating all of these interventions will provide better outcomes for these patients with decreased use of healthcare dollars. Interdisciplinary specialized care, whether on a specialized unit or using these principles throughout the hospital, is the first step. Increasing nursing staff's knowledge of geriatric problems and issues is also a needed intervention. Hand in hand with both of these measures is the need to increase the patient's dignity and respect, participation in care and development of relationships. Volunteer programs fill this void especially on evenings and weekends when

staffing is reduced. Geriatric patients will have positive outcomes and increased patient satisfaction with the hospital experience when these measures are implemented.

Discussion

Interpretation

The literature review is valuable in that it confirms that the elderly need specialized care when hospitalized. With the number of chronic diseases and altered response to disease with aging, the elderly are complex and require a unique approach to their care. Today's patients over age 65 are a unique and diverse group. There are the young old and the older old. The over 85 age group is one of the fastest growing segments of the population. With their multiple comorbidities they need care from staff that is specially trained to meet their needs. Yet they also want to make their own decisions and be active participants. An interdisciplinary approach that includes input from geriatricians, advanced practice nurses, nursing staff, social workers, discharge planners, occupational therapy/speech therapy/physical therapy, dietitian and pharmacist is ideal. Elderly patients also have different psychosocial needs that have to be addressed to improve their care and the outcomes of their hospitalization. With interdisciplinary care when hospitalized; focus on dignity, participation and relationships; increased knowledge of their differing physical and psychosocial needs, elderly patients can be cared for in the acute care setting with decreased cost and increased patient satisfaction and improved patient outcomes.

Dissemination

The nurses and CNA's at the local hospital medical/surgical unit will benefit from the knowledge from this review. The vast majority of their patients are elderly. Using the knowledge and best practices gleaned from the literature review, an in-service was conducted addressing the unique physical changes that take place with aging and how it feels to actually

live with these changes. Safety and best practices were discussed in working with patients with sensory changes. A copy of the in-service materials is included in appendix A.

Nursing staff with gerontology training will be better equipped to meet the unique challenges of today's seniors. Genuine interest in the elderly and compassion for them is the cornerstone of care. A knowledge base and ongoing training in meeting the elderly patient's special needs is also of great benefit. A health care facility that recognizes and supports these initiatives is the only way that these goals will come to fruition.

The author is part of a team starting an ACE unit at this small rural hospital. The principles that have been learned through this project will be utilized to improve elderly patient care and promote positive outcomes. The ACE concept and holistic care of patients cannot be overemphasized. With an interdisciplinary team meeting daily, the patient's status and care needs are addressed in a focused and timely manner. The expertise that each discipline brings to the table is unique and is a result of the evidence based practice and latest literature in their specialty. The Beers list for the pharmacist, the latest in mobility aids from the therapies, the nutritional standards for the elderly from the dietitian, are just a few of the ways that the interdisciplinary team meets the elderly patient's needs.

Volunteers are a necessary part of hospital life. They have a unique opportunity to work with patients in a different way than the staff that provides care. They have the ability to meet the patient's needs for relationships and can dispel the idea that the hospital is a place of power and authority and that they have to just do what they are told. It creates an atmosphere where the patient feels valued as a person. A volunteer program with an emphasis on the elderly and the holistic ACE concept has been initiated. Part of that orientation is an ACE Volunteer training power point which provides information on delirium and dementia and specific ways that

volunteers can relate to these patients. A copy of the volunteer training power point is included in appendix B. A sensory training is also included that puts the volunteers in the patient's shoes. They are shown and participate in activities that simulate the changes with aging. They are given concrete ways to meet the patients where they are and provide meaningful interactions with them. A copy of the sensory training is included in appendix C.

General hospital orientation of all personnel would benefit from this research as well. Every member of the hospital staff comes in contact with the elderly patient. The information in the training as it relates to delirium and dementia and the ways to interact in these instances would be beneficial to everyone as they go about their daily work. The sensory training gives each person a unique perspective into the life of the elderly as they know it and experience it daily.

Evaluation

The ACE Volunteer training power point was evaluated by each participant using an anonymous written evaluation form. The volunteer coordinator provided feedback in the form of comments such as "This is excellent, I really like how you speak in a friendly one to one manner and expounded on some of the points. It keeps it interesting" (P. Prusinski, personal communication, January 4, 2012). Comments from the written evaluations were also positive. The presentation helped participants to understand the elderly. They felt more confident in their future interactions with hospitalized elderly. They also emphasized the need that they could fill in making elderly patients feel more comfortable and important. Table 1 shows the results of the evaluations and summarizes comments. The evaluation scale is a 5 point scale with 1 being very low and 5 being very high. The overall ratings were very high. The evaluation form is included in appendix D.

Table 1

ACE Volunteer Training Evaluation

	1=very low	2=low	3=average	4=high	5=very high	Total responses
Preparation and organization				3	15	18
Presentation of material				2	16	18
Knowledge of subject				1	17	18
Ability to explain subject matter			1	1	16	18
Positive attitude				1	17	18
Related program content to real life situations				1	17	18
Overall instructor's appraisal				2	16	18
Participants learned a lot in this session			1	3	14	18
The handouts were relevant and useful			1	4	13	18
Participant involvement was adequate				4	14	18
Overall, this was a good session				4	14	18
Participants can use this information				4	14	18
Did this training provide a greater understanding of hospitalized elders and their needs and improve your comfort level in working with them?	"Yes, very helpful" "Great thing to feel for yourself what it is like so we can be more sensitive to their needs"	"More ideas to help elders understand me better" "The hands on portion was very informative"	"Never knew what experiences they had or difficulties doing tasks"	"It really made us stop and think on how to educate patients better"	"Neat ideas"	"Helped to understand the elderly, talking with them, making them feel more comfortable, making them feel important"

Implications for Nursing

With elderly patients being the number one consumer of our health care dollars and the vast majority of hospitalized patients, a new approach to their care needs to be implemented. An evidence-based interdisciplinary approach, whether on a specialized unit or not, can meet the elderly patients needs in a more appropriate way than the standard practices utilized today in health care. The focus of entire organizations needs to be on geriatric care interventions. These initiatives will improve patient care and satisfaction. Specialized geriatric care will reduce cost, decrease length of stay with the interdisciplinary team working together from admission to discharge, improve patient outcomes and decrease readmissions and institutionalization.

More research focused on the care of the elderly in general is needed. With the high acuity and potential for complications in this population, research is needed to find the best practices to meet these needs. Infections, falls, skin breakdown, delirium are only a few of the potential problems that the geriatric patient may experience with hospitalization. All of these areas are easily researched and studied to improve patient outcomes and decrease morbidity and mortality. Research into the geriatric patient experience when hospitalized is also needed on an ongoing basis. Depression is high in this population and can be reduced in part by the interpersonal interactions with staff that are specially trained in geriatric care. Meeting a patients need for dignity and respect, allowing participation in care and decision making, developing relationships between patients, staff, volunteers and family all improve patients outlook and promote a positive experience. These areas are in need of further studies, mostly qualitative, to see where the gaps in patient care and staff knowledge lie.

The gap in nursing education and knowledge of the geriatric patient has been referred to frequently throughout this study. With the elderly living longer and being one of the fastest

growing segments of the population this knowledge gap needs to be addressed. Nursing education will need to add geriatrics to the fundamentals along with pediatrics etc. Nurses who are trained in geriatrics provide high quality care and promote better health outcomes.

With health care reform established, the basis for reimbursement will be increasingly on patient outcomes. Specialized geriatric care will provide these positive outcomes and decrease costs. Health care policy will have to be practical and based on the needs of this complex population. Geriatric care initiatives will need to be reimbursed and supported by organizations. Elderly patients require more complex and time consuming care and the whole paradigm of "pace" or getting patients out as rapidly as possible will need to be replaced with "complexity" where the complex medical and social needs of the elderly patient are taken into account (Williams, 2009).

Conclusion

In conclusion this project has focused on specialized care of inpatient elderly, gaps in nursing knowledge of geriatric patient's needs and meeting the dignity, participation and relationship needs for geriatric patients. The studies have shown that interdisciplinary care of geriatric patients is ideal. Whether this care is provided on a specialized unit or is a philosophy of the hospital is somewhat inconsequential. Geriatric patients have complex medical and psychosocial needs that can be best addressed in a favorable geriatric nurse practice environment. This environment consists of institutional values placing emphasis on quality geriatric care, nurses' access to geriatric resources both written and human, and institutional practices and protocols that support interdisciplinary collaboration (Boltz et al., 2008).

Few nurses have specialized training in geriatric care even though this population represents the majority of acute care patients. More value needs to be placed on geriatric

education both in preparing new nurses and in programs for existing nurses. Even the Magnet Recognition Program of the American Nurses Credentialing Center has no specific requirements relating to care of older patients (Mezey, Kobayashi, Grossman, Firpo, Fulmer, Mitty, 2004). Both education and financial resources to provide this education must be something that institutions value and are willing to implement.

Meeting the psychosocial needs of the elderly and learning from their hospitalization experiences is one way to improve geriatric care. Impressing on nurses elderly patient's needs for dignity and respect, participation in their care and building relationships will be a building block to meeting their psychosocial needs. Having nurses that are champions of geriatric patients and geriatric nursing care will pave the way for optimum care of this population in the future.

Volunteers are the cornerstone of the patients hospital stay. They can meet needs that no one else can. Volunteers provide a unique perspective to the patient and their hospital experience. Hospital administrations and boards need to recognize the value of volunteer programs and provide the resources and support that they need. Younger volunteers also are influenced by working in the hospital environment and being exposed to the many health care career opportunities that are available. Not only can volunteers improve elderly patient's hospital experiences and outcomes, they can also benefit from finding where they might fit into a future health care career.

This project will begin to change care to the elderly in a rural hospital setting in a number of ways. It shows that interdisciplinary care has long range benefits for the elderly patient. Nursing staff have been exposed to the unique sensory changes that elderly patients experience and can "put themselves in their shoes". The training provided with this project was well

received. Both volunteers and nursing staff benefitted. Volunteers found a greater comfort level working with elderly patients. Nursing staff found ways to meet elders needs and better ways to communicate with and educate these patients. Nursing staff also have been encouraged in continuing education in geriatrics to provide better care for their patients. The volunteer program has been revitalized to meet the psychosocial needs of the aging patient.

America as a population is aging. We will all be elderly one day and possibly experience a hospitalization. We as a society and as health care professionals need to address the needs of the elderly and improve the health care systems that treat them. In the long run and in countless ways it will benefit us all.

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Appendix A

Sensory Changes with Aging

Vision

30% of those over age 65 have some level of visual impairment. Cataracts are the 5th most common chronic condition in adults over age 75.

Implication of Vision Change

Impact on Safety

Inability to read medication labels

Difficulty navigating stairs or curbs

Difficulty driving

Crossing streets

Falls

Impact on Quality of Life

Reduces ability to remain independent

Difficulty or unable to read

Hearing

Hearing loss is the 3rd leading chronic condition affecting adults over 75 years of age.

Implications of Hearing Changes

Impact on quality of life

Impairs ability to communicate with others

Adds to social isolation

Leads to depression or low self-esteem

Safety issues

Unable to hear instructions, such as how to take medications,

Unable to hear car coming when crossing the road, horns honking

Unable to hear phone or doorbell ringing or knocking at the door (if emergency occurs may be unaware)

Smell and Taste

The sense of smell and ability to identify odors decreases due to normal changes in aging. This can be problematic for safety reasons. An inability to smell smoke for instance could put an older adult at risk.

Changes in smell and taste common to older adults

Common changes in smell include a decline in the sensitivity to airborne chemical stimuli with aging.

Common changes in taste include a decreased ability to detect foods that are sweet. Most changes in taste are thought to occur due to decreased sense of smell, medications, diseases and tobacco use.

Implications of Taste and Smell Changes

Inability to smell

Effects quality of life -- Scents such as smell of Christmas tree, flowers or coffee brewing may not be detectable. Diminished taste of favorite foods or beverages.

Nutritional decline - inability to smell food aromas may reduce nutritional intake

Safety hazard -- inability to smell smoke in a fire or a gas leak.

Decreased sense of taste

May result in inability to recognize spoiled food resulting in nausea, vomiting or infectious diarrhea.

Peripheral Sensation

Peripheral neuropathy is one of the most common neurological disorders encountered in a general medical practice with estimates of 2% to 7% of all patient populations having symptoms of neuropathy. An assessment of 894 participants in the Women's Health and Aging Study indicated that 58% of women showed evidence of neuropathy by age 65

Changes in peripheral sensation common to older adults

Peripheral nerve function that controls the sense of touch declines slightly with age.

Two-point discrimination and vibratory sense both decrease with age.

The ability to perceive painful stimuli is preserved in aging. However, there may be a slowed reaction time for pulling away from painful stimuli with aging.

Implications of Peripheral Sensation Changes

Falls - due to inability to recognize position sense or inability to ascertain where feet are on floor.

Calluses or serious foot lesions.

Appendix B

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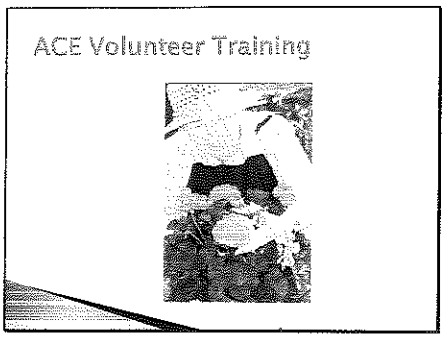

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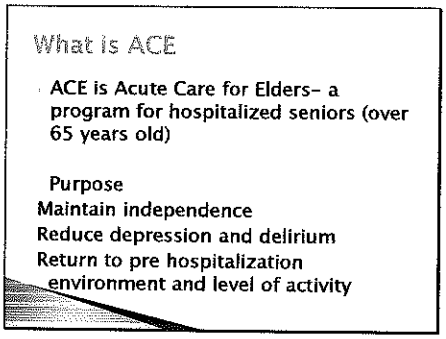

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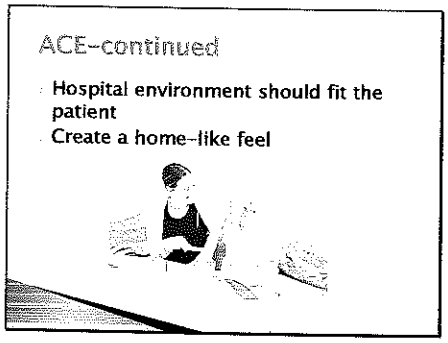

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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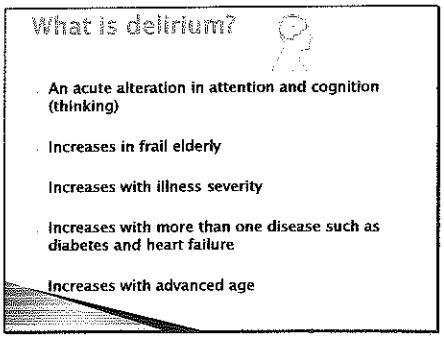

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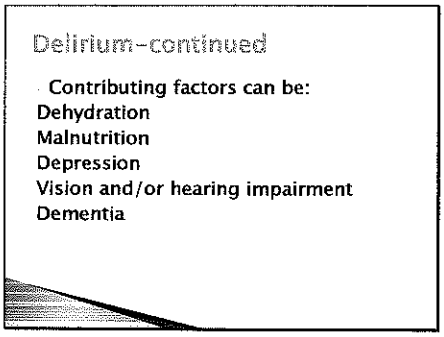

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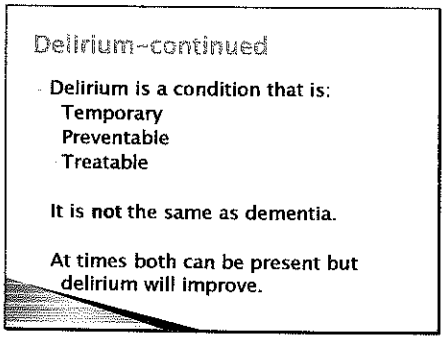

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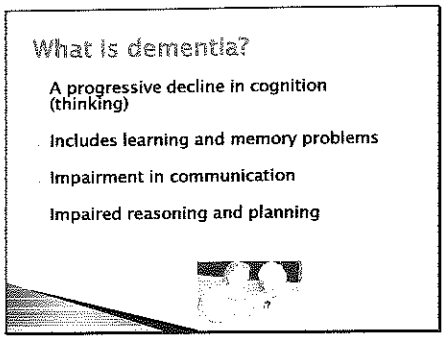

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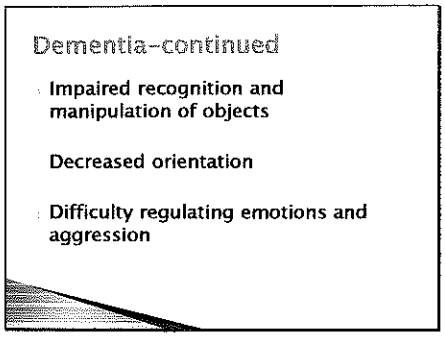

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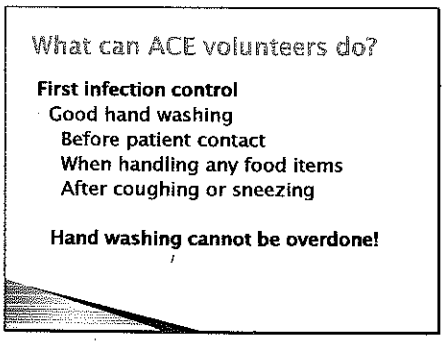

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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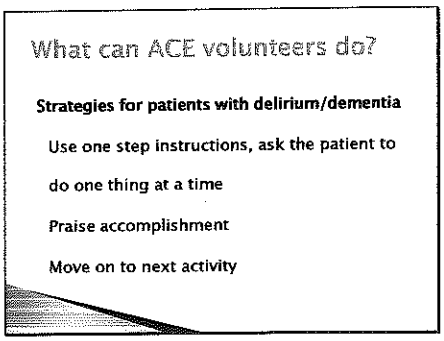

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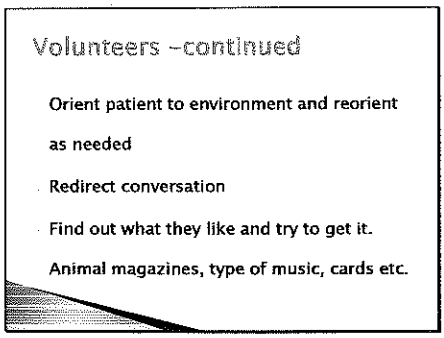

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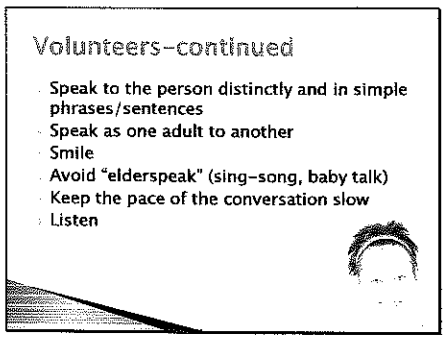

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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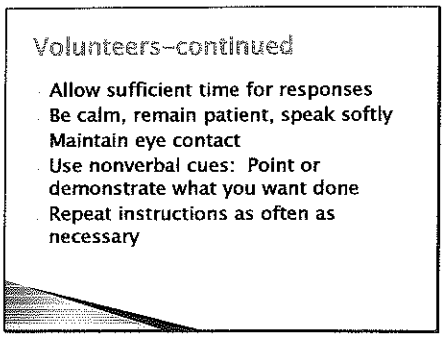

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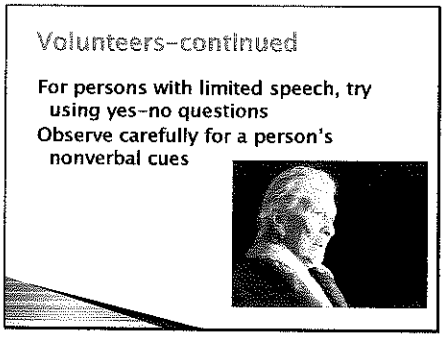

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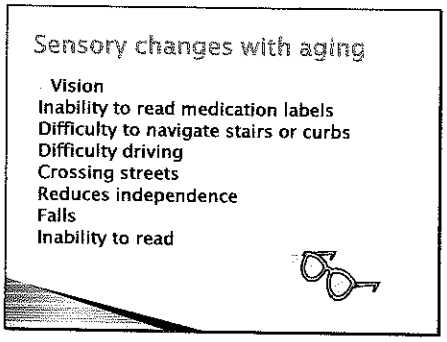

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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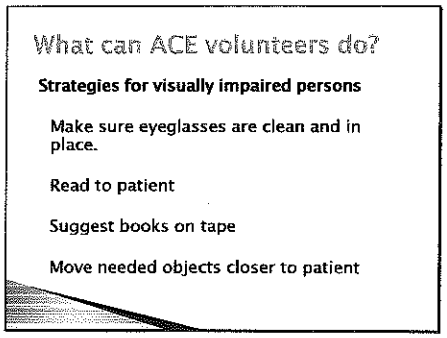

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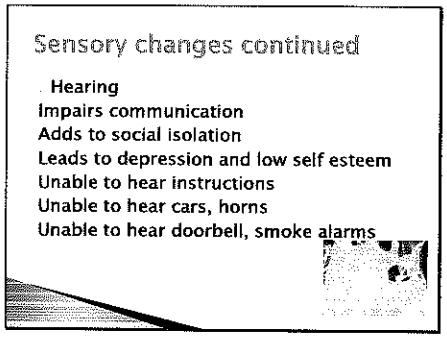

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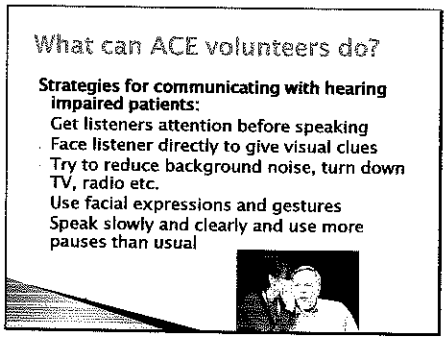

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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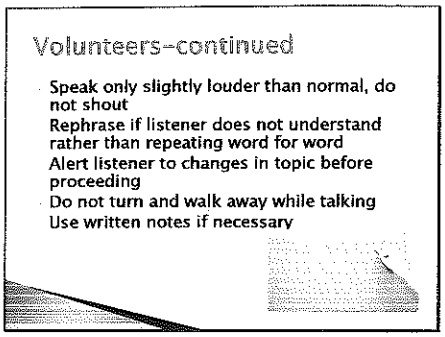

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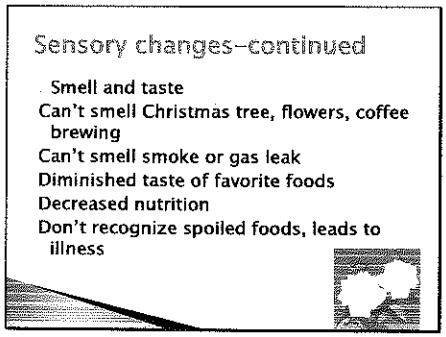

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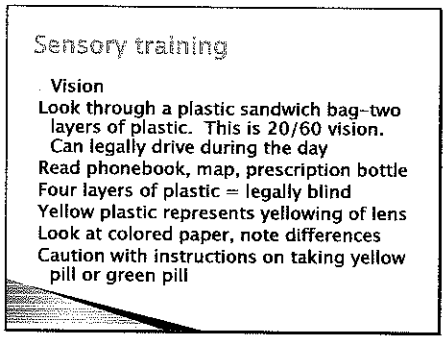

ADDRESSING FUNCTIONAL DECLINE AND PSYCHOSOCIAL NEEDS IN HOSPITALIZED ELDERLY

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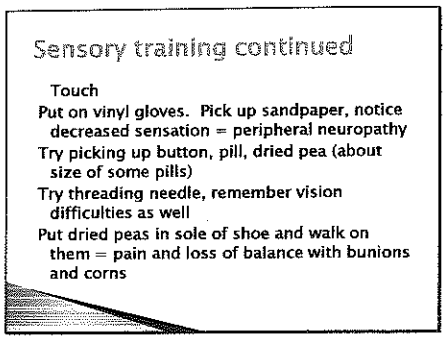

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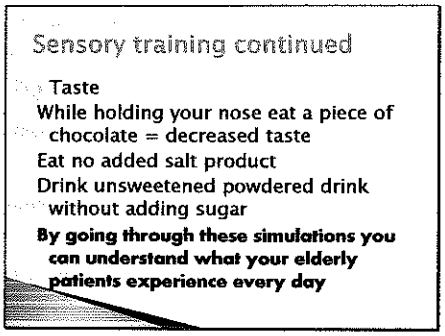

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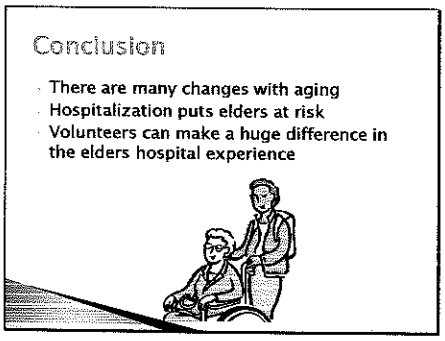

Appendix C

Sensory Kit

The Sensory Kit provides an experiential method for you to learn about some of the sensory changes that may occur with the aging process. Use your sensory kit to explore these sensory changes:

Vision

Heavy plastic sandwich bag

- Remove the contents from the sandwich bag.
- Look through the sandwich bag (two layers of plastic). This represents 20/60 vision. One is still legally able to drive during the day.
- While looking through the sandwich bag (two layers), try reading the phonebook (included in kit), a map, a newspaper and a prescription bottle.
- Fold the sandwich bag in half (four layers of plastic). This represents being legally blind.

Yellow cellophane or vinyl

- Look through a single sheet of yellow cellophane or vinyl. This represents yellowing that occurs with the lens of the eye.
- While looking through the yellow cellophane or vinyl, look at the colored pieces of paper (white, yellow, blue and green). This demonstrates the difficulty encountered by older adults in distinguishing some colors from one another. This is why we as nurses need to avoid instructions such as "Take the yellow pill in the morning and the white pill at night" or "Take the green Coumadin pill on Monday, Wednesday, and Friday and the blue Coumadin pill on Tuesday, Thursday, and Saturday."

Sandwich bag and yellow cellophane together

- Now look through both the sandwich bag and the single layer of yellow material. Look at the pictures of medications found in a nursing drug handbook. Notice the difficulty a person might have differentiating medications.

Touch

- Put on the vinyl gloves and pick up the sandpaper. Notice the diminished sensation you have. This simulates a peripheral neuropathy.
- While you have the gloves on, try picking up the button and try threading the needle. While doing this, imagine you also have vision difficulties.
- Place several dried lentils or split peas in the sole of each shoe and walk around. This simulates pain and loss of balance associated with bunions and corns.

Taste

- While holding your nose, eat the enclosed piece of chocolate. What do you notice?
- Another way to experience taste changes is to eat a food item labeled "No added salt" such as crackers or a can of vegetables or soup.
- Try mixing a container of unsweetened powdered drink mix without the sugar and drink it.

List of materials:

- Heavy plastic sandwich bag
- Pair of vinyl gloves
- Piece of yellow cellophane or vinyl
- Piece of phone book, newspaper, or map
- Small button
- Needle and thread
- Piece of rough sandpaper
- Handful of split peas
- Pieces of white, light yellow, blue, and green paper
- Piece of chocolate

Developed by C. Van Son, PhD., RN, OHSU School of Nursing

Appendix D

ACE Volunteer Training Evaluation

Please respond to the following statements. This information will help MHC by providing valuable information to enhance future sessions.

Date_____

For items one through seven, rank the instructor(s) using this scale:
1=very low 2=low 3=average 4=high 5=very high

	Very Low ←				→ Very High
1. Preparation and organization	1	2	3	4	5
2. Presentation of material	1	2	3	4	5
3. Knowledge of subject	1	2	3	4	5
4. Ability to explain subject matter	1	2	3	4	5
5. Positive attitude	1	2	3	4	5
6. Related program content to real life situations	1	2	3	4	5
7. Overall instructor's(s') appraisal	1	2	3	4	5

For items eight through 12, give your views of the training using this scale:
1= strongly disagree 2=disagree 3=neither agree nor disagree 4=agree-5=strongly agree

	Strongly Disagree ←				→ *Strongly Agree*
8. Participants learned a lot in this session	1	2	3	4	5
9. The handouts were relevant and useful	1	2	3	4	5
10. Participant involvement was adequate	1	2	3	4	5
11. Overall, this was a good session	1	2	3	4	5
12. Participants can use this information	1	2	3	4	5

13. Did this training provide a greater understanding of hospitalized elders and their needs? Did it improve your comfort level for working with hospitalized elderly patients? Why or why not?

14. Additional Comments: