Outcomes Impacting Care of Older Adults:
Geriatric Nursing Leadership Academy Fellowships
Presenters

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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
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”
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
Three Learning Domains

• Individual leadership development

• Advancing nursing practice through leadership of an interprofessional team project

• Expanding scope of influence: organization, community, profession
Individual Leadership Development
Self-Assessment

Leadership Practices Inventory (LPI)

PACE Color Palette Scores

Colleague Feedback

43rd Biennial Convention Las Vegas, Nevada | 7-11 November 2015
Individual Leadership Development

- Improve public speaking and self-confidence
- Participate in the opportunity to be interim Medical/Surgical Unit Director
- Demonstrate understanding of surgical unit operations and build relationships with surgical unit staff
- Participate on the Baldridge team within my organization
The Journey

Our Triad

Press Release

HRH aims to improve elder care in the county

As the population ages, more and more hospitals are finding special programs and services to help keep their older patients healthy. One of these programs is the Older Adult Program at the hospital. The Older Adult Program provides special care for patients who are over the age of 65 years old. Patients are monitored closely by nurses and doctors to ensure their safety and health.

The Older Adult Program was created to address the needs of older patients. It offers specialized care that is tailored to the needs of this population. Patients are monitored closely for signs of illness and are provided with specialized medication to help manage their conditions.

The Older Adult Program has been very successful in improving the care of older patients. Patients have reported feeling more comfortable and cared for under the Older Adult Program. The program has also helped reduce the number of hospital admissions for older patients.

The Older Adult Program is a great example of how hospitals can help improve the health of older patients. It shows that specialized care can make a real difference in the lives of older patients. We should all support programs like the Older Adult Program to help improve the health of older patients.
Outcomes

• Improvement in 4 out of 5 exemplary practices
• Director of Medical/Surgical Units
• Meeting facilitator for long term care partner
• Becoming Baldridge examiner
• Gained confidence in public speaking
Advancing Nursing Practice through Leadership of an Interprofessional Team Project
The Impact of Changed Approach to the Use of Narcotics in the Treatment of Chronic Non-Cancer Pain Management in Older Adults

• **Purpose:** Determine opiate utilization within the Rosa Parks Geriatric Clinic before and after the implementation of the hydrocodone-combination rescheduling to the C-II classification as the RPGC applies a standardized approach to treating chronic pain in older adults offering alternatives to opiate medications as well as an opiate de-escalation process. Additionally, this study will measure the opinions of patients and providers related to the implementation of this new standardized approach to chronic non-cancer pain management.

• **Team Membership:** Joel Steinberg, MD, Mohammed Kang, MD, Candice Garwood, PharmD, Brenda Thiel, PharmD Fellow, Rita Colbert, RN, Ashley Thomas, SW and Barbara Holyfield, RN (observer)
Opioid Epidemic

• 99% of hydrocodone products used by the United States

• More than 20,000 Americans die each year due to prescription drug abuse

• In 2012, U.S. doctors wrote more than 125 million prescriptions for hydrocodone-containing drugs

IMS Health
Misuse of Prescription Medication in Older Adults

- **Percent of Older Adults**
  - **2001**
    - Opioids: [Graphical representation]
    - Benzodiazepines: [Graphical representation]
    - Stimulants: [Graphical representation]
  - **2020**
    - Opioids: [Graphical representation]
    - Benzodiazepines: [Graphical representation]
    - Stimulants: [Graphical representation]

**Sadick B. Wall Street Journal. Sept 14, 2014.**
So why are we here today discussing this?

- Inappropriate use of opiate medication for management of chronic pain by older adults is fraught with challenges for the patient and healthcare provider.

- Nursing leaders need to assure care to the older adult that is:
  - Safe
  - Effective
  - Appropriate

SAFETY FIRST
Treatment of Pain in Older Adult: The Best Approach?

• Current evidence-based literature does not serve as an adequate guide
• Target disease-specific conditions or younger populations
• Number of controlled studies with patients >75 years old remain low
• High quality studies involving older adults from different ethnic groups rare

Study Aims: Practice Change in Treating Pain in Older Adults

Aim 1
• Compare opioid utilization before and after the practice change

Aim 2
• Evaluate provider opinions and knowledge of a new systematic approach

Aim 3
• Educate patients about alternative therapy options and evaluate opinions
Hypotheses: Implementation of the Practice Change

- **Aim 1**
  • Utilization of opioids will decrease

- **Aim 2**
  • Providers will understand the practice change protocol

- **Aim 3**
  • Patients will have a better understanding of their pain and identify alternative therapies
Methods

• Retrospective, single center study
• IRB approved, Quality Improvement
• Rosa Parks Geriatric Center
  ▪ Over 3300 patients
  ▪ 68% female
  ▪ Average age 78 years old
Practice Model

Physical
- Exercise
- TENS
- Yoga
- Heat
- Cold

Psycho-behavioral
- CBT/ACT
- Meditation
- Address mood/trauma issues

Medication
- NSAIDS
- Anticonvulsants
- Antidepressants
- Topical agents
- Opioids

Procedural
- Nerve blocks
- Steroid injections
- Stimulators

Restore Function

Self-Care

Reduce Pain

Promote Well-being

Improve Quality of Life

43rd Biennial Convention  Las Vegas, Nevada  |  7-11 November 2015
**Practice Change**

**Clinic Policy and Procedure:**
- Pain contract agreement
- Drug Screen
- Patient Assessment
- STOP BANG/PHQ2
- Automated Prescription System
- No paper prescriptions
- Refer as appropriate (pain, sleep, PT, etc)
Practice Change

Provider Education:
- Opioid Addiction Lecture
- Chronic Pain in Older Adults Lecture

Patient Education:
- Self Management of Pain Class
- Follow up classes offered

Evaluation:
- Retrospective patient chart review
- Provider questionnaire
- Patient survey
Baseline Characteristics

<table>
<thead>
<tr>
<th>Pre-Implementation (n=348)</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td><strong>African American</strong></td>
</tr>
<tr>
<td><strong>Female</strong></td>
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<tr>
<td><strong>Pain Indication:</strong></td>
</tr>
<tr>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Back Pain</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Basic Activities of Daily Living:</strong></td>
</tr>
<tr>
<td>Independent</td>
</tr>
<tr>
<td>Limited</td>
</tr>
<tr>
<td>Not available</td>
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<tr>
<td><strong>Antidepressant Use</strong></td>
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Primary Outcome

Opioid Utilization in Older Adults

Assuming the same clinic volume, documented opioid prescribing rates increased.
Opioid Selection

Pre-Implementation (n=348)

- Hydrocodone-acetaminophen: 52%
- Tramadol: 25%
- Codeine-acetaminophen: 4%
- Oxycodone products: 18%
- Other: 1%

Post-Implementation (n=132)

- Hydrocodone-acetaminophen: 60%
- Tramadol: 16%
- Codeine-acetaminophen: 2%
- Oxycodone products: 4%
- Other: 18%
Results - Patient Education Survey (n=9)

Would you try a new way to treat pain?
- YES 89%
- NO 11%

Would you try an activity at a senior center?
- YES 78%
- NO 22%

Interest in Activities

- Yoga
- Tai Chi
- Dancing
- Exercise Class
- Walking Club
- Massage Therapy
- None
- Other
Results - Alternatives to Pain Medication

Antidepressants usually improve symptoms and function in patients with chronic pain.

Exercise can improve symptoms and function in patients with chronic pain.

Percent of Providers (n=10)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
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<tbody>
<tr>
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<tr>
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</tr>
<tr>
<td>Disagree somewhat</td>
<td>30%</td>
</tr>
<tr>
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<td>0%</td>
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<tr>
<td>Strongly Agree</td>
<td>10%</td>
</tr>
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</table>
If you have a new patient to the clinic who inquires about opioid medication for their osteoarthritis, which procedures should be included?
Conclusions

• Measurable change in opioid utilization will require addition time
• Similar opioid selection trends before and after practice change
• Improved understanding of clinic protocol implementation by providers
• Increase in patient awareness of pain management alternatives
• Overall increase in quality as well as safety of the care provide to the opioid using patient
Return on Investment

- Increased safety and quality of care to the patient using opioids for pain management
- Working with MPRO in order to determine if the opioid using patient is more at risk for recurrent hospitalizations as well as if our intervention through our interprofessional team effort had any effect on the prescribing practices
Sustainability

• Clinic procedures regarding pain management updated/retooled including policy/procedural change, education of staff/providers, etc.

• Chronic Pain Management Expert

• Keynote speaker for Nurses Week on Chronic Pain Management

• Nursing Grand Rounds in November, 2015
Sustainability (cont.)

Dissemination of findings and knowledge learned:

• Presentation of poster at Conference on Pain: Beyond Boundaries (MI)
• Poster Presentation at annual NICHE Conference (FL)
• NICHE Webinar
Expansion of Interprofessional Team Work

• Speaker of Geriatric Pharmacology to EMT Conference
• Coordinator for SCOP program (WSU SOM)
• BSN students experience (in process)
• Key Leader on Key Leaders Roundtable: Systems change to impact diversion and addiction
Expansion of Interprofessional Team Work (cont.)

- Physicians Institute for Excellence in Medicine grant to provide education to internal med residents: ER/LA Opioid REMS: Achieving safe use while improving patient care. (grant funded)
- Article submitted for publication on interprofessional teamwork
- Offered faculty position in SOM
Expanding Scope of Influence
Organization, Community, Profession
Where I began…

<table>
<thead>
<tr>
<th>Organization</th>
<th>Community</th>
<th>Profession</th>
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</table>
| • Faculty member in BScN program for 12 years  
• Coordinator of Level 1 of program for 4 years  
• Highly Qualified Professional (HQP) working with CIHR Chair for 1 year  
• Comfortable within my program and circles | Served on various Boards of Directors and community organizations | Member of a few professional organizations in name only (paid fees and read newsletters) |
Gap Analysis

Using GNLA provided documents and tools, I better understood SOI and where I needed to go/what I needed to do.

1. SOI Portfolio:
   - Recognized areas of strength (community involvement, academics) and areas needing to have more influence (Leadership positions, policy/procedure, consulting, networks)
   - Also learned more about the power of social media and branding in GNLA Workshop II and began a Twitter account. I now have a following! @BScNL1Conestoga

2. PACE Personality Test:
   - Determined I was a red personality meaning I was extraverted, optimistic, courageous and confident. I decided to use these qualities to expand my SOI in all areas versus having them as barriers.

3. LPI Data:
   - Showed need to improve scope of influence using K&P Practices of: Enabling Others to Act and Inspiring a Shared Vision
Scope of Influence Goal

Engage and influence those within my organization, community, and profession.

**Organization:** leader and expert in geriatric care and education

**Community:** influence various organizations to provide best care and practices for older adults

**Profession:** use power of nursing to influence public policy and practices
Organizational Outcomes

- Increased network at Conestoga College using Media Dept., Lunch with Leaders, and PD opportunities
- Asked to present x 3 to faculty and staff on Geriatric related topics
- Selected to represent Faculty for on site video about nursing
- Continue in expanded HQP role
Community Outcomes

• Consultant with the Waterloo Region Elder Abuse Response Team
• Board Member of the Sexual Assault Support Centre (SASC) of Waterloo Region
• Received annual $50,000 in funding for community organization following presentation to Regional Council
• Featured guest on podcast featuring people who are leaders and follow their passion
• Monthly “consulting” with community group made of female older adults
Professional Outcomes

• Executive member on both the Geriatric Nursing Association of Ontario (GNAO) and the Canadian Geriatric Nursing Association (CGNA)

• Discussed needs of older adult population with Member of Parliament (MP)

• Attended the AGM of the Registered Nurses Association of Ontario (RNAO)

• Selected as representative for special delegation of GNLA Fellows to present at the STTI biennial convention in 2015

• Attended 8 geriatric nursing conferences and webinars throughout 2014
Sustainability of Scope of Influence

• Maintain Fellowship relationships
• Continue to expand networks in all 3 areas
• Use brand to achieve SOI goals
• Active involvement with RNAO and other politically motivated associations
• Pursue PhD studies to gain credibility and experience to further influence students/faculty and research
2015 AMY J. BERMAN GERIATRIC NURSING LEADERSHIP AWARD

Nancy Edwards PhD, MSN, ANP-BC
Purdue University
Personal Journey

• Interest in Geriatrics started in childhood

• Geriatric employment
Interprofessional Team Work

• The IPE journey

• Challenges

• Rewards
Current Scope of Influence

• Care of client
  • Provision of care
  • Community involvement

• Students
  • Stimulating interest
  • Increasing geriatric knowledge

• Other professionals
  • Health professional education
Research

• Dementia/animal assisted therapy
  • Nutrition
  • Affect
  • Exercise
  • Behavior

• Robotic dog and older adults
Impact of Leadership Development on Policy Advancement and Caring for Older Adults
Interprofessional Health Care Leadership

Drivers of Change:

- Demographics
- Economics
- Governments
- Delivery Systems
- Human Capital
- Innovation
Leadership Development Impact

Model the Way
Inspire a Shared Vision
Challenge the Process
Enable Others to Act
Encourage the Heart
Nurses Leading Systems Change

• Assessment
• Design
• Implementation
• Research
• Analysis
• Dissemination
Nurses Leading Systems Change

Implications for:

• Healthcare Delivery
• Policy Advancement
• Workforce
• Prevention
• Wellness
Preparation and Positioning for the Future
Q & A
For more information or questions contact: leadership@stti.org