The Geriatric Nursing Leadership Academy:

Outcomes Across the Care Continuum

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Need for Geriatric Nurse Leaders

- World's population of persons age 65 & older grows by 800,000 per month

- China – from 88 million to 349 million by 2050

- Persons 80 and above are fastest growing component of population

- Life expectancy is increasing
  - Japan: 84
  - Singapore: 84
  - Switzerland, Australia, Italy: 82
  - Sweden, Canada, France, Spain, Israel, Bermuda: 81

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Geriatric Nursing Shortage - USA

- Of the 2.71 million RNs in the USA, fewer than 20,000 are certified gerontological nurses (Hartford, 2014)

- Of 250,000 APN, only 3,812 are geriatric nurse practitioners or clinical nurse specialists (GAPNA, 2014)

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Geriatric Nursing Shortage - Canada

- Of the approximately 290,008 RN's in Canada, approximately 25,000 working in geriatrics or long term care (Canadian Nurses Association, 2012)

- There are less than 3,000 nurse practitioners in Canada (Canadian Institute for Health Information, 2012)

Purpose

To prepare and position nurses in leadership roles in various health care settings to lead interprofessional teams in the improvement of health care quality for older adults and their families

To develop skills that lead to the promotion of health policies for the geriatric population in diverse and global health care settings

GNLA Academy Participant Impact Across North America

Fellow

Leadership Mentor

Faculty
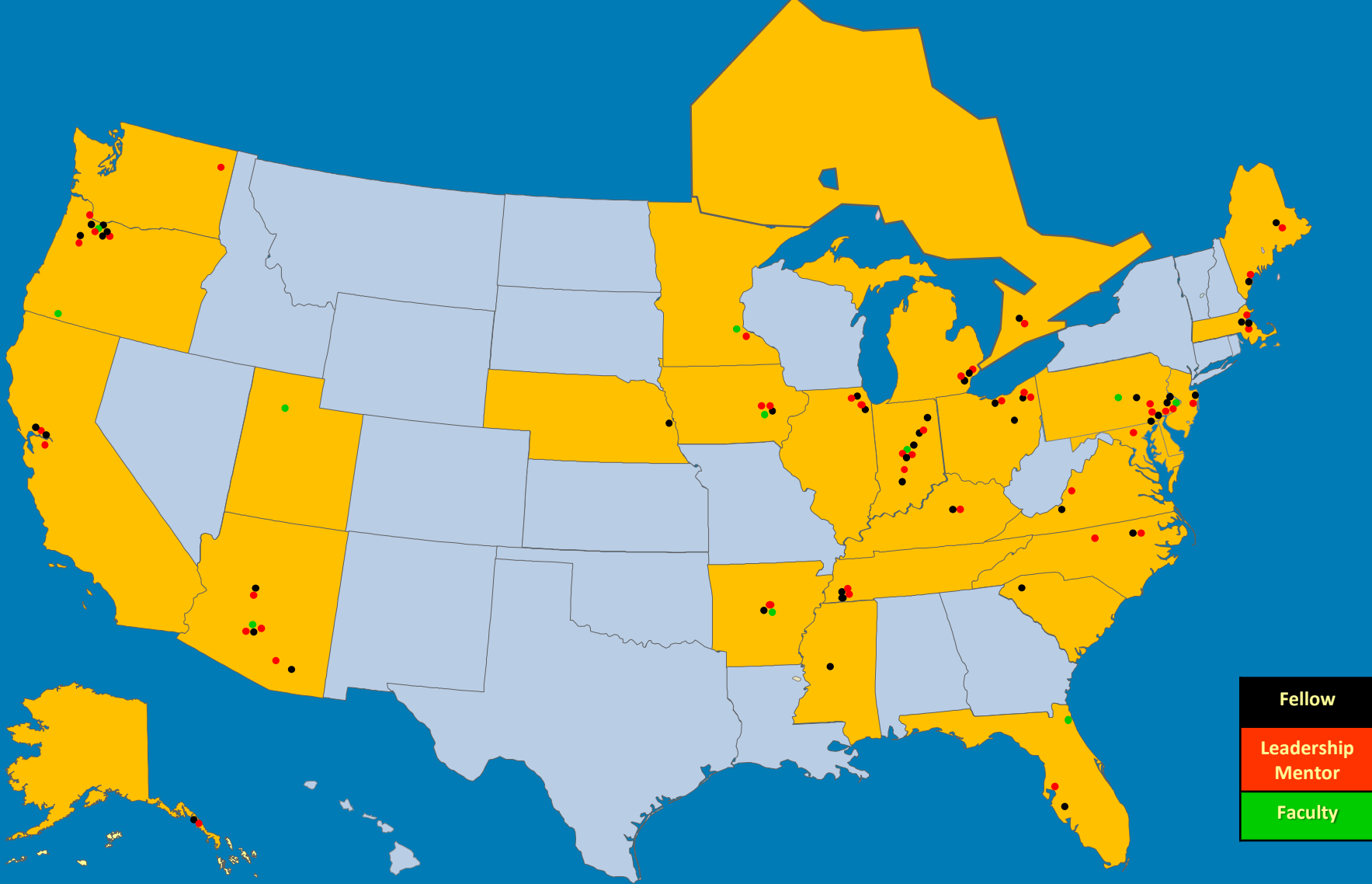
GNLA History

Four cohorts:

- 2008-2009 US
- 2010-2011 US
- 2012-2013 US
- 2014-2015 US & Canada

Leadership Development Model

- Self-awareness and Self-assessment

- Behavioral focus

- Reflective analysis

- Relationship foundation – triads

- Kouzes-Posner "Leadership Challenge"

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GNLA Structure Overview

- Competitive selection

- 18 month guided leadership journey

- Two three-day workshops

- Fellow & Leadership Mentor relationships

- Individual leadership development plan

- Self development

GNLA Structure Overview

- Faculty consultation

- Facilitated site visits by the academy faculty

- Monthly faculty led learning activities & discussion groups

- Design & implementation of interprofessional team leadership project

GNLA Structure Overview

- Journaling

- Evaluation of experience and project

- Dissemination of results

- Professional presentations of project outcomes and experience

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Three Learning Domains

- Individual leadership development

- Advancing nursing practice through an interprofessional team leadership project

- Expanding scope of influence:
  Organization, Community, Profession

Individual Leadership Development

- Self-assessment – Leadership Practices Inventory (LPI), reflection, advisors, 360 feedback

- Individual leadership development plan

- Interprofessional project team feedback

Individual Leadership Development

- Professional activities

- Commitment from organizational leadership

- GNLA national networking

- Engagement in policy & advocacy activities

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Advancing Practice Through Interprofessional Team Leadership Projects

- 44 interprofessional team projects

- Practice outcomes

- Sustaining activities

Advancing Practice through Interprofessional Team Leadership Projects

- Acute care settings

- Long term care facilities

- Community health agencies

Expanded Scope of Influence: Organization, Community, Profession

- Environmental scan

- Stakeholder analysis

- Two site visits

- Organizational advisors

- Organizational outcomes

- Sustaining efforts

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Interprofessional Team Leadership Projects

Across the care continuum:

- Acute care settings

- Long term care facilities

- Community health agencies

Interprofessional Team Leadership Projects: Acute Care Settings

Acute Care Settings

- Primarily hospital based

- Approximately 65-85 percent patients in United States Hospitals on a daily basis

- Many of the hospitals in the United States are moving toward Magnet Status

- Many United States hospitals are moving toward an all RN staff with increasing majority moving toward baccalaureate prepared

Projects Conducted in Acute Care Settings

"Mobility Program"

- Decrease functional decline

- Reduce the number of falls, reduce the incidence of pressure ulcers

- Reduce length of stay

- Reduce readmission rate

- Improve patient satisfaction scores

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Projects Conducted in Acute Care Settings

"Improving Geriatric Nursing Resources in an Acute Care Organization using the Kouzes-Posner Leadership Model"

- Designed to build interest in geriatric nursing as a specialty in an acute care hospital

- Increased number geriatric resource nurses by expanding the NICHE (Nurses Improving Care for Healthsystem Elders) to post-acute settings

- Promotion stronger relationship between Acute and Sub-acute care settings

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Projects Conducted in Acute Care Settings

"Older Adult Knowledge (OAK) Initiatives"

- Designed as a three phase project
  - Phase I: Explore the knowledge level of RNs related to dementia, falls, delirium and pain of older adults
  - Phase II: Development and implementation of pain inter-professional rounding
  - Phase III: Reassess knowledge of RNs at two and six weeks post intervention of rounding

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Projects Conducted in Acute Care Settings

"QUEST-Quality, Efficiency, and Safe Treatment"

- Provide leading evidence based healthy care

- Expert Gerontological nursing staff to provide highest quality care

- Provide care in the safest environment with superior service and results


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GNLA Program Outcomes: Acute Care Practice

- Reduced patient falls since project implementation

- Implementation of clinical practice guidelines regarding delirium in critical care

- Increased recognition of delirium and reduced incidence of hospital acquired delirium

- Improved patient/family satisfaction

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GNLA Program Outcomes: Acute Care Education

- Increased number of RNs obtaining Board Certification in Gerontology

- 100% Critical Care nurses trained on delirium assessment and intervention knowledge

- Developed annual geriatric specific continuing education class

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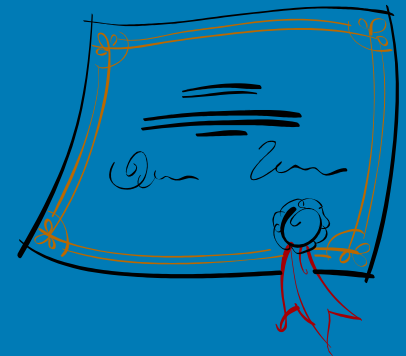
GNLA Program Outcomes: Acute Care Settings

- Health care providers educated at the bedside regarding prevention, recognition, and interventions for delirium resulting in a change in practice

- Enhanced Senior Care Services across healthcare system due to increased Senior Care programs promotion: risk reduction, early identification of geriatric syndromes, shorter LOS

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Selected Acute Care Project

- NICHE achievement in hospital

- NICHE extended to seven Community Nursing Homes

- "Teach-Me-Tuesdays" 14 core modules for NICHE GRN education and 1 Non-NICHE module

- 21 total nursing homes

- Interprofessional collaboration

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Influencers of Change

- System design

- Interprofessional Collaboration

- Nursing empowerment

- Nursing ideas and passion are lived

- Projects are known to system leadership

- Focus on knowledge as essential to care of older adults

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Interprofessional Team Leadership Projects: Long Term Care

The Continuum of Long Term Post Acute Care in the US

- Independent Living

- Continuing Care Retirement Community

- Home Care

- Assisted Living

- Long Term Care Facilities/Skilled Nursing Facilities (SNF)

Skilled Nursing Demographics

- 15,600 SNFs in the U.S. provide care for about 1.6 million individuals

- More than 1 million people are caregivers in nursing homes

- Occupancy rates falling

    – 89% in 2007 to 85.6% in 2014

SNF – Yesterday and Today

- Pre 1998 - nursing homes cared for a custodial long-term care resident population

- Today - SNFs serve two distinct populations:

  – Long term care residents:
    - Frailest of the frail with 24 hour a day nursing/custodial care needs with dementia affecting more than 60%

    - Focus - individualized person centered care and understanding dementia related behavioral communication and reducing antipsychotic medication usage

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SNF Today

Short Stay Patients:

- Increasing acuity & churn (numbers of admissions / discharges)
- Mean Medicare LOS 20 days
- 39% discharged to the community
- Focus on reducing re-hospitalizations
- Primary dx for admission - joint replacement, septicemia, kidney and urinary tract infections, hip and femur procedures, heart failure and shock

*2009 SNF Medicare Provider Analysis and Review, 2009

SNF Evolution – Implications:

- SNF acuity will continue to increase due to shorter LOS and higher acuity in the hospital

- More admissions and discharges

  – 24 hour day admissions

- Need for professional staff – **Focus on Nursing**

  – RN and Advanced Practice Nurses

Nursing Practice in SNFs

- Only 6% of RNs nation-wide work in SNFs

- LPNs make up majority of licensed staff

- RNs typically do not deliver direct care to nursing home patients/residents

- Little differentiation of licensed nurses roles

    – Job descriptions, positions, pay scale

Nursing Practice Challenges

- RNs lack leadership competencies

  - Many lack leadership competencies needed to execute their roles in SNFs; few prepared to delegate or supervise

- RNs lack geriatric competencies

  - Majority of RNs working in SNFs have not received formal education in geriatric nursing

GNLA Addresses Long Term Care Nursing Practice Challenges and Opportunities

Effective nursing leadership has been associated with a number of positive outcomes in long-term care, including:

- Improvements in the quality of care

- Increase in staff retention and job satisfaction

- Improvements in the organizational and work climate

- Reductions in the cost of care

- Successful quality improvement practices

Research in Gerontological Nursing, Vol.1, No.3, 2008

Interprofessional Team Leadership Projects – Long Term Care

- Clinical Nurse Education - 3
  - Assessment, geriatric knowledge, role of nurse in assisted living

- Practice Improvement - 3
  - Communication and collaboration

- Quality and Safety - 3
  - Resident safety, medication management, health promotion

- Culture Change - 8

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Why Culture Change?

- "Traditional" SNFs created 50 years ago as "homes for the aged."

- Built like hospitals and organized to be regimented and task- and schedule-driven

- Focus on illness and dependency, emphasis on quality of care and not on quality of life

- Resident's life often lacks choice, meaning, and purpose. Little sense of being "at home".

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Culture Change

- Term describes national movement to transform SNF environments.

- Philosophy focuses on person centered care and respect for staff

- Provides dignity, choices in care, services & schedule

  – Accommodating the environment to individuals needs and preferences; create more homelike de-institutionalized environment.

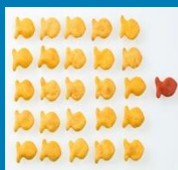# Individual Leadership Development Project: Three Learning Domains

Individual Leadership Development:
- Continuing education – enrolled in DNP program
- Pursuing career path towards CNO: promoted to corporate VP role

Interprofessional Team leadership Project:
- Led team leadership project focused on culture change at Genesis SNF

Expanding Scope of Influence:
- Serves on national professional organization committees and advocate for policy change
- Implemented and leads interprofessional team across Genesis

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Individual Leadership Development:
Transformation as a Nurse Leader

Pre
- Narrow vision
- Clinical focus
- "Now" oriented
- Task manager
- Answer giver

Post
- More global vision
- Broader focus beyond clinical
- Plan for the future
- Developer/Coach
- Active listener & info gather

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Advancing nursing practice through an interprofessional team leadership project

Title: "Adding Life to Years"

Location: Skilled Nursing Center

Purpose: To deliver patient centered care through understanding and valuing cultural diversity of patients, residents, and staff

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Leadership Project: Methods

Evidenced Based Assessment:

- Determine components of patient centered care and cultural competence that were in place at the center

.

- Evaluate staff's knowledge/perception about patient centered care and cultural diversity

Interventions:

- Form and lead team to implement:
  - o   Consistent assignments
  - o   Culture of the Month Celebration
  - o   Spa Day
  - o   All About Me Tool

Leadership Project: Measured Outcomes

- Employee Satisfaction

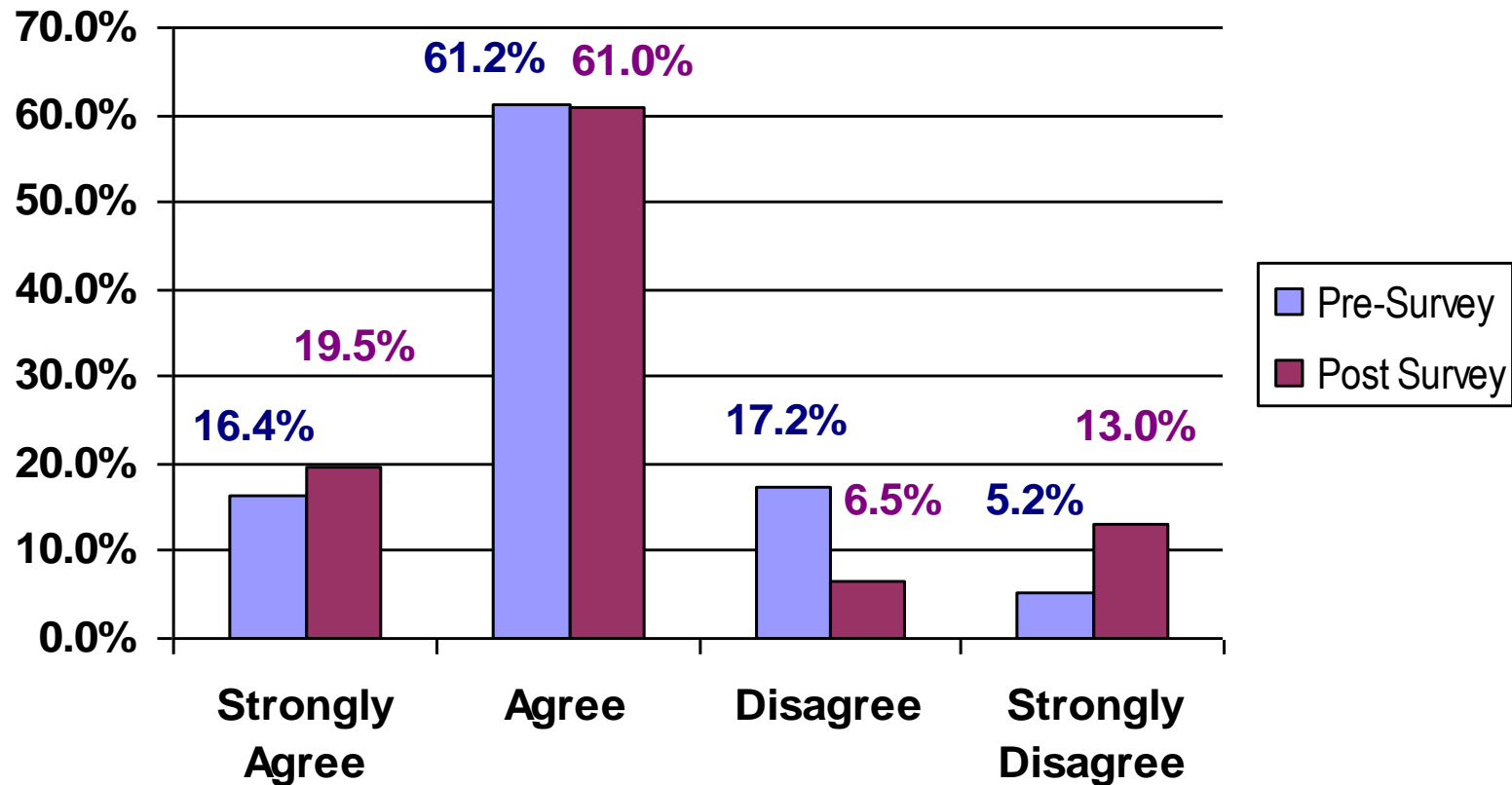- Staff Retention

- Fall Rate Reduction

- Customer Satisfaction

Performance Outcome

Domain 2

Role of the Mentor

- Assists, supports and guides the Fellows through their 18 month leadership development journey

- Creates new networking opportunities and assist with navigating organizational structure and culture

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The Impact of Leadership on Fellow Development: Mentoring Matters

Mentoring relationship:

- Enabled Fellow to become more self confident and take professional and personal risks

- Supported Fellow with critical decision making

- Role modeled coaching and mentoring behavior

- Assisted Fellow to become involved in external activities

Interprofessional Team Leadership Projects: Community Agencies

Examples of Projects: Community Agencies

- Needs assessment and business plan for creation of an adult day care center and fall prevention program

- Assessment of nursing practice models in PACE organizations

- Instructional module and training of home care nurses in telehealth monitoring of patients for pneumonia

- Developed program to assist older adults in selecting physical activities for maintaining active health

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Outcomes: Community Agencies

- Identified multiple nursing care models in PACE organizations, with majority of nursing PACE leaders willing to compare quality indicators to improve care of the elderly

- Home health RNs trained for a telehealth program for monitoring pneumonia

- Increase in monthly personal health reviews of residents

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Impact and Sustainability of Leadership Projects

- All projects transitioned into much larger initiatives

- Interprofessional teams have continued in all project organizations

- Projects have had a sustained impact on parent organizations

- Scope of projects were expanded across systems of care delivery

Expanded Scope of Influence

- Expectation of all Fellows

- A organizational, community, and profession

- Intentional relationship building

- Appointments

- Advanced formal education

- Promotions and new positions

Expanded Scope of Influence

International Expert/Founding Member – Institute for Social Gerontology and Research

– Bangalore, India in April 2013

Value of Behavioral Leadership Development

- Personal Leadership Development

  o Know Thyself

    – Self Assessment
    – Competencies
    – Social and Emotional
    – Theoretical Basis for Leadership

Value of Behavioral Leadership Development

- Leaders who approach leadership behaviorally

  o Collaborate

  o Promote Relationships

  o Vision Together

  o Reach Desired Outcomes

Develop Cadre of
Nursing Leaders Globally

Impact of Nursing Leaders on Health Systems

- Health Care is Global

- Major Population Needs
  - World is Aging
  - Mothers and Babies
  - Eradicate Diseases
  - Provide Interventions

- Systems of Care

Nursing as a Global Community

- Take Action Together

- Commit Full Potential

- Prepare Leaders Worldwide

- Support One Another

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