Nurse-led engagement of the interdisciplinary team in assessing geriatric care processes

Facility: **MedStar Southern Maryland Hospital Center**

Authors:

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Purpose: **MSMHC's NICHE steering committee identified the need for enhanced interdisciplinary collaboration and GRN and Geriatric Patient Care Associate (GPCA) identification of geriatric care needs as evidenced by failure to achieve targeted benchmarks in patient experience and quality measures.**

Background: **Focused observation of daily interdisciplinary rounds (DIR) with regard to age-sensitive assessment and management was conducted by senior nursing and physician leaders. During our DIR observations, it was apparent that there were gaps in communication and an absence of individualized medication review. There was variation in workflow among providers. During meetings with associates, we identified that the mobility expectations in the NICHE program was not intuitive for the associates.**

Outcomes: **Tactics identified by the interdisciplinary team including Senior Leadership, Hospitalists, Nurses, Technicians, Case Management, Physical therapy, and Quality members to enhance age-sensitive assessment and management were development of: (a) a Situation Background Assessment Recommendation (SBAR) hand-off tool for nurse to nurse bedside report and nursing presentations during DIR, (b) a DIR template including mobility plan, SPICES assessment, Beer's List review, and quality measures and (c) a teaching video for orientation of new associates which demonstrates team communication expectations.**

S	**Pt. Name:**_____ **Age:**_____ Room#:_____ Admit date_____ **Dx:**_____ Allergies_____	Code Status_____ Physician_____ Diet_____ **Activity Level:**_____ **"Out & About" documented ? Y/N**
B	Hx_____ Isolation *(circle)*: Airborne/Droplet/Contact/Strict **Morse Score:** _____ **Fall risk Y/N Intervention:**_____	Vaccines: PNA_____ FLU_____ Core Measures: *(circle if applicable record at bottom)* MI / Stroke / Child. Asthma **VTE=all** **Smoker? Y/N Nicotine patch? Y/N/NA**
A	**Most recent vitals HR_____BP_____RR_____O2_____** **Any significant events in the last 24 hours?** **Tele Y/N Rhythm**_____ **DVT prophylaxis**_____ PIV Lines:_____ IVF rate:_____ Date inserted:_____ **Central Lines:**_____ Insertion Date:_____ **Line still needed? Y/N CHG bath: Y/N** Pulmonary: Breath sounds:_____ O2:_____ Vent Settings:_____ Cont. pulse ox: Y/N GI: Cardio: BS:_____ Heart Sounds:_____ Last BM:_____ JVD: Y/N Edema: Y/N GU: Neuro: **Foley: Y/N** LOC:_____ Daily care done: Y/N Orientation:_____ **Still needed: Y/N** Output:_____ **SPICES (≥65 y/o): Identified needs:**_____ (Skin, Problems with eating,Incontinence,Cognition,Evidence of Falls, Sleep)	Pain score:_____ Acceptable score:_____ Pain location:_____ *(Re-assess every 4 hrs)* Accu checks Y/N Latest result_____Time____ **Skin:** **Braden Score:**_____ **Wound location/description:** Meds due: Pending Diagnostics: Labs: NA HGB K HCT CL PT/INR CO2 PTT BUN BNP CREAT WBC MG Ddimer CA Card.Enz. 1_____ 2_____ 3_____
R	Outstanding orders reviewed Y/N Pt informed about plan of care Y/N	**Recent Diagnostic Results:**

STROKE:	**CARDIAC:**	**SURGICAL:**
Swallow screen:_____	Weight: _____	Last antibiotic:_____
NIH:____ Statin/LDL: Y/N	*prev.*:_____	Ur.catheter removed: Y/N

Multidisciplinary Rounds-RN presentation

1.General description of patient: name/age/admitting diagnosis

2.Significant events of the past 24 hours: radiological tests/ surgeries/ procedures/ increased oxygen needs/Coded/Rapid Responses

3.Vital signs: abnormal vital signs

4.Tele: rhythm/any events /how long on telemetry

5. Foley: date of insertion Lines: (Central,Mid,PICC)

6. DVT prophylaxis:

7. SPICES: (report any issues)

Multidisciplinary Rounds-MD presentation

1.Hospitalization plan including consultants to be called and medication changes (patients ≥ 65 y/o: consider re-evaluating medication selection if it is from the BEERS list)

2. If patient is ≥65 y/o address any needs related to SPICES and ask "Has your patient been out of bed today and ambulating (if appropriate)?"

3.Tele: re-evaluation (discontinue during rounds if possible and write order)

4.Foley: re-evaluation of need

5. Lines: evaluate need for central line, discontinue if possible

6.Discharge plan: Rehab/Nursing Home/Home with PT

7. Medication Reconciliation completed?

BEDSIDE rounding- MD and RN

Discuss the plan of care with the patient AT THE BEDSIDE

Ask the three questions: Do you understand the medications we are giving you?

Are we managing your pain well?

Do you understand the plan for today?

Conclusions: **Workflow changes were identified through observation of DIR to promote age-sensitive assessment and management. This was implemented through standard SBAR hand-off and DIR templates. Geriatric assessment skills and care processes were enhanced by NICHE Prevalence Days. The next step in this project is to analyze pre-implementation and post-implementation quality measures, critical care transfer rates, and patient experience scores to determine effectiveness.**