A Collaborative Project to Improve Healthcare of the Elderly in Long-term Care

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Purpose

The purpose of this collaborative project between long-term care (LTC) staff and nursing faculty is to increase the knowledge of and implementation off Evidence-Based Practice (EBP) in the LTC setting to improve the quality of care and outcomes.

Background/Significance

There are several reasons why this project is significant. Healthcare providers have been challenged to improve patient outcomes by providing care based upon the best available evidence. The implementation of EBP into healthcare is not an easy challenge to meet. This process requires the practitioner to have knowledge regarding EBP and can be very time consuming. Research has found that awareness and use of research evidence in practice remains low. As a result of this gap, there have been local, national, and international initiatives to increase EBP in healthcare. This lack of knowledge and implementation of EBP is especially prevalent in ECFs where many nurses are not educated in EBP. Long-term care facilities have a low percentage of Registered Nurses (RNs), let alone nurses with baccalaureate degrees where EBP is introduced and emphasized. This, coupled with the need for EBP to promote positive outcomes related to things such as falls, infection, pressure ulcers, and dementia care make the ECF a setting where EBP is especially needed.

Overview of Project

The faculty member has enacted the EBP mentor role to facilitate the integration of evidence into policy/procedures and at bedside in three long-term care facilities (one each in Saginaw, Bay, and Midland counties). In this role, the faculty member has helped staff at the agencies answer clinical questions using evidence, assisted in making changes in practice, provided educational opportunities for healthcare providers in the long-term care facilities regarding EBP, and mentored undergraduate nursing students as EBP facilitators.

Completed Evidence-based Reviews

- For adults in LTC facilities, what are the best criteria to use in the decision to do *Clostridium difficile* screening?
- For care providers in LTC facilities, what strategies are most effective to facilitate communication with family members?
- For residents of LTC facilities with dementia, what are the best strategies of communication?
- For care providers in LTC facilities, what strategies are most effective to facilitate proper prioritization of nursing care?
- For LTC facilities, what is the relationship between RN staffing and resident outcomes?
- For LTC facilities, what are the best strategies for recruitment and retention of Registered Nurses?
- For elderly residents in LTC without urinary catheters, what is the best way to prevent urinary tract infections?
- For residents of LTC facilities what is the best practice related to alarm reduction with an outcome of patient safety?
- For residents of LTC facilities, what is the best practice to promote adequate sleep?
- For assisted living (AL) facilities, what type of staffing (type and level) is most
- For residents of LTC facilities (with an emphasis on AL), what is the best practice to prevent flu transmission?
- For residents of long-term care facilities (with an emphasis on AL), what is the best practice for fall prevention?
- For elderly residents in AL facilities, what is the best way to prevent urinary tract infections?
- For residents in LTC facilities what is best practice for diagnosis, treatment, and prevention of the transmission of scabies?
- For LTC facilities, what are the best strategies to increase retention of Certified Nursing Assistants (CNAs)?
- For residents of LTC facilities with dementia, what are the best activities to improve cognition and decrease anxiety and agitation?

Other Activities

- Educational offerings for staff on family communication and prioritization
- Posters on communication with dementia residents
- Dementia care mapping
- Infection control team
- Exercise intervention using nursing students
- Attitudes of nursing students toward the elderly research

Have fun, stay young and exercise!

Next Steps

- Continue with EBP reviews
- Education on EBP and other topics
- Presentations and publications
- Mentoring students

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Purpose of Project

- Three year grant supported by Saginaw Community Foundation and Saginaw Valley State University
  - Purpose
    - To collaborate with long-term care (LTC) staff to increase the knowledge of and implementation of Evidence-Based Practice (EBP) to improve the quality of care and resident outcomes.
    - To involve undergraduate BSN students in evidence-based initiatives in the long-term care setting

Sackett D et al (2000): Evidence-Based Medicine. Churchill Livingstone

Overview of Project

- The EBP mentor role is enacted to facilitate the integration of evidence into care in three LTC facilities in Mid-Michigan (one each in three different counties).

- In this role, the faculty member and student help staff at the agencies:
  - Answer clinical questions using evidence
  - Make changes to practice based on evidence
  - Gain knowledge regarding EBP

- Continuation of a project done previously at a hospital

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Significance of EBP in Long-term Care Setting

- The lack of knowledge and implementation of EBP is especially prevalent in LTC facilities because:
  - LTC facilities have a low number of RNs, let alone nurses with baccalaureate degrees where EBP is introduced and emphasized.
  - There is an important need for EBP to promote positive outcomes related to things such as falls, infection, pressure ulcers, and dementia care make the EBP in LTC is especially important.

Project Activities

- Meetings with staff to identify clinical problems
- Completion of evidence-based reviews
- Education on EBP
- Presentations to staff on EBP and selected topics
  - Prioritization of care
  - Family communication
- Posters on selected topics
- Research study
- Other activities

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Benefits to the Agencies

- Implementation of best practice
- Education on EBP and clinical topics

Skilled Nursing and Rehabilitation

Assisted Living

Independent Living to Skilled Nursing

Benefits to the Students

- QSEN Competencies
  - Evidence-based Practice
  - Safety
  - Quality Improvement
- Evidence-based reviews
- Knowledge about topics
- Exposure to long-term care setting
- Research experience

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Student Perception

- Gained research experience through working with IRB, distribution of surveys/data collection, and data entry/interpretation.

- Dementia Care Mapping experience

- Development of presentation skills

- Invaluable professional development

Evidence-based Reviews to Date

- For adults in LTC facilities, what are the best criteria to use in the decision to do *Clostridium difficile* screening?
- For care providers in LTC facilities, what strategies are most effective to facilitate communication with family members?
- For residents of LTC facilities with dementia, what are the best strategies of communication?

Evidence-based Reviews to Date

- For care providers (primarily CNAs) in LTC facilities, what strategies are most effective to facilitate proper prioritization of nursing care?
- For LTC facilities, what is the relationship between RN staffing and resident outcomes?
- For LTC facilities, what are the best strategies for recruitment and retention of Registered Nurses?
- For elderly residents in LTC without urinary catheters, what is the best way to prevent urinary tract infections?

Evidence-based Reviews to Date

- For residents of LTC facilities what is the best practice related to alarm reduction while maintaining patient safety?
- For residents of LTC facilities, what is the best practice to promote adequate sleep?
- For assisted living (AL) facilities, what type of staffing (type and level) is optimal in terms of resident outcomes?

Evidence-based Reviews to Date

- For residents of long-term care facilities (with an emphasis on AL), what is the best practice for fall prevention?

- For elderly residents in AL facilities, what is the best way to prevent urinary tract infections?

- For residents in LTC facilities what is best practice for diagnosis, treatment, and prevention of the transmission of scabies?

Evidence-based Reviews to Date

- For LTC facilities, what are the best strategies to increase retention of Certified Nursing Assistants (CNAs)?

- For residents of LTC facilities with dementia, what are the best activities to improve cognition and decrease anxiety and agitation?

Evidence-based Reviews to Date

- For residents of LTC facilities (with an emphasis on AL), what is the best practice to prevent flu transmission?

- For residents of LTC facilities, what is best practice for end-of-life discussions?

Example 1
Problem: Recruiting Qualified Staff in Long-term Care

- Research has consistently found that Nursing students have unfavorable attitudes about gerontological nursing and working in LTC (Happell, 2002; Neville, et al., 2014).

- It is difficult to recruit qualified staff to LTC, especially BSNs (Happell, 2002).

- Staff turnover rates in LTC are high - for CNAs they range from 56-74.5% and for RNs 48-65% (Castle & Engberg, 2006; Donaghue & Castle, 2006).

Example 1
Recommendations

- Increase content regarding aging and gerontological nursing in educational programs (Fox, 2013).

- Implement models to enhance Nursing students' care of the elderly and long-term care experiences (Lane & Hirst, 2012).

- Identify role models for Nursing students in long-term care facilities (Prentice, 2012).

Example 1
Research:
Nursing Student Attitudes Toward the Elderly

- Purpose of the research study is to describe Nursing students attitudes toward the elderly
  - Descriptive-comparative design
  - 34 item Attitudes Towards Old People Questionnaire (Kogan, 1961)
  - Surveyed at the beginning and end of Winter, 2015 semester

Kogan's Attitude Towards Old People Scale

Directions: Place an X in the box following each statement, according to the following key, that is closest to your opinion of old people.

	Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
1. It would probably be better if most old people lived in residential units with people their own age.						
2. It would probably be better if most old people lived in residential units that also housed younger people.						
3. There is something different about most old people: it's hard to figure out what makes them tick.						
4. Most old people are really no different from anybody else: they're as easy to understand as younger people.						
5. Most old people get set in their ways and are unable to change.						
6. Most old people are capable of new adjustments when the situation demands.						
7. Most old people would prefer to quit work as soon as pensions or their children can support them.						
8. Most old people would prefer to continue working just as long as they possible can rather than be dependent on anybody.						
9. Most old people tend to let their homes become shabby and unattractive.						
10. Most old people can generally be counted on to maintain a clean, attractive home.						
11. It is foolish to think that wisdom comes with old age.						
12. People grow wiser with the coming of old age.						
13. Old people have too much power in business and politics.						
14. Old people should have more power in business and politics.						
15. Most old people make one feel ill at ease.						
16. Most old people are very relaxing to be with.						

	Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
17. Most old people bore others by insisting on talking about the "good old days."						
18. One of the most interesting and entertaining qualities of most old people is their accounts of past experiences.						
19. Most old people spend too much time prying into the affairs of others and giving unsought advice.						
20. Most old people tend to keep to themselves and give advice only when asked.						
21. If old people expect to be liked, their first step is to try and get rid of their irritating faults.						
22. When you think about it, old people have the same faults as anybody else.						
23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.						
24. You can count on finding a nice residential neighborhood when there is a sizable number of old people living in it.						
25. There are a few exceptions, but in general most old people are pretty much alike.						
26. It is evident that most old people are very different from one another.						
27. Most old people should be more concerned with their personal appearance; they're too untidy.						
28. Most old people seem to be quite clean and neat in their personal appearance.						
29. Most old people are irritable, grouchy, and unpleasant.						
30. Most old people are cheerful, agreeable, and good humored.						
31. Most old people are constantly complaining about the behavior of the younger generation.						
32. One seldom hears old people complaining about the behavior of the younger generation.						
33. Most old people make excessive demands for love and reassurance.						
34. Most old people need no more love and reassurance than anyone else.						

Example 2
Clinical Problem: Communication with Residents of LTC with Dementia

- For residents of LTC facilities with dementia, what are the best strategies for communication?

Example 2
Recommendations for Communication with Dementia Residents

- There is B strength research evidence that use of therapeutic communication skills such as active listening, use of silence, and the use of touch results in less anxiety and agitation in individuals with dementia

- There is A strength research evidence that indicates that decreasing environmental stimuli results in less anxiety in individuals with dementia

Best Practice for Communicating with Individuals that have Dementia

Before you speak

- When offering care, keep a daily routine the person can depend on.
- If you are rushing or feeling stressed, take a moment to calm yourself.
- Make sure you have the person's full attention.
- Make sure the person can see you clearly.
- Make eye contact.
- Quiet, non-busy environments are best for communication (minimize competing noises such as radio, TV, and other people's conversations).

How to Speak

- Speak calmly, avoid raising your voice.
- Speak at a slightly slower pace.
- Use clear, direct, and simple sentences.
- Be respectful - don't talk with or about people with dementia as they were a young child.

What to Say

- Be positive.
- Ask one question at a time in a way that allows for a 'yes' or 'no' answer.
- Try not to ask the person to make complicated decisions - too many options can be confusing.
- Introduce yourself at each encounter.
- If the person doesn't understand what you are saying, try to get the message across in a different way.
- Do not insist or force issues.

Listening

- Listen carefully to what the person is saying.
- If the person has difficulty finding the right word, ask them to explain it a different way.
- If the person is feeling sad, let them express their feelings without trying to "cheer them up."

Body Language and Physical Contact

- Avoid sudden movements or tense facial expressions may cause upset.
- Make sure your body language and facial expression match what you are saying.
- Never stand too close or over someone to communicate, drop below their eye level.
- Use physical touch such as hand holding to communicate your care and affection.
- Allow time for response even if it feels uncomfortable.

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Best Practice for Communicating with Dementia Patients

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PICO Question

For certified nursing assistants, can specific communication techniques improve the quality of life in dementia patients when compared with non-specific communication techniques.

Search Criteria

Databases searched included Guidelines, Cochrane, Joanna Briggs, Alzheimer's Society website, and Cinahl. Keywords included certified nursing assistants, dementia, communication, and techniques. Initial search yielded 1,454 articles. Of those, only seven articles dealt specifically with certified nursing assistants.

Background/Significance

In most long term care facilities, nursing assistants are the caregivers most in contact with dementia residents. This role requires extensive communication that must increase report and trust with the patient. Being that the goal of all patient care is to maximize their quality of life, patient care givers should be equipped with the skills to communicate effectively with dementia residents.

Common Problems with Communication

Some common problems that arise with dementia patients include:
• Moving from ones home creates a loss of significant others who used to serve as a primary form of communication (Williams, 2013).
• Multiple questions/commands can become increasingly confusing (AMDA, 2012).
• Multiple commands become increasingly confusing (Christenson, Buchanan, Houlihan, & Wanzek, 2011).

Source: http://homecarehuntingtonbeach.com/blog/

Results

Research suggests that developing an individualized care plan for dementia patients is the best way to provide patient care. In addition, talking with patients and their families about what they desire is the best way to increase their quality of life (Slade, 2013). Many studies focus on the idea of "personhood" communication. This involves focusing on affirming vocal and non-vocal features, respect, and helpfulness were more likely to be viewed respectful which, in turn, caused residents to be more likely to initiate conversations with caregivers (Savundranayagam, Ryan, Anas, & Orange, 2007). There is also a heavy focus on intergenerational communication in which caregivers must be aware of their use of elderspeak and need to treat residents with independence (Williams, 2013).

Recommendations

Recommendations can be broke down within the sub concepts of preparation, how to speak, listening, and body language.
Preparation:
• When offering care, keep a daily routine the person can depend on (Alzheimer's Society, 2014).
• If you are rushing or feeling stressed, take a moment to calm yourself (Slade, 2013).
• Make sure you have the person's full attention (Slade, 2013).
• Make sure the person can see you clearly (Alzheimer's Society, 2014).
• Make eye contact (Alzheimer's Society, 2014).
How to Speak:
• Speak calmly, avoid raising your voice (Young, 2012).
• Speak at a slightly slower pace (Alzheimer's Society, 2014).
• Use clear, direct, and simple sentences (Alzheimer's Society, 2014).
• Be respectful - don't talk with or about people with dementia as they were a young child (Slade, 2013).

Recommendations Continued

• Introduce yourself at each encounter (Slade, 2013).

Listening:
• Listen carefully to what the person is saying.
• If the person has difficulty finding the right word, ask them to explain it a different way (Young, 2012).
• If the person is feeling sad, let them express their feelings without trying to "cheer them up" (Alzheimer's Society, 2014).
Body Language:
• Avoid sudden movements or tense facial expressions may cause upset (Alzheimer's Society, 2014).
• Make sure your body language and facial expression match what you are saying (Alzheimer's Society, 2014).

References

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Example 3
Clinical Problem: Falls in Long-term Care

- For residents of long-term care facilities (with an emphasis on assisted living), what is the best practice for fall prevention?

Interventions to Prevent Falls in LTC

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- There is strength B evidence to recommend the use of multifactorial fall prevention programs in LTC (both nursing homes and assisted living facilities). These programs include multidisciplinary involvement, assessment, modification of the environment, education, fall monitoring, and exercise.

- There is strength A evidence for recommendation of exercise programs and strength and balance training to reduce falls in both institutional and community settings. Balance exercises and Tai Chi appear to be the most effective interventions.

# Exercise Intervention with SVSU Nursing Students

Example 3
Clinical Problem: Family Communication

- Because of the lack of more correlational and experimental research, a recommendation for specific strategies to improve communication cannot be made.

- It is clear from both the provider and family viewpoint there are specific areas of communication that seem to be the most problematic, most often the use of indirect communication resulted in misunderstandings.

- Family members wanted to be consulted about the care of the resident and participate and contribute to that care.

- Developing a relationship with the family is important to clear communication.

- One article described an experimental research study that included the implementation of a communication program for providers and family that included support group and the provision of reading materials. This program resulted in improved family satisfaction outcomes.

Intervention for Family Communication
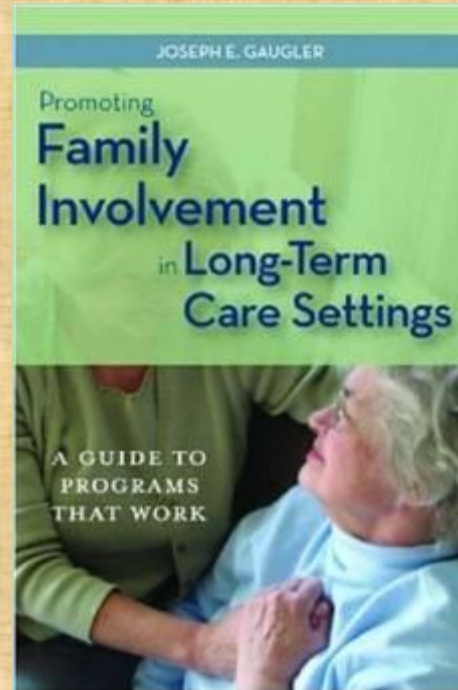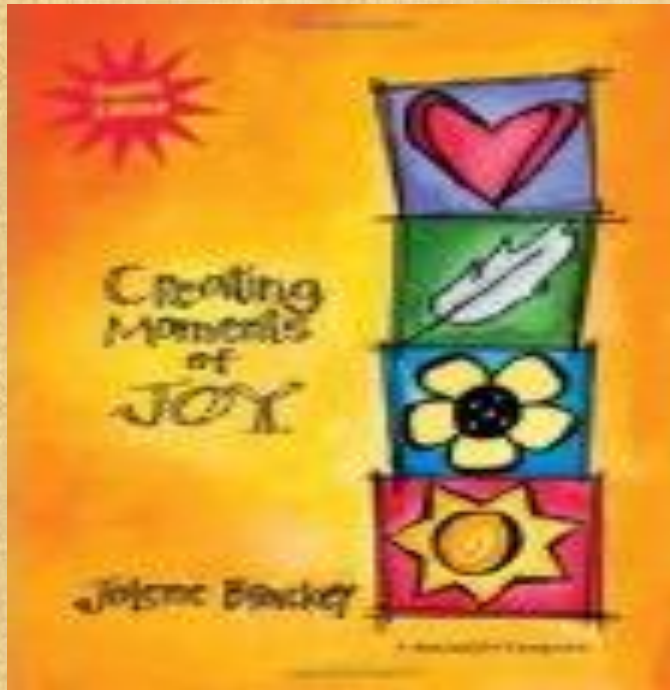
Thank-you!

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