Sustaining Geriatric Education

AKA: If patients and families ran our hospitals/clinics/nursing homes they would want our training to stick!

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Plug the Dam Holes

Pressures of healthcare like water behind a dam

Education as a dam to hold back adverse outcomes
An Approach to Plugging the Holes: The UAB Hospital Story

Retooling Geriatric Education to Make it Sticky

Geriatric Processes Hardwired in the Care Environment

Geriatric Care becomes just.... Care

A System-Based Approach
The UAB Hospital Story

- Brief description of 2 key inpatient geriatric programs
  - ACE Unit – launched in 2008
  - Geriatric Scholar Program – launched in 2009
- Timeline of events
  - You have to be in it for the long-game
- Results to date
UAB Hospitalist ACE Unit Model of Care

Admit to ACE Bedside Fxn and Cogn Screen
- Katz ADLs
- Lawton IADLs
- Six Item Screener

Discussed in daily IDT
Care transition planning begins Day 1 based on screens

Formal geriatric consult for complex cases

Existing/new/risks for geriatric syndromes identified and addressed

ACE Coordinator ensures plan implemented

Geri care and transition planning revised daily (daily care coordination)
**UAB Geriatric Scholar Interprofessional Program: Year 1 Training**

- Initial Workshop: 16 hours
- Monthly Lunch and Learns: 1 hour
- 12 Hours of Hands-on clinical experience with geriatric providers:
  - Nursing Home: 2 hours
  - Geriatric Consults, ACE Unit, PCCU, Geri Psych, Wound Care, Speech Pathology, Occupational Therapy, Dietician: 6 hours
  - Simulation Sessions: 4 hours
- Active learning exercises between sessions
- Independent study
Geriatric Scholar Program Core Curriculum

- Functional Assessment
- Iatrogenesis
- Sensory Impairment
- Delirium
- Dementia
- Depression
- Polypharmacy
- Interdisciplinary Team Models of Care

- Ethics/Decision-Making
- Ethnogeriatrics
- Transitions in Care
- Incontinence
- Falls
- Nutrition
- Pressure Ulcers
- Osteoporosis

- Pain Assessment
- Pain Management
- Palliative Care/Advance Directives
Geriatric Case-Based Simulations

- Pre-Testing
- Functional Assessment
- Care Transitions
- Polypharmacy/Medication History
- Delirium
- IDT Meeting
- Post-Testing
- Session Evaluation
Exponential Impact of Geriatric Scholars Empowered by “The Why”

18 Scholars

- NICU RN training
- Graymatter Newsletter
- Vasc Surgery Unit Training
- Nursing Conferences
- Callahan Eye Foundation Hospital Staff Teaching
- ACE Unit Training
- Safety Fair
- Others

IMPACT:

> 600 Nurses and Staff Reached with New Geriatric Content by Scholars
Exponential Impact of Scholar Training Hospital-Wide

All UAB Scholars, All Disciplines, All Practice Areas

Mean % of correct responses

Pre-Test Score

*p=.052 for pre-test score 2009 compared to 2012

Linear Regression Analysis: Year of enrollment in the GSP is a significant predictor of pre-test score (p=.014) but years in practice is not (p=.693)
Lunch and Learns: 9 hours

- Teach literature review
- Teach process improvement using PDSA methodology
- Project work
- Prepare story boards

Projects displayed at Annual Scholar Program Quality Symposium
Rapid Cycle Change Model for Big Goals

- Break a Big Goal into several smaller goals
- Frequent Small Changes
- Celebrate success at each step!!

DARE TO THINK SMALL!!

“The team with the most cycles wins!”
Geriatric Scholar Program Process Improvement Projects Provide a Foundation

FY 11
7 projects/
9 practice areas
3 function
2 dementia/delirium
2 care transition

FY 12
5 projects/
11 practice areas
2 function
2 delirium
1 pressure ulcer

FY 13
4 projects/
10 practice areas
1 function
1 delirium
1 med rec
1 pressure ulcer

FY 14
7 projects/
8 practice areas
2 function
3 dementia/delirium
1 care transition
1 pain
1 creating new non-licensed GSP
Scholar Projects as a Means of Hardwiring Geriatric Care Hospital-Wide via Rapid Cycle Change

FY 12: Pilot Katz Index to assess baseline and current function at time of admission on 3 units

FY 13: Katz Index added to EHR
- Katz assessment on 3 more units

FY 13: New hospital-wide process for admitting RN to assess baseline and current function with Katz Index

FY 14: Pilot test Safe Mobility Sim Session and Protocol

ACE Tracker Embedded in EHR
Ongoing Exponential Impact

Beginning of time – 9/09

0 Scholars

9/09-9/14

165 Scholars (RN, NP, PA, ST, OT, PT, RT, Pharm, CM, SW, PCT, Chaplains, Quality, Pt Flow)

40 Practice Areas
Hospital-Wide Hardwired Geriatric Processes Via Scholar Projects

- New geriatric content in employee orientation
- Katz Index, Six Item Screener, and Nursing Delirium Screening Scale added to EHR
- Assessment of baseline and current functional status (Katz Index) on admission by RN for every UAB Hospital patient
  - Reassessment of function every 3rd day by RN for patients age ≥ 65
  - Cutoff score triggers Care Management referral
- Assessment of cognition (Six Item Screener) on admission by RN for every UAB Hospital patient
  - Cutoff score triggers Care Management referral
- Coming soon…..delirium screen by RN every shift for all older adults using the NUDESC
5 Years of Laying the Foundation to Get to the Real Goal: "Acefying" a Hospital via "Virtual ACE"

First UAB Virtual ACE Unit: Orthopedic Surgery
**A “Virtual ACE” Team Meeting**

**UAB Ace Tracker**

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<th>LOS</th>
<th>COG</th>
<th>SIS</th>
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<th>Anti-Psy</th>
<th>Meds</th>
<th>Beers</th>
<th>Conley</th>
<th>Hx Falls</th>
<th>BR</th>
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**UAB MEDICINE**

**UAB HOSPITAL**
Key Geriatric Syndromes in Virtual ACE Training and Intervention

- The “Why”
- Function/Safe Mobility
- Pain Management
- Delirium
- Care Transitions

Delirium Toolbox
Sept. 28, 2014 Email from Assistant Nurse Manager, Virtual ACE Ortho Unit

- One of our geriatric patients became confused pulling at wires and wiggling in bed. Within just a few hours he was mumbling, attempting to get out of bed, confused and not compliant with care offered. The nurse who was working with us from another area, mentioned restraining him, I stated that we did not need to restrain—we needed to find the cause.

- The PCTs were extremely supportive because of the education they had received. One of them told the nurse, “We are doing a geriatric thing here and we aren’t supposed to restrain them.”

- We notified the CRNP for treatment and she assessed him twice during the night, and was supportive. A Lo bed was ordered for him. He was moved closed to the desk so we could watch him.

- He was diagnosed with c-diff and treated.

- He has not been restrained/is without a serious fall and is alert, aware, oriented, and participatory in his own care.

- I realize this is only one patient, but I wanted you to know that we are doing the deal. One patient at a time, a difference is being made. Thank you for putting together the information/education in a way we can all work together and provide better outcomes.

- Sheila Ray Montgomery MSN, RN Assistant Nurse Manager
New UAB Hospital Geriatric Positions Funded Since 2008

- ACE Unit Medical Director (0.15 FTE)
- ACE Coordinator (1 FTE)
- Geriatric consult team NP, PA, MDs (4 FTE)
- NICHE Coordinators (2 FTE)
- Geriatric Quality Officer (0.5 FTE)

Perhaps Geriatric Education for some should be:
- Geriatric Training
- PI/QI Training
- Leadership Training

Is this what our fellowships and junior faculty development should be?
Plug \textit{(a lot of)} the Dam Holes

Pressures of healthcare like water behind a dam

Education
+ The “Why”
+ Hardwired Evidence-Based Geriatric Processes of Care
QUESTIONS?

For UAB Hospital Geriatric Program Training and Site Visit Information:

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