



# Focused Education of Geriatric Principles to Affect Clinical Quality at a Long-Term Care Facility

Thresa Haithcock, DNP, RN, ACNS-BC, Brenda Clark Murphy, RN, MSN, GNP-BC, and Lobel Lurie, RN, MA  
Cone Health



## Introduction

In an effort to promote quality care and reduce expenses, the Affordable Care Act mandated reduced payment for hospitals with high readmission rates. Nursing homes may also be held accountable for hospital readmissions. The Department of Health and Human Services indicates that nearly 14 percent of individuals on Medicare discharged from a hospital to a skilled nursing setting are readmitted to the hospital for conditions that could potentially have been avoided.

Increasing Geriatric nursing knowledge focusing on early recognition and patient deterioration may be one strategy to minimize readmissions from skilled facilities to hospitals. There is little information in the literature to support or dispute a focused intervention related to education with simulation for nursing home clinical staff and its impact on decreasing readmissions and emergency situations.

## Methods

The outcome measures include emergency department visits, readmission rates, nurse knowledge related to geriatrics, falls and infection rates.

- An evidence-based practice project was proposed and approved by the Nursing Research Council. Seventeen (17) clinical staff completed the class with 16 clinical staff completing the simulation.
- 2-4-hour class presentations that included age-related changes, urinary tract infections, heart failure/pneumonia, nutrition/hydration, and falls/delirium, along with a 2-hour simulation lab session.
- The educational initiative was created based on knowledge of adult learning principles, a needs assessment of the staff, and reviewing the reasons for readmission during the previous 6 months. The Geriatric Resource Nurse Core Curriculum was used in this education strategy.
- Speakers were comprised of Clinical Nurse Specialists, and a Dietitian. The content was developed in collaboration with Staff Education (through identified need for education from learning needs assessment in 2013) and requests by the Penn Nursing Center staff.

## Results

	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013	Baseline	Target
UTIs	4.8	4.84	5.61	5.08	3.49	1.89	4.23	4.02
30-day readmits	4%	19%	13%	12%	6.1%	4.1%	14%	14%
Falls	0	2	0	2	0	4	6	5

<b>Pre-Class Evaluation</b>							<b>Change</b>
<b>Post-Class Evaluation BOLDDED</b>	<b>Almost Always</b>	<b>Sometimes</b>	<b>Every once in a while</b>	<b>Rarely</b>	<b>Never</b>		
<b>Based on your experience, please rate the following questions.</b>							
I can readily describe age related sensory changes and alterations in the major physiologic system in elderly.	10 (62.5%) <b>15 (83%)</b>	6 (37.5%) <b>3 (17%)</b>					Positive
I can identify the clinical significance of age related changes with regard to communication, risk of disease presentation, and health in elderly.	8 (53%) <b>15 (83%)</b>	7 (47%) <b>3 (17%)</b>					Positive
I anticipate patient interventions in managing patient's presentation of congestive heart failure for elderly patients.	7 (47%) <b>16 (89%)</b>	6 (40%) <b>2 (11%)</b>	2 (13%)				Positive
I can clearly identify and manage elderly patients who are at risk for malnutrition.	10 (59%) <b>18 (95%)</b>	6 (35%)	1 (5%) <b>1 (5%)</b>				Positive
I consistently recognize and manage symptoms that could lead to patient falls.	7 (44%) <b>18 (95%)</b>	8 (50%)	1 (6%) <b>1 (5%)</b>				Positive
I feel confident in caring for geriatric patients.	15 (94%) <b>17 (94%)</b>	1 (6%) <b>1 (6%)</b>					No change

## Conclusion

The 3-month post-evaluation revealed a positive outcome related to the educational intervention for 5 of the 6 questions. There was no change for one question. Data is currently being collected for the clinical portion of the educational intervention. This is the first year data has been collected for many of these measures. Further evaluation will consist of re-administering the knowledge assessment at 3, 6, 9 months post class and simulation completion. The reassessments are scheduled to end June 1, 2014 for the 9 month.

Preliminary data supports the educational initiative as effective in impacting clinical quality outcomes for long-term care residents, along with positive staff perceptions and employee engagement.

## References

- Alfa: Creating the Future of Senior Living. Accessed 2/3/2014. <http://www.alfa.org/News/3102/Nursing-Homes-May-Face-Readmission-Penalties-Similar-to-Hospitals> McConnell ES,
- Lekan D, Bunn M, Egerton E, Corazzini KN, Hendrix CD, & Bailey DE. (2009). Teaching evidence-based nursing practice in geriatric care settings: the geriatric nursing innovations through education institute. *Journal of Gerontological Nursing*, 35(4), 36-33; quiz 34-5.
- Mercer et al (2008). Educating Nursing Home Nurses on Efficient Use of the ED. *Journal of Emerg Nursing*.
- Naylor, et al. (2012). At the intersection of healthcare and policy. *Health Affairs*.
- Ouslander et al. (2011). Interventions to Reduce Hospitalizations from Nursing Homes: Evaluation of the INTERACT II Collaborative Quality Improvement Project, JAGS.

## Acknowledgements

The poster authors would like to thank and acknowledge the instructors who participated in teaching the course: Sarah Clark, MSN, RN, CCRN; Lynn Weisner, Clinical Dietitian. Also acknowledgements to the Penn Nursing Center staff for their enthusiasm and participation in this EBP Project.