Updates On Interprofessional Care Of Acutely Ill Or Injured Older Adults

Mary Fox RN, PhD
School of Nursing, Faculty of Health
York University Centre for Aging Research & Education

Funding provided by
Outline

• Background on a function-focused team approach to older people’s care - Acute Care for Elders Model (ACE) Model

• Nurses’ perspectives on what inhibits and strengthens their ability to promote older people’s functioning as part of interprofessional care:
  1. Geriatrics knowledge
  2. Interprofessional communication
  3. Leadership support

• Lessons learned
• Moving forward
• Questions
ACE Model: Interprofessional Function-Focused Approach to Older People’s Care

Systematic review & Meta-analysis

PATIENT OUTCOMES
• ↓ iatrogenic complications – falls & delirium
• ↓ functional decline
• ↓ nursing home discharges
• ↑ discharges home

SYSTEM OUTCOMES
• ↓ cost of care
• ↓ length of hospital stays

Fox et al., 2012

Older Zoomers receive better hospital care in special units.
Team Care Practices

- Descriptive review of ACE care practices
- What the team ‘does’ matters
  1. Medical review
  2. Patient-centered care
  3. Early rehabilitation
  4. Early discharge planning

- Common - Prevent functional decline & iatrogenic complications either directly by focusing on improving mobility or indirectly by focusing on reducing hospital treatments, practices, or procedures that impede patient mobility and functioning (physical & cognitive)
- Care practices - transportable to all hospital units
Nurses’ Perspectives On The Conditions They Need To Provide This Type Of Interprofessional Care?

- Large survey with random sample of 2005 staff nurses in 148 hospitals in Ontario, Canada on
  - Geriatrics knowledge
  - Practice environments
  - Nursing care practices
  - Interprofessional collaboration
  - Overall quality of care older people & families

- 13 follow-up focus groups with 57 nurses from 18 hospitals using semi-structured interview guide with questions based on the nursing care practices based on the nursing care practices of ACE (IP function-focused approach to older people’s care)

- **Focus today**: Nurses’ perspectives on what inhibits and strengthens their ability to promote older people’s functioning in hospital as part of IP Care
What Inhibits And Strengthens Nurses’ Ability To Promote Older People’s Functioning As Part Of IP Care
Geriatrics Knowledge

• Need geriatrics knowledge & competencies to collaborate in providing IP care

• Nurses experience older people’s care as highly complex, requiring advanced skill & knowledge.
  “…the complexity of the patients these days…the acuity has dramatically increased… they’re [older patients] going in as more high risk than it ever used to be. They’ve got more co-morbidities than they ever used to have. So, the complexity of what we’re seeing is phenomenal.” General Medical Nurse

• Presentation of health conditions in older age - Difficult to differentiate geriatric syndromes from aging processes or chronic illnesses.
  “It’s [delirium] very often confused with….dementia, so you automatically assume because they’re an older person that they have a dementia when it could actually be an ICU-induced delirium.” ICU Nurse

• Nurses recognize need for additional knowledge & have insights into best ways of learning. (Fox et al., 2015)
Learning In Practice At The ‘Point Of Care’

From other nurses
Staff nurses with geriatrics training – mentorship programs
• Solidifies senior nurses’ knowledge
• “Because you’re explaining everything you do, it makes you examine your own practice so closely…it gives you a great insight into your own practice” ICU Nurse

APNs with dual patient care and nurse educator roles
• Embedded in practice as part of team
• Capitalize on “teachable moments”
• Provide “relevant” education
• Experiential & role modelling dimensions of learning in practice convey a genuine respect for the complexity of older people’s care
Learning In Practice At The ‘Point Of Care’

From other professionals

• Broadens knowledge & expands thinking

“…it was really, really good to kind of hear from the doctor’s perspective…their process for trying to figure out what’s wrong and why they order specific tests and why certain medications are not good for certain conditions. It kind of really opened my eyes to the bigger picture” General Medical Nurse

“It makes a huge difference when you have those interdisciplinary meetings regularly. .. you think so much more in a multidisciplinary way…it makes a huge, huge difference in how you think about the patient, how you look at their care … they really heighten your ability to care for the patient.” ICU Nurse

• Team rounds – key venue for learning from IP team
What Inhibits And Strengthens Nurses’ Ability To Promote Older People’s Functioning As Part Of IP Care
Interprofessional Communication


Cultivating interprofessional (IP) collaboration is a core priority of policymakers, service providers, and health care professionals (Canadian Interprofessional Health Collaborative, 2010)

- Highly positive about working interprofessionally

- IP care promoting older people’s functioning requires: regular, timely, direct communication to keep team “on same page” & “up to speed” to prevent further decline & related complications

- Prefer face-to-face in-time IP communication because hospitalized older people “can decondition so, so fast” & complexity of care pose challenges for IP communication

- Allows for instantaneous elaboration & clarification
Mode Of Face-to-Face Interprofessional Communication

- Unit specific
- Nurses in ERs - frequent contact with IP team
- Stressed the importance of *unstructured* lines of communication
- Dialogues “at the bedside” & “quick chats in the corridors or at the nurses’ station”
- Nurses in Medical-Surgical & Critical Care Units less frequent contact with IP team
- Placed high premium on less interruptive *structured* modes of IP communication.
- IP rounds - keystone of information-sharing about older people’s care on these units (Butler & Fox, 2018)
Interprofessional Team Rounds

• Primary venue for decision-making & understanding patients’ care plan

• “Many problems that may be more evident to a nurse…Delirium, sleep disruption, inadequate diet, lack of exercise, poor vision and hearing and lack of socialization. We need to be able to share that info with the team at rounds” General Medical Nurse
Factors Influencing Usefulness Of Rounds

• Attendees: rounds most effective when attended by “the whole interprofessional team”

• Comprehensiveness: dependent on context (e.g. comprehensive rounds useful in developing detailed care plans vs. succinct “bullet” or “mini” rounds such as brief “safety huddles” for falls prevention)

• Frequency: daily rounds most effective to prevent functional decline and related complications (e.g. rounds “each and every morning” has “really improved our care” vs. weekly rounds that fail to keep nurses up-to-date or address rapid declines in functional states that may occur between meetings
What Inhibits And Strengthens Nurses’ Ability To Promote Older People’s Functioning As Part Of IP Care
Leadership Support

- Leaders (unit managers, directors, administrators) - responsible for cultivating practice environments

- Critical to nurses’ ability to support older people’s functioning during hospital stay

- 2nd big cultural turn in healthcare in past few decades - making the healthcare system more efficient.

- A major policy focus in every industrialized country (Nigam et al., 2014)

- Implementing initiatives to maximize efficiency is now a key part of leadership roles

- Leaders under pressure to improve efficiency - tied to financial incentives & disincentives for system outcomes, e.g. length of stay (Fox & Butler, 2016)
Focus in hospitals is on moving older people quickly through the system, not supporting their functioning.

This is the organizational context in which nurses strive to support older people’s functioning.

“It’s All About The Flow”
However: Imperative to Maximize Efficiency Can Work At Cross Purposes With IP Care

• Focus on system efficiency: can disengage leaders from practice “closed off in their offices” and “lost in spreadsheets”

• Nurses see some leaders as too far removed from practice to make decisions that facilitate IP care addressing older people’s vulnerabilities
System Efficiency Initiatives Gone Awry: IP Rounds

- Restructured to maximize nurse time with patients
- Nurses’ presence de-prioritized
- Charge nurses act as go-between, relaying information to and from nurses and the team
- “Ridiculous…all these people [IP team members] meet as a team but they don’t involve the nurse that’s looking after the patient…It’s so backwards. So, they’re [charge nurses] coming back to you with information, rather than you, the person that’s looking after this patient, telling them [IP team members] what the patient needs” General Surgical Nurse
Unintended Consequence of Nurse Exclusion From Rounds

Diminishes learning opportunities
- Undermines nurses’ ability to have overarching IP understanding of patient care

Undermines patient care planning
- Info gets ‘filtered’, ‘lost’, “falls through the cracks”
- Limits nurses’ ability to contribute knowledge of patients’ functioning & engage in decision-making
- Patients don’t benefit from knowledge & expertise that nurses bring to the table

Reinforces asymmetries in professional status & hierarchical relationships
- Expertise that nurses bring to team perceived by nurses as secondary & expendable
Lessons Learned

Geriatrics knowledge
• Nurses experience older people’s care as highly complex, requiring advanced skill & knowledge
• Team members – primary source of nurses’ learning
• Interprofessional team rounds – a key venue for nurses’ learning

Interprofessional Communication
• Nurses prefer face-to-face IP communication
• Mode of face-to-face communication depends on context

Leadership Support
• System efficiency initiatives have potential to disengage leaders & undermine IP care
• Engaged leaders are best positioned to support IP care
Moving Forward

Geriatrics knowledge
• Foster point of care educational initiatives
• Develop structures that facilitate team rounds & info exchange that includes all members

Interprofessional Communication
• Support IP face-to-face communication tailored to the context

Leadership Support
• Cultivate opportunities for leaders to connect to care
Thank You

Please feel free to contact me with any questions.

Mary Fox RN, PhD
Associate Professor, School of Nursing, Faculty of Health
Adjunct Scientist, Toronto Rehabilitation Institute
York University

click to edit
email: maryfox@yorku.ca