

INTERPROFESSIONAL GERIATRIC

ECHO Conference
December 5 & 6, 2019
Durham, North Carolina



VA

U.S. Department
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VISN 6 Mid-Atlantic Health Care Network

**INTERPROFESSIONAL
GERIATRIC**

Elder Care in Hospital (ECHO) Conference

December 5 & 6, 2019

Durham VA Medical Center

Durham, North Carolina



Key Note

*Marri “Nicki” Fryar MBA, MHA, BSN, NE-BC,
VHA-CM*

Chief Nurse Executive

Durham VA Health Care System



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**VISN 6 Mid-Atlantic
Health Care Network**

Presentation of ECHO Cohort 2020

- Amanda Schroer
- Asuncion K. Paras.
- Carlotta Kilongosi
- Fredricka Downing
- Gerri Harris
- Justin Tanski
- Kasey Rios
- Kenneth Manney
- Luis Guarda
- Melissa Edwards
- Mia LaPlate
- Michaela Chin
- Miller, Pamela
- Nwekw Nneka
- Rebecca Lee
- Rita Malkki
- Ruth A. Beierle
- Sneha Sajan
- Thad Craven
- Thomas Higgins
- Veronica Burleson
- Wendy Peace



Presentation of
Special Contribution
Awards

ECHo Conference
December 5 & 6, 2019
Durham, North Carolina



Introduction to ECHo

Elderly
Care
in
Hospital

Maria Orsini, EdD, RN, GRN
Elder Care in Hospital
(ECHo) Leader





GUIDES



RESTROOMS

RESTROOMS



Take My
Healthy Challenge

Dec 6th: 1:00 - 1:25 PM

Chocolate Cherry
Smoothie

Food For Life
Demonstrations



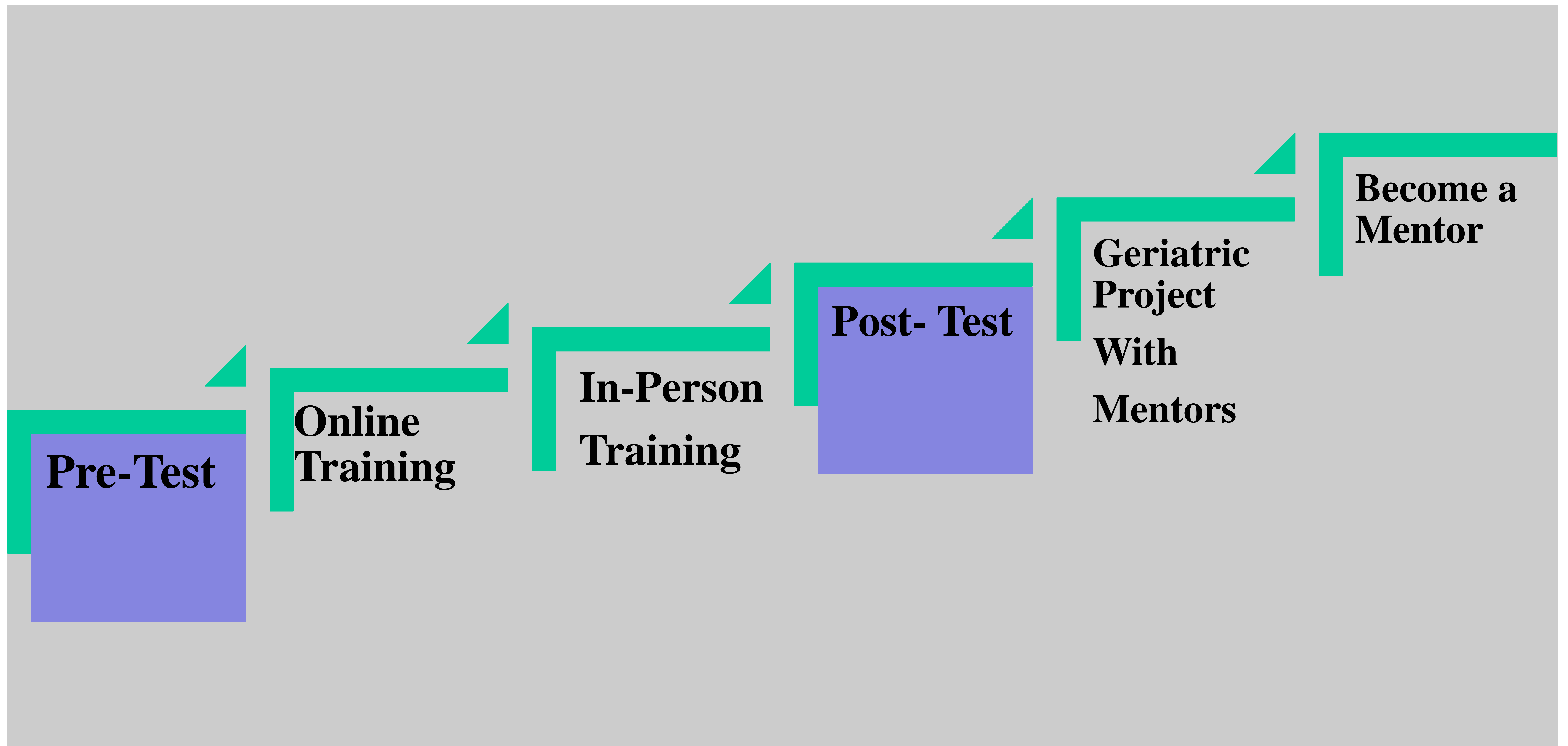
Raffles

- Win Anytime!
- Must be present to Win
- You can win extra tickets when you participate

How did ECHo Start?

- T-21 initiative program that is funded by the Office of Geriatrics and Extended Care
- Collaboration between Durham VA Nursing Service and Geriatric Research, Education, and Clinical Care (GRECC)
- A nurse-led initiative to improve the interprofessional care of hospitalized older Veterans.
- Subcommittee of the Clinical Performance Practice Committee since 2014
- Cohorts: June 2017, Dec. 2017, 2018, 2019

Milestones for ECHo Cohort



In 2018 & 2019 Cohort there was a significant difference ($p < 0.05$) in Pre & Post Test results using the KOP-Q = *The Knowledge about Older Adults – Quiz*



Elder Care in Hospital (ECHO)



VA U.S. Department of Veterans Affairs

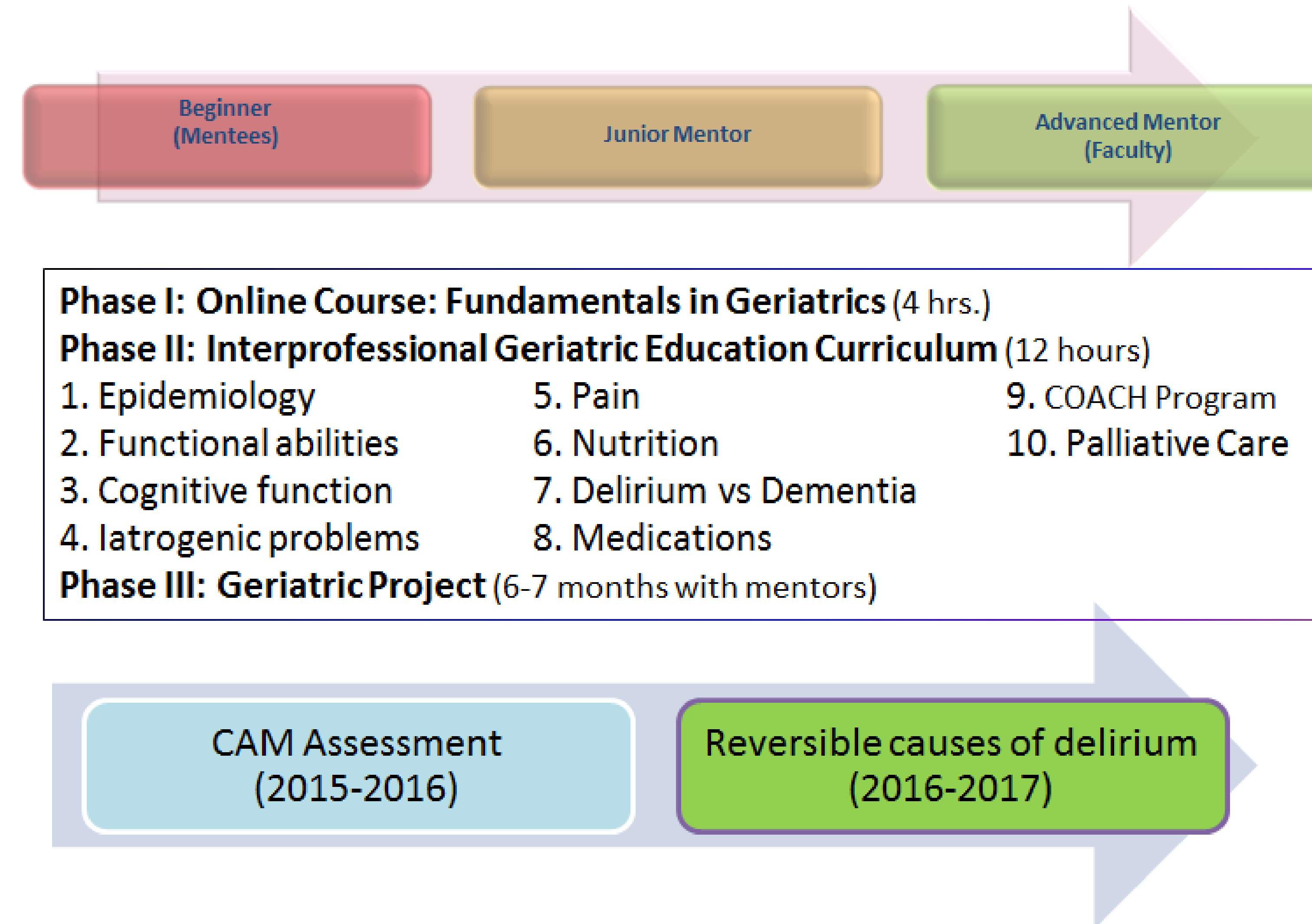
**Durham VA Health Care System and GRECC
Durham, North Carolina**

Why older Veterans need ECHO?

- High rate of 30-day readmission
- Increased propensity to function decline resulting from hospitalization.
- High risk for iatrogenic complications such as medication adverse events, falls, nosocomial infections
- Longer inpatient stay



What is the ECHO Structure?



Who are the members of ECHO?

- RNs
- LPNs
- Nurse Practitioners
- Occupational Therapists
- Physical Therapists
- Physicians
- Social Workers
- Speech Therapists
- Geriatric Residents

ECHO Targeted Outcomes

- Use standardize delirium tool
- Improve attitude & knowledge among interprofessional staff towards geriatric care
- Improve older veteran satisfaction in hospital care
- Reduce hospital – related complications
- Improve Durham VAHCS metrics

Geriatric Projects : June 2017 to 2019 Cohorts

- Pain Management
- Confusion Assessment Method (CAM)
- Financial impact of CAM
- Reducing Falls
- Preventing and Managing Delirium
- Eliminating Unnecessary “Tethers”
- Management of Urinary Incontinence
- Elderly Patients in the ED
- Palliative Care in Intensive Care Units
- Dementia Safety Assessment
- Nutrition Screening



Points of Contact

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DEMENTIA and the pain that comes with aging

- ❖ There are an estimated 24 million people with dementia across the world, of whom 50% experience regular pain.
- ❖ Current assessment and treatment of pain in this patient group are inadequate.
- ❖ In addition to the discomfort and distress caused by pain, it is frequently the underlying cause of behavioral symptoms, which can lead to inappropriate treatment with antipsychotic medications.
- ❖ Pain also contributes to further complications in treatment and care.
- ❖ The PAINAD pain assessment can help diagnosing pain use 5 dimensions: breathing, negative vocalization, facial expression, body language, and consolability.

OBJECTIVES PAINAD and it's usage

- ❖ PAINAD is used for non-verbal patients with advanced dementia.
- ❖ PAINAD can not be used accurately in patients who are non-verbal due to sedation and-or intubation.
- ❖ Without use of the PAINAD pain scoring tool patients will go undiagnosed.
- ❖ The use of an analgesic is one way to treat pain in a non-verbal patient with dementia.
- ❖ Consequences of untreated pain include change in vital signs, arrhythmias, stress, depression, sleep problems, decreased emotional well-being, mobility impairment, clots, pneumonia, and increased health care utilization.
- ❖ Considering caregiver report of pain as the only source of information is inaccurate in assessing pain in a non-verbal patient with dementia.

METHODS PAINAD

- The staff was educated on the use of the PAINAD.
- The template was provided to all staff and added to the existing CPRS template.
- The staff was tested prior to the implementation of the PAINAD.
- The staff was tested after the PAINAD training.

Pain Assessment in Advanced Dementia (PAINAD) Scale

Item	0	1	2	Score	
Breathing	Normal	Occasional shallow breathing	Very shallow breathing	Long period of apnoeas	
Vocalization	None	Occasional moan or groan	Incoherent vocalizations	Unpleasant vocalizations	
Facial expression	None	Occasional frown or grimace	Facial grimacing	Facial grimacing	
Body language	None	Minor withdrawal posturing	Major withdrawal posturing	Agitation or pulling at tubing or jewelry	
Consolability	No need to touch	Disturbed or reassured by verbal touch	Disturbed or reassured by verbal touch	Disturbed or reassured by verbal touch	



Results

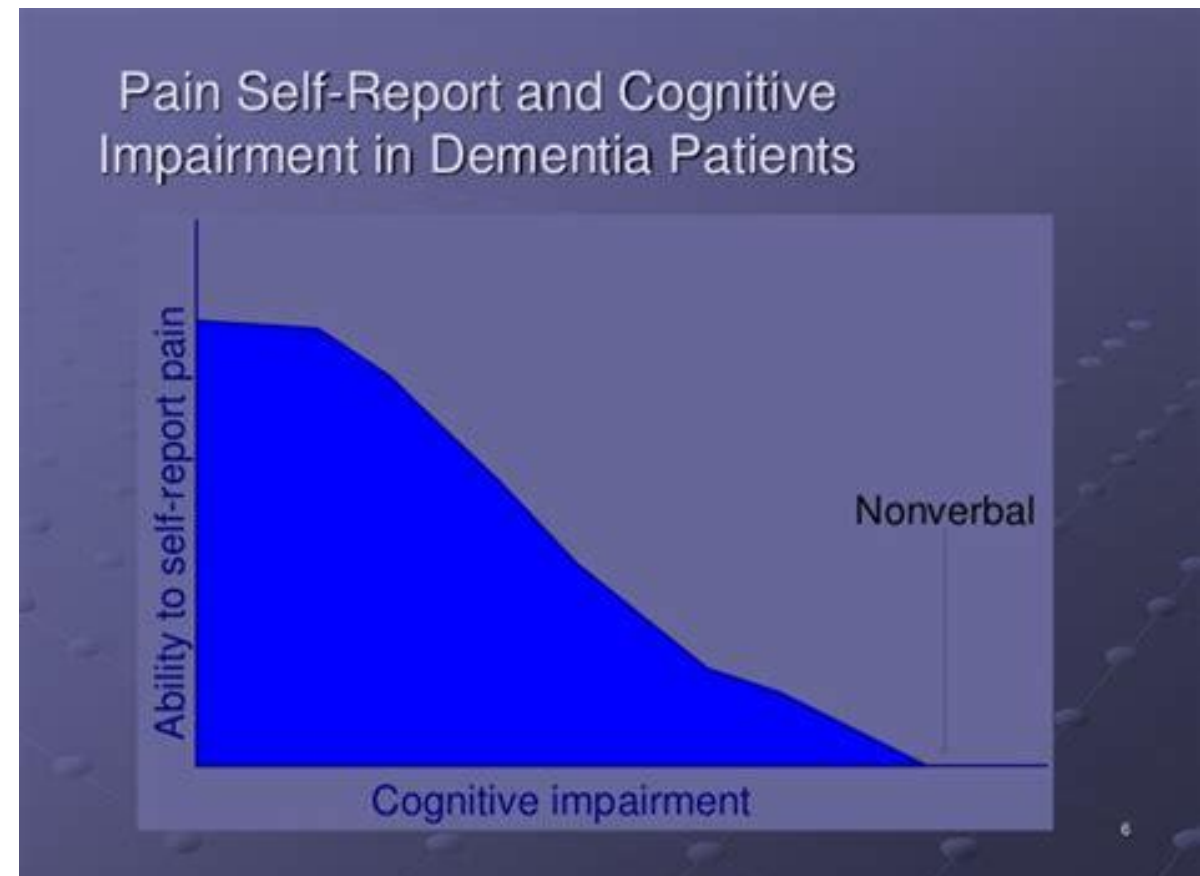


Dementia a more vivid picture

North Carolina is college basketball country; whether it is Duke or UNC these stadiums don't stand a chance hold the individuals diagnosed with dementia. Duke seats 9,314 individuals; it would take 2,577 stadiums to hold the individuals diagnosed with dementia. UNC can hold 21,750 individuals; it would take 970 stadiums to hold the individuals diagnosed with dementia.

Pain and Dementia

Evidence demonstrates the severe lack of effective assessment and treatment of pain in those with dementia. Pain is common among the elderly due to the increased prevalence of age-related conditions like osteoporosis, arthritis, and cardiovascular disease, and this is also true for people with dementia. These individuals appear to experience the intensity and affective component of pain differently than their cognitively intact counterparts do. In addition, the loss of communication ability leads to serious difficulties in detecting pain, particularly in more severe stages of dementia. In these individuals, pain is often also expressed in specific behaviors, such as agitation or withdrawal, that might mimic psychiatric conditions.

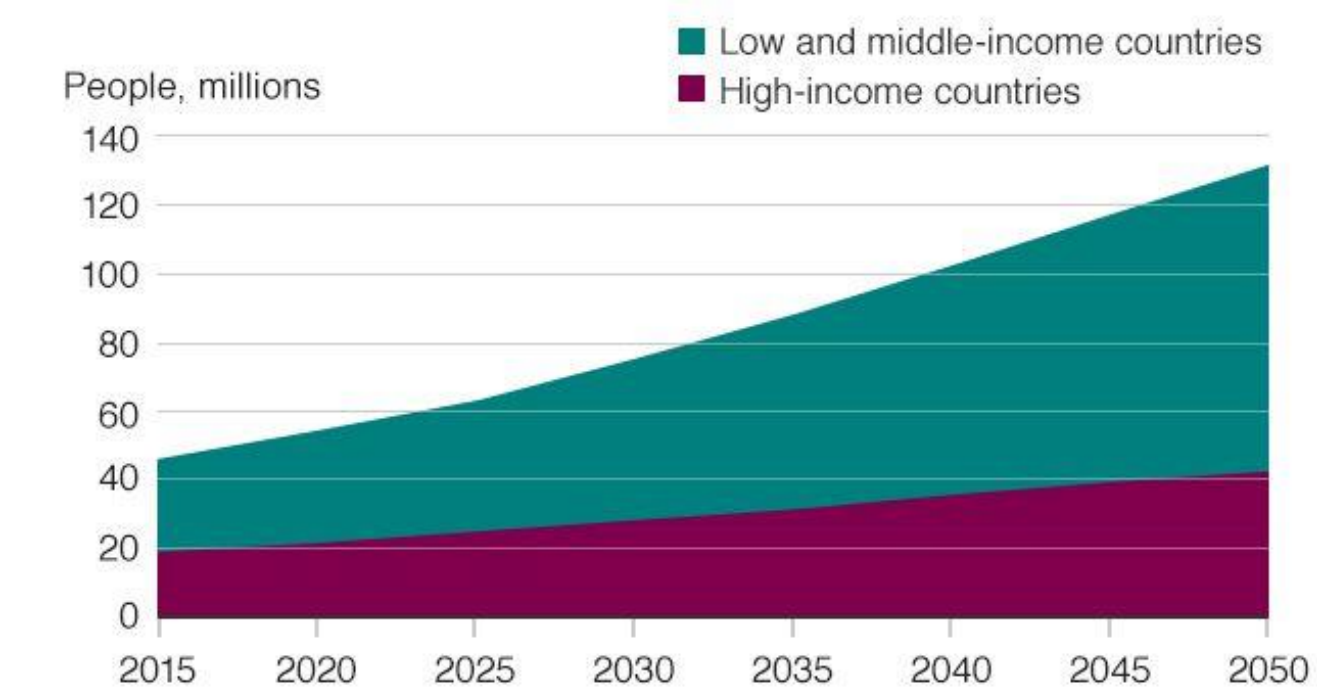


Dementia Demographic Data

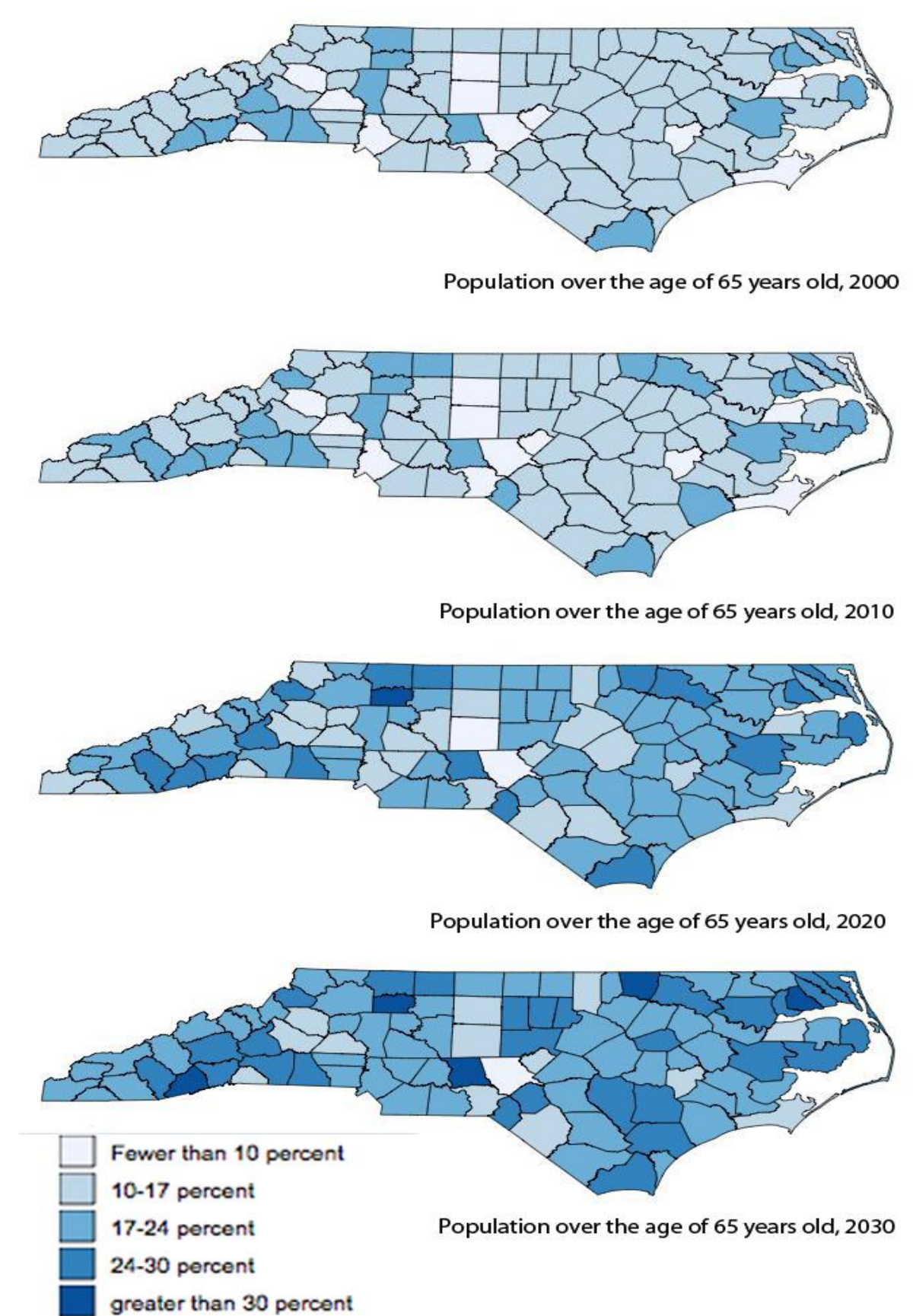
Worldwide, there are now an estimated 24 million people living with dementia. This number could jump to as many as 84 million who have age-related memory loss by the year 2040.

Currently, more than five million Americans suffer from dementia and it is the seventh leading cause of death in the U.S. About 13% of Americans over the age of 65 have dementia and half of those over age 85 will develop dementia.

Forecast growth of dementia globally



Source: The Lancet / Alzheimer's Disease International



MAJOR THEMES Teaching

- ❖ 75% percent of the staff was not familiar with the dementia pain scoring.
- ❖ Scoring was not performed on patients with dementia and pain was not properly treated while the patient was in the emergency department.
- ❖ The staff was educated on the PAINAD tool and it was implemented.
- ❖ The staff is now aware of the screening tool and plans to use it

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This poster was created from the lessons learned during the 5th Elder Care in Hospital Training (2018). Durham Veteran's Administration Medical Center, Durham, NC.



Personalizing the Hospice Experience Ritualistic Interventions to Support Family and Staff



VA U.S. Department
of Veterans Affairs

Durham VA Health Care System
Michaelene Moore, MSN, RN, ANC-P, CNS-BC, ACHPN
Michelle Sawyer, RN, BSN

Background:

- Providing a peaceful, calming environment is a crucial element to increasing vigilance for comfort and tranquility at the end of life. The attitudes of nurses caring for dying patients have a direct impact on the quality of care that is provided (Mastroianni, 2015). This support is inclusive of nursing staff.
- Each discipline, including EOL care has expertise in specific areas which can allow for the highest quality care possible remembering that health professionals have only one chance to get it right (Sherman, et.al, 2005). -
- Through research and experience, a critical need has been identified to improve the hospice and palliative care experience “by better understanding the needs during their loved one’s dying process” (Cronin, 2015).
- Hospice staff can benefit from the use of personal rituals to cope with the frequent deaths of their patient, and aiming to provide compassionate care while minimizing burnout. (Montross-Thomas, L. et.al. 2016).

Specific Aims

- To use rituals to improve compassionate care rendered to patients and families as well as decreasing staff burnout and caregiver fatigue. Practice rituals which can “increase a sense of connectedness, meaning and support” (Montross-Thomas, 2016) while decreasing caregiver burnout.
- Family education to families about the dying process. Nurses can also provide physical and emotional support through effective communication developing a trusting relationship with families.
- Memorializing and debriefing to provide staff in EOL care a venue for closure

Rituals for Family and Staff Support

Peaceful Vigil

Banner is placed on the door during the actively dying process – signifies the need for peaceful, calm & quiet environment
 “No Veteran Dies Alone” – Staff or volunteer remains at bedside
 Comfort Cart and end of life (EOL) education provided to family

Final Salute

Death with Dignity protocol initiated
 Family may remain with the veteran after death occurs
 Present family with veteran’s personal quilt
 During veteran transport to the morgue, all staff stop and honor as stretcher is escorted off the unit by chaplain
 Ringing of the Bell – “Singing Bowl” on departure from the unit

Remembrance Ritual

Following the veteran’s death, the room remains empty for 24 hours in remembrance. A service dove quilt is placed on the bed with the patient’s name card, a candle, and a spray of silk flowers. This memorialization is an effective method to provide staff closure and provide continued staff support.

Evaluation

- Continue to monitor quarterly VISN EOL Bereaved Family Survey results for improvement in Durham’s current 66% overall rating score
- Anonymous unit based family based post survey questionnaire to be used to evaluate effectiveness of ritualistic interventions and to gain insight for other quality initiative projects

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- Sherman, D.W., LaPorte-Matzo, M., Pitorak, E., Ferrell, B. R., & Malloy, P. (2005) Preparation and care at the time of death. *Journal for Nurses in Staff Development*, 3 (93, 93-100.)



Efficacy of Delirium Education for Nursing Staff in a Cardiac Intensive Care Unit (CICU)



VA U.S. Department of Veterans Affairs

Hannah Barrett, OTR/L, MSOT, MEd; Steven Fairbanks, PT, DPT, GCS

Elder Care in Hospital Program, Durham VA Health Care System, Durham, North Carolina, USA

Background:

- Delirium is an acute medical condition characterized by a fluctuating course of inattention and additional changes in global cognitive function and/or arousal levels.
- Delirium pathophysiology is not well understood, and is a condition that is just recently gaining attention in the hospital setting.
- Delirium leads to increase risk of death, longer ICU/hospital stays, d/c to SNF, and long-term cognitive decline.

Prior to project implantation:

- Knowledge gaps existed in CICU nursing staff about delirium and intervention
- Standard practice to administer CAM-ICU delirium screening. CAM-ICU screen developed for patients who are intubated and unable to verbally communicate. Sensitivity for delirium detection significantly decrease with verbal population.
- Majority of CICU patients can verbally communicate.

Purpose of project:

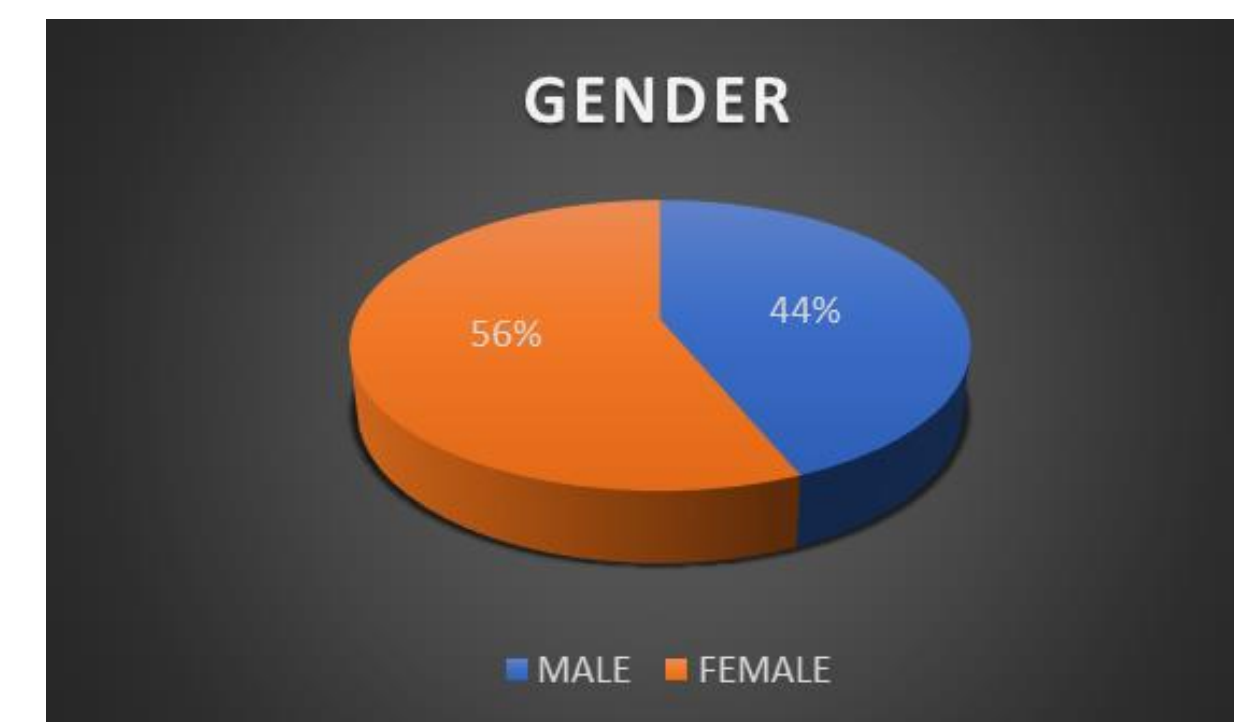
- Increase CICU nursing staff knowledge of delirium, ability to screen for it, and appropriate interventions.

Project Goals:

- Inter-professional Cooperation: PM&RS and nursing staff from CICU collaborating to create training module on delirium.
- Improve Outcomes: Improve nursing score on pre/post assessment. Increase the ability to identify veterans with delirium and provide interventions. In turn, leads to decreased days of delirium and decreased days in ICU and hospital stay
- Sustainability: Working with unit champions from night shift and day shift create a module that can be used for new staff and refresher training program.

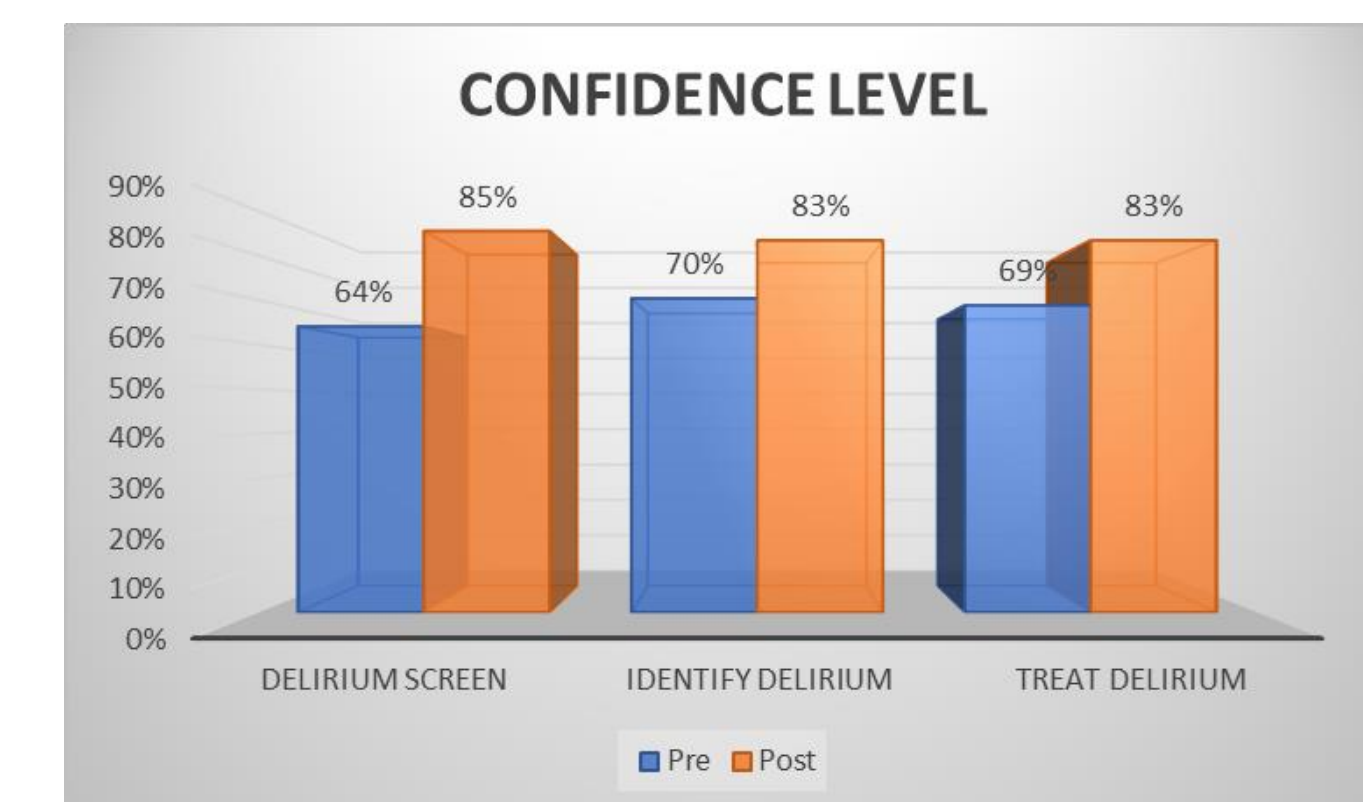
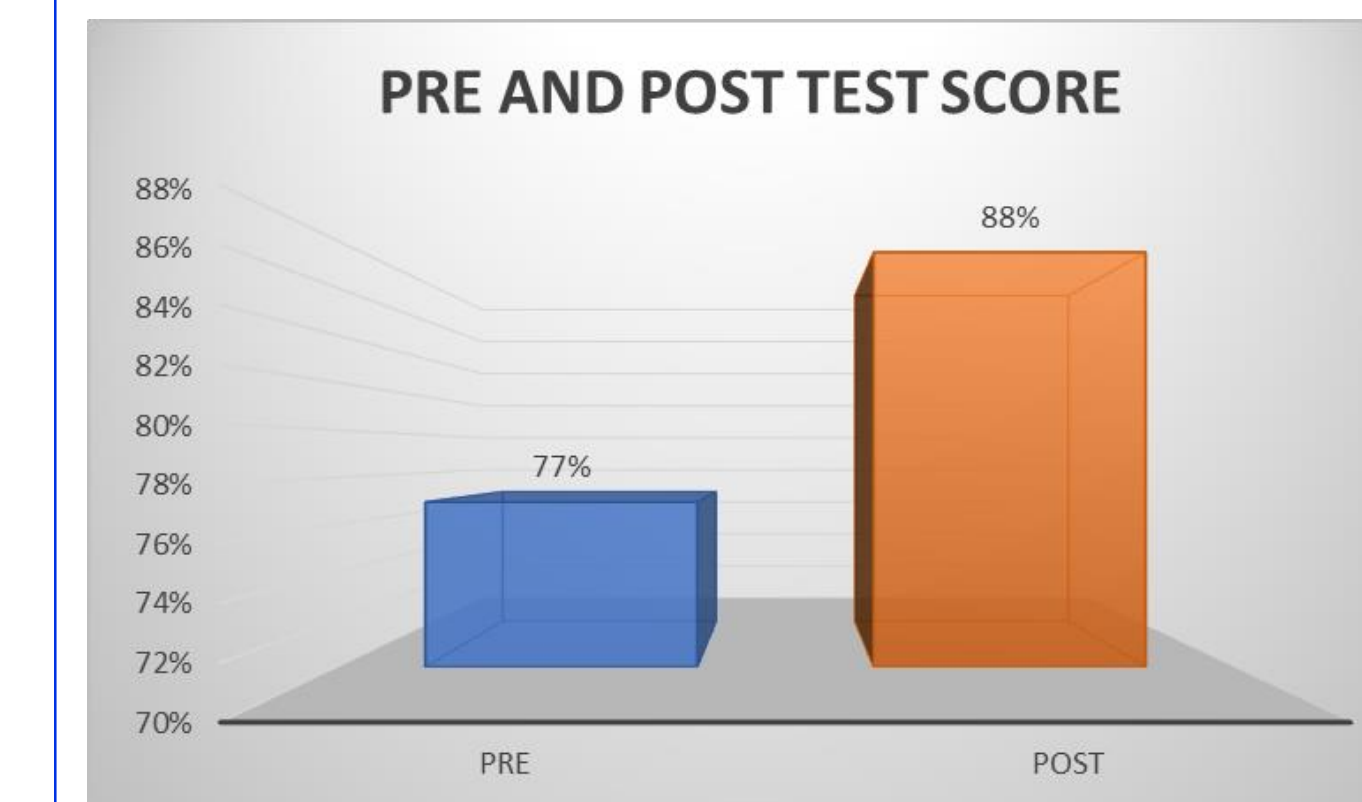
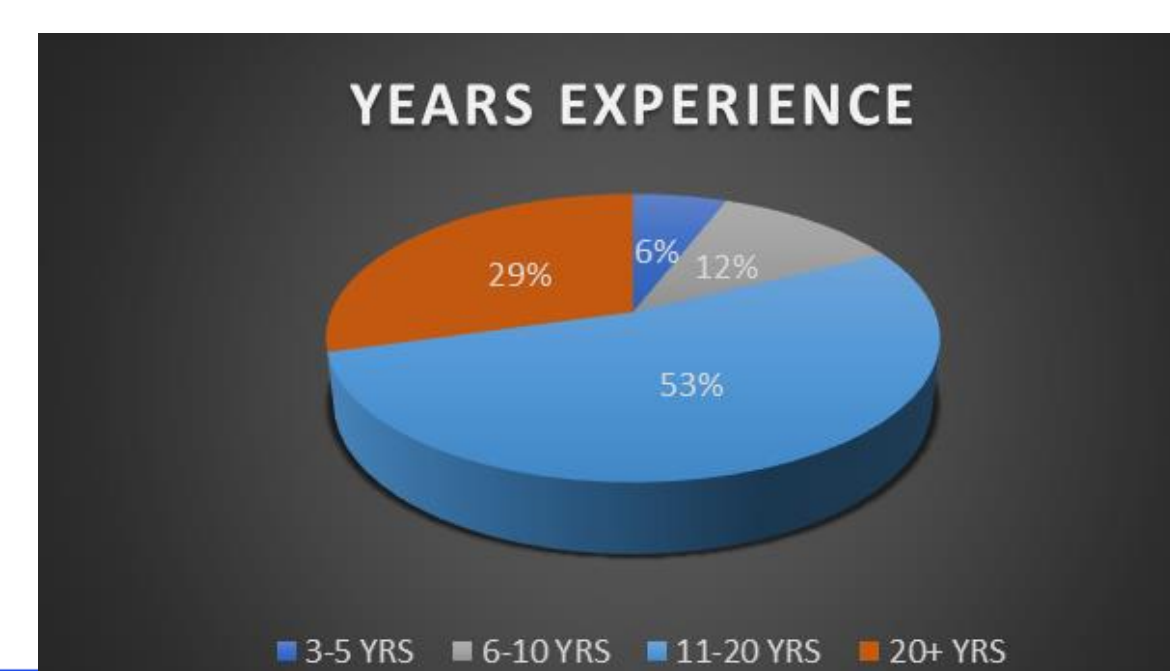
Methodology:

- Administer a pre-test adapted from Knowledge-about-Older-Patients Quiz (KOP-Q) to CICU nursing staff assessing back ground knowledge on delirium and comfort levels assessing for delirium and implementing interventions.
- Based on results from the pre-survey created a online audio/visual training module on delirium targeting knowledge gaps.
- In collaboration with Perioperative Optimization of Senior Health - Delirium Risk Evaluation and Management (POSH-DREAM) created in person training module on delirium assessment using 3D-CAM and CAM-ICU.
- When administered to the appropriate population the 3D-CAM has a sensitivity and specificity of 95% and 94% respectively; the CAM-ICU has a sensitivity and specificity of 80.0% and 95.5% respectively.
- Over a 2 month time period nurses completed online training independently and then attend an in-person training receiving 1.25 CE
- Administer post-test to CICU nursing staff after completion of both modules.
- Training modules made available on the S drive for refresher training and training of new staff.



Demographics:

- The Durham VA Health Care System is a tertiary hospital serving veterans in North Carolina and southern Virginia.
- The CICU is an 8 bed unit
- In total 24 nurses: 11 nurses work day shift and 13 work night shift.
- There are 18 female and 6 male nurses working in the CICU.
- The largest group of nurses were those who had 11-20 years of experience.
- Seventeen nurses completed pre-survey 14 nurses completed post-survey and 22 nurses attended in person training.



Results:

- Overall average scores on the adapted KOP-Q rose 11%
- Day shift nurses' scores rose 15% more than night shift nurses
- Nurse's confidence level at screening for delirium increased 21%
- Nurse's confidence level at identifying delirium increased 13%
- Nurse's confidence level at treating delirium increased 14%
- Subjectively, nurses throughout this project improved in their ability to recognize the signs of delirium and appropriately screen for delirium.

Limitations:

- Despite all but 2 CICU nurses participating in the project, it was still a relatively small sample size.
- Statistical analysis was not completed, so findings cannot be generalized.
- Participants were not fully compliant with completion of the independent-study portion of the delirium training.
- Although all nurses completed the live training session, eighteen percent of the participants did not complete the post-test

Conclusion:

- Initiating a comprehensive delirium education program may be effective at improving knowledge and confidence of nursing staff in Cardiac Intensive Care Units.
- More research should be conducted regarding delirium education in hospitals.

References:

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•Kim, Y., & Houng, S. (2015). Intensive care unit delirium. *Korean J Crit Care Med*, 2, 63-72. <http://dx.doi.org/10.4266/kjccm.2015.30.2.63>

•Palihnich K, Inouye SK, Marcantonio ER. (2014) The 3D CAM Training Manual for Clinical Use. Boston: Hospital Elder Life Program. Retrieved from: www.hospitalelderlife.org

•POSH-DREAM. (2018) Delirium training in ICU: Delirium assessment [Powerpoint Slides]

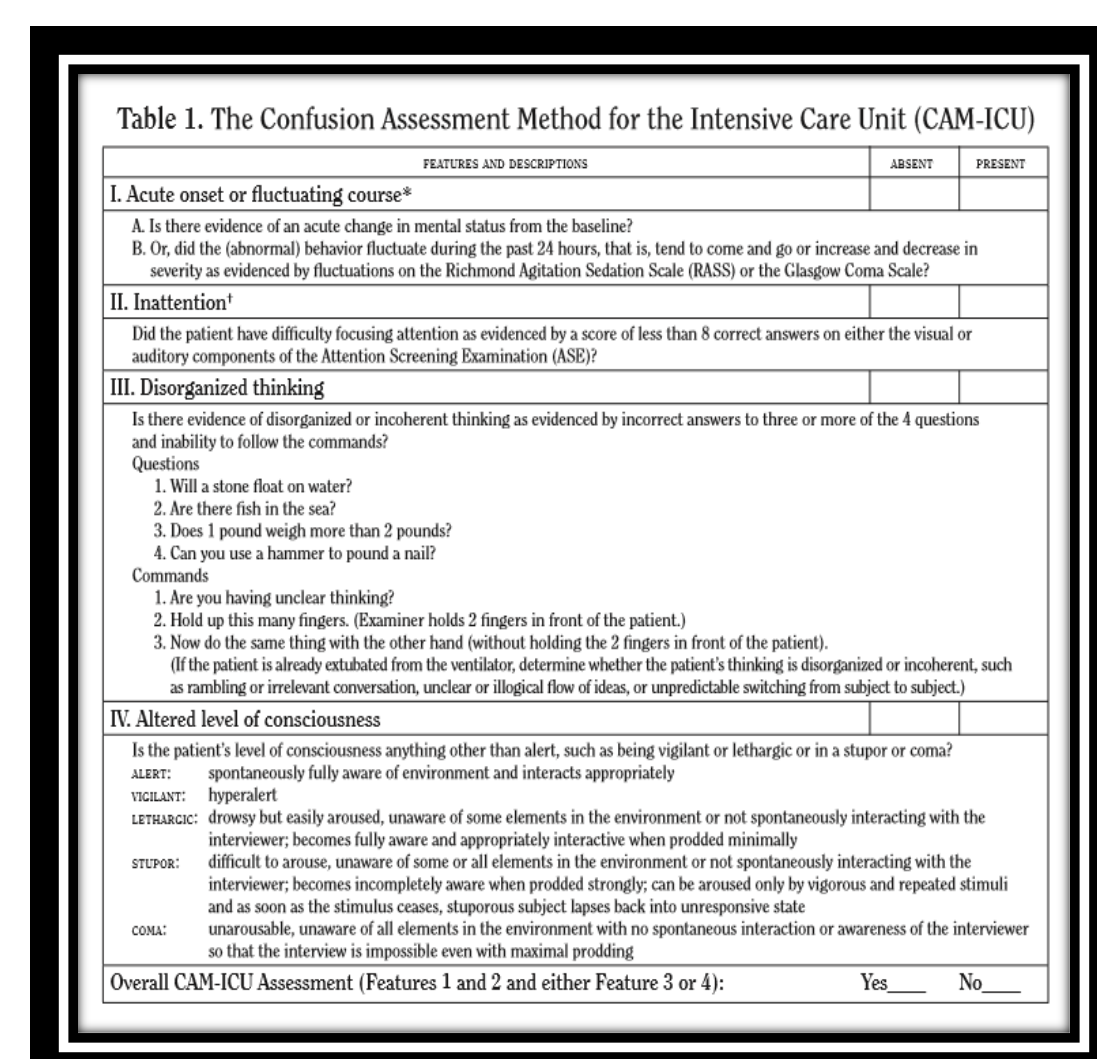


Figure 1: CAM-ICU worksheet (Ely & Pun, 2010)

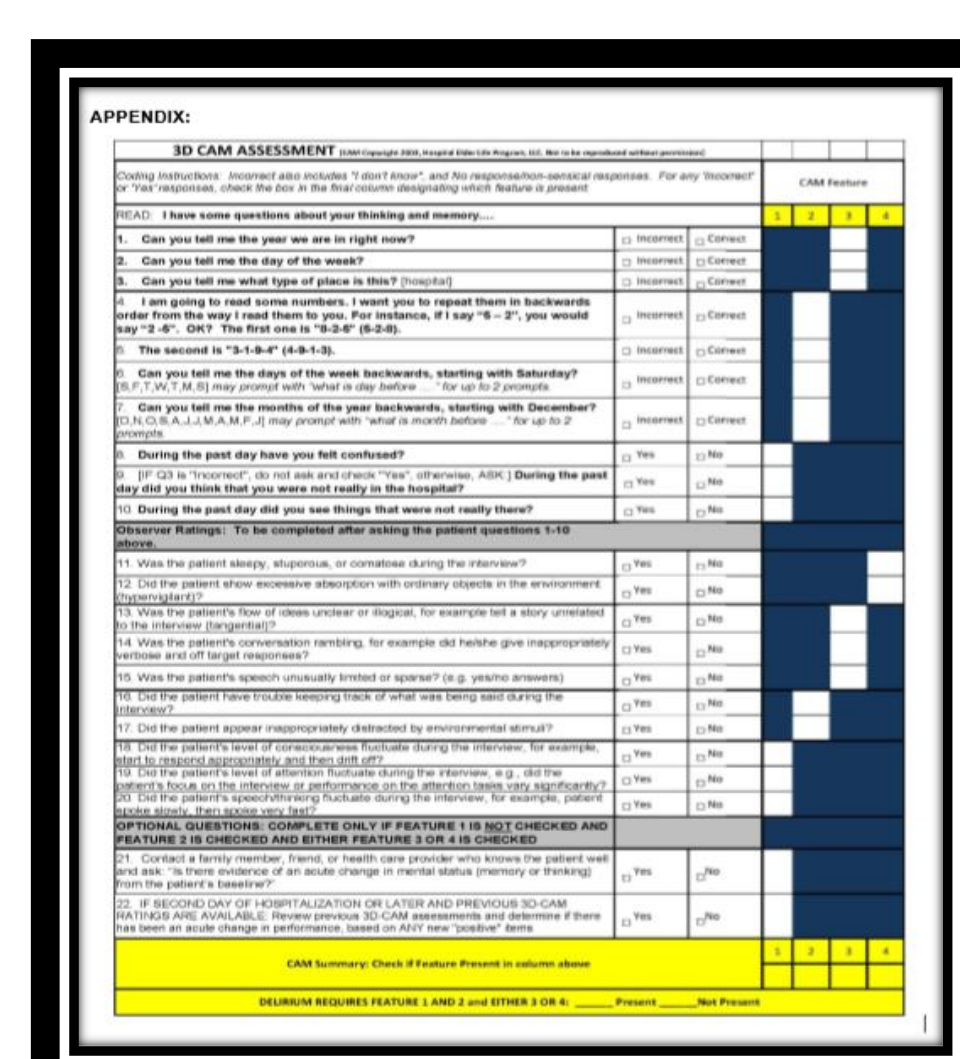


Figure 2: 3D-CAM worksheet (Palihnich, et al., 2014)



Psychological Depression in Veterans Pre and Post Open Heart Surgery



Padideh Imenikashani, RN, BSN, CCRN

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BACKGROUND

- **Major depression** affects 10%-40% of **open heart surgery** patients (Aguayo et al., 2019).
- **Open heart surgery is defined** as any type of cardiac surgery which the chest wall is cut open and procedure is performed on the valves, muscle, or arteries of the heart (U.S. Department of Health and Human Services (HHS), National Institutes of Health (NIH), National Heart, Lung, and Blood Institute, 2003)..
- **A comprehensive overview of recent literature** recommends using screening aids to improve recognition of depression among cardiac surgery patients (Aguayo et al., 2019).
- **Depression** is much more than **feeling sad**. It is a medical problem. It is a psychiatric disorder that can interfere with all aspects of an individual's daily life (William & Nieuwsma, 2019).
- **Risk factors** for depression involve family history, stressful life events, environmental and social influences, trauma, poor social support, dementia, substance abuse, and serious medical illnesses (Aguayo et al., 2019).
- **Depression can be triggered** by common chronic medical conditions and comorbidities often experienced by older cardiac surgery patients, such as diabetes, hypertension, congestive heart failure, coronary artery disease, MI, arthritis, cancer, kidney failure, and stroke (Mulle & Vaccarino, 2013).
- **Literature analysis** indicates that depression symptoms have **doubled** among Vietnam War Veterans compared to World War II or Korean War Veterans (Gould, Rideaux, Spira, & Beaudreau, 2014).
- **Depression has direct influence** on functional recovery during the **postoperative period** of cardiac surgery. Patients significantly experience decreased health-related quality of life, poor social function, continued chest pains, fatigue, insomnia, anorexia, hospital readmission, suicide, and higher risk for cardiac mortality (Aguayo et al., 2019).
- **Fortunately, depression is detectable and treatable** (HHS, NIH, NHLBI, 2003).

GAP PRIOR TO PROJECT IMPLEMENTATION

- Despite the considerable number of Veterans in open heart surgery population who suffer from depression, screening for **depression has not been a priority, and the focus is often on other aspects of the care.**
- Depression screening for open heart surgery patients at Durham Veterans Administration Health Care System (DVHCS) is limited and inadequate.

OBJECTIVES

- Measure depression symptoms using the **Patient Health Questionnaire (PHQ-9)** in Veterans pre and post open heart surgery such as Coronary Artery Bypass Graft (CABG), valve replacement, heart valve repair, congenital heart surgery, cardiac myxoma (benign tumor of the heart) at DVAHCS.
 - The **PHQ-9** is a standardized, validated and comprehensive depression measurement tool, which covers the full range of symptoms that reflect major depression (Horne et al., 2013).
 - Hammash and colleagues (2013) report strong internal consistency reliability of PHQ-9 supported by Cronbach's alpha = **0.83** and substantial concurrent validity with Beck Depression Inventory-II.
 - **Scores of 10 and greater on the PHQ-9 screening requires more comprehensive assessment and need for psychiatrist or psychologist consult** (Home et al., 2013).

METHODOLOGY

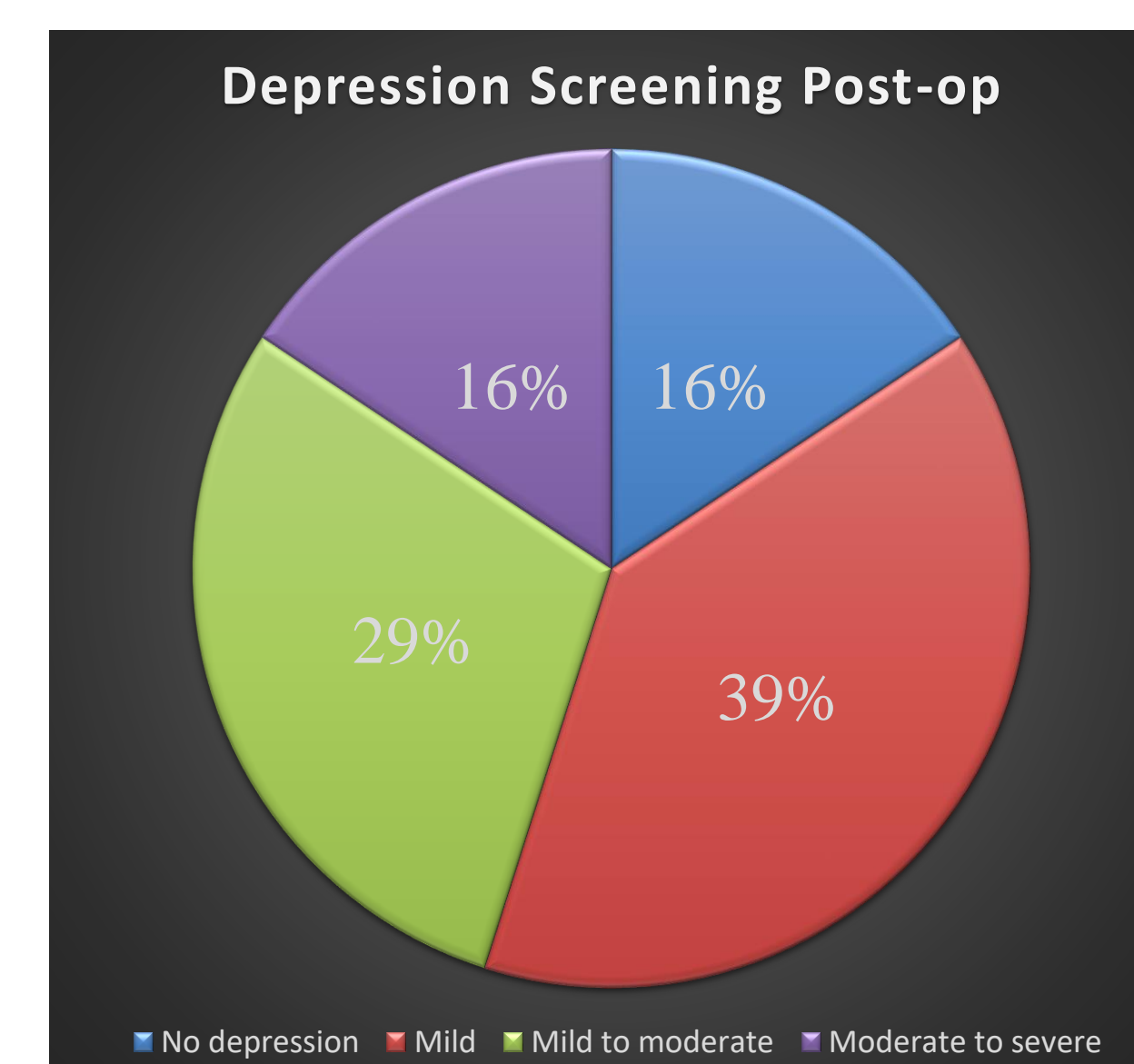
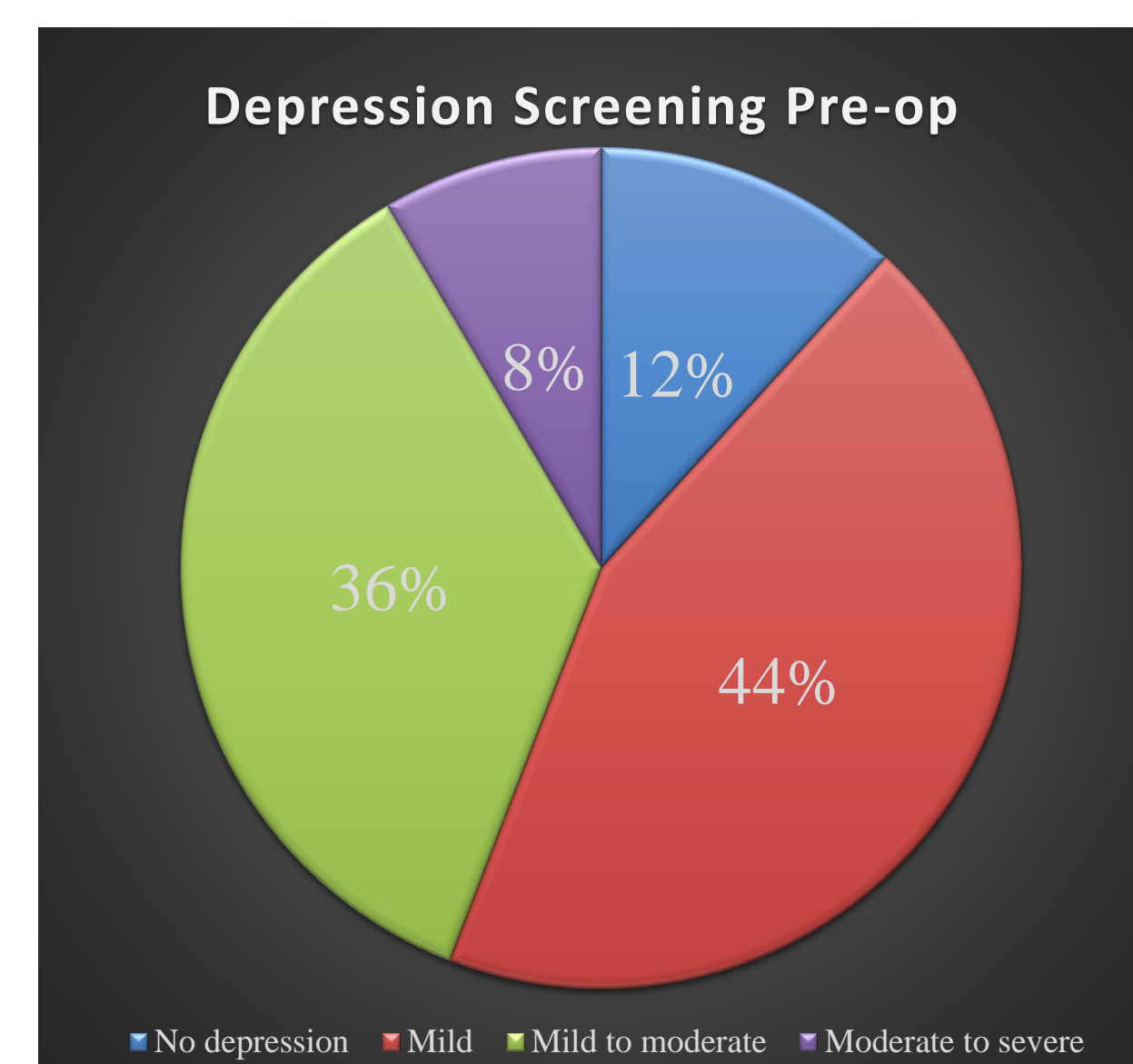
- **Veterans** scheduled for open heart surgery at DVAHCS were identified and verbal consent obtained from individuals who showed interest in participating in this Performance Improvement ECHO Project.
- **To monitor severity of depression over time**, pre screening of Veterans was completed at **4B unit** prior to surgery (at time of pre-operation assessment) followed by 3 to 6 weeks post-surgery evaluation at Cardiac Outpatient Clinic.
- Demographic information was obtained from review of the **electronic medical charts** pre and post open heart surgery.

DEMOGRAPHICS

Table 1. Demographic and Clinical Characteristics of Sample

Variable	N=52
Age, Median years (range 52-87)	69
Elderly (age >=65) %	80
Gender (%)	
Male	96
Female	4
Race (%)	
White Male	72
African -American Male	28
White Female	100
Service (%)	
Vietnam War	69.2
Post-Vietnam	13.4
Korean War	1.9
Post Korean	7.7
Persian Gulf War	11.5
Deceased post-surgery (%)	3.4
Refused to participate in depression screening (%)	11.5
Pre-diagnosed with depression (%)	32.7
On some type of depression medication (%)	26.9
PTSD (%)	13.5
Cardiac artery disease (CAD) (%)	80.8
Other types of heart disease such as valve insufficiency, muscle dysfunction, and congenital heart disease (%)	19.2
*Common chronic medical conditions such as:	
Hypertension (%)	72
Lipid dysfunction (%)	40.7
Cancer (%)	9.2
Diabetes (%)	18.5
Chronic pain (%)	24
Smoker (%)	35
Kidney failure (%)	12.9

* Percentages total >100 because some patients had more than one diagnosis.



RESULTS

When: November 2018 to July 2019

Who: 52 of 61 Veteran candidates participated

Sample: Median age of 69 years, while 42 were 65 years of age or older. Most participants were white men (96%) that underwent CABG (80.8%). The majority served in Vietnam War (Table 1).

Preoperatively 32.7% of Veterans were medically diagnosed with depression, and from that population only 26.9% were on some type of depression medication (Table 1).

PHQ-9 scores showed that 31% of Veterans have developed a higher score of depression post open heart surgery whereas only 3.8% of them have been diagnosed with depression preoperatively.

Postoperatively moderate to severe depression scores increased from 8% preoperatively to 16% postoperatively (Table 2).

Table 2. Interpretation of PHQ-9 Score Pre and Post Open Heart Surgery

PHQ-9 score	Pre-op Result	Post-op Result	Interpretation of Score
PHQ-9 score of 0	12%	16%	No sign of depression
PHQ-9 score of 1 to 4	44%	39%	Minimal depression
PHQ-9 score of 5 to 9	36%	29%	Mild depression
PHQ-9 score of 10 and >10	8%	16%	Moderate to severe depression

CONCLUSION AND RECOMMENDATION

- **Implementation of a standardized comprehensive depression measurement tool (PHQ-9)** on Veterans' pre and post open heart surgery may aid in early detection and management of depression, while allowing the surgical team to get an appropriate preoperative psychiatric consult.
- **Timely psychiatric intervention and proper follow-up will result in improved postoperative recovery and quality of life.**
- Collaboration between psychologists, psychiatric specialists, cardiac surgeons, cardiologists and cardiac nurses will require more research regarding depression in veterans at DVHCS who will undergo open heart surgery.

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PSA Screening Tool : Fall Patient Outcomes

VA U.S. Department of Veterans Affairs

By: Soly Thomas BSN, RN
 Mentors: Maria Orsini, EdD, RN, GRN, VHA-CM
 Renwick Griffith, MSN, RN
 Aruna Godugula, MSN, RN

Elder Care in Hospital (ECHO) Project

DISCOVER The Opportunity

Delirium is common in hospitalized patients. On admission, the incidence is 11-25% after admission 29-31% patients will develop delirium.

Delirium is a major risk factor for falls.

Falls are most significant adverse event experienced in hospitalized patients and it is more prevalent in delirium patients.

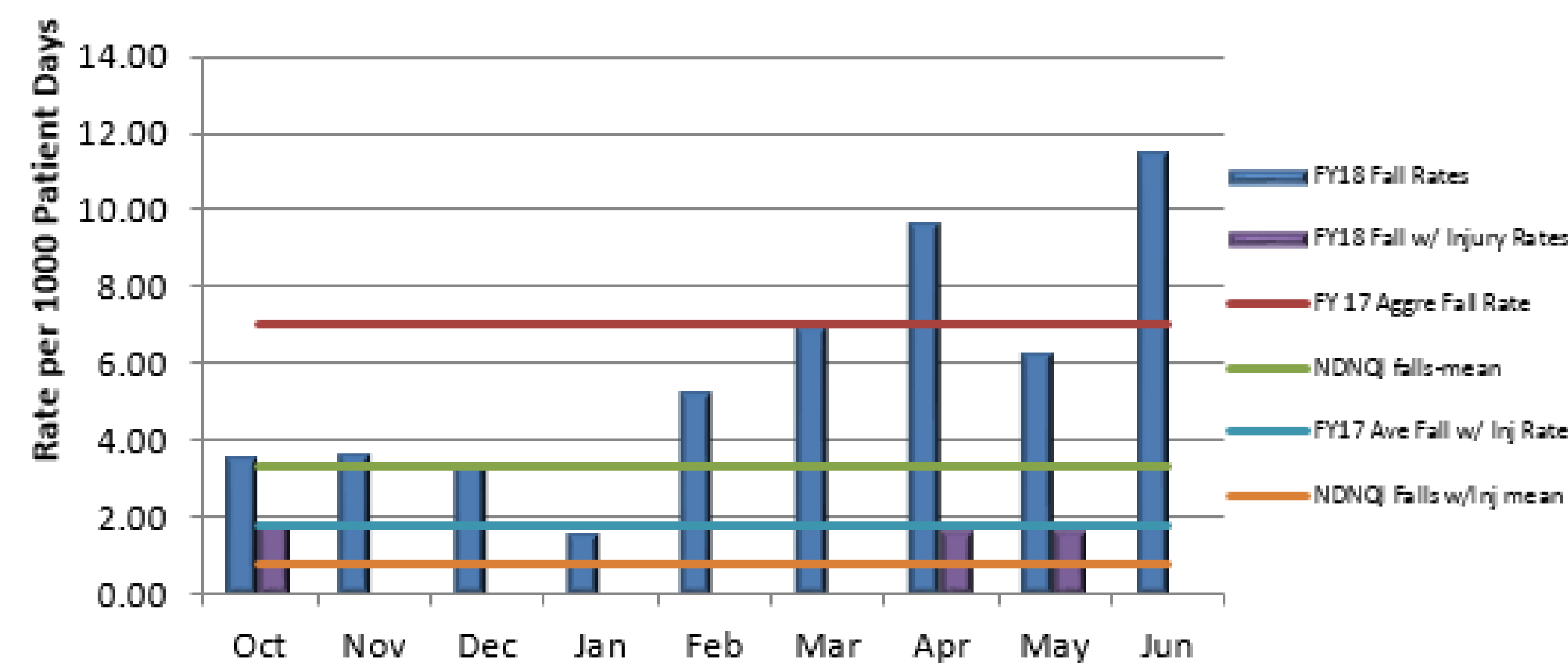
Unit 6A

FY17 Fall Rate: 7.03

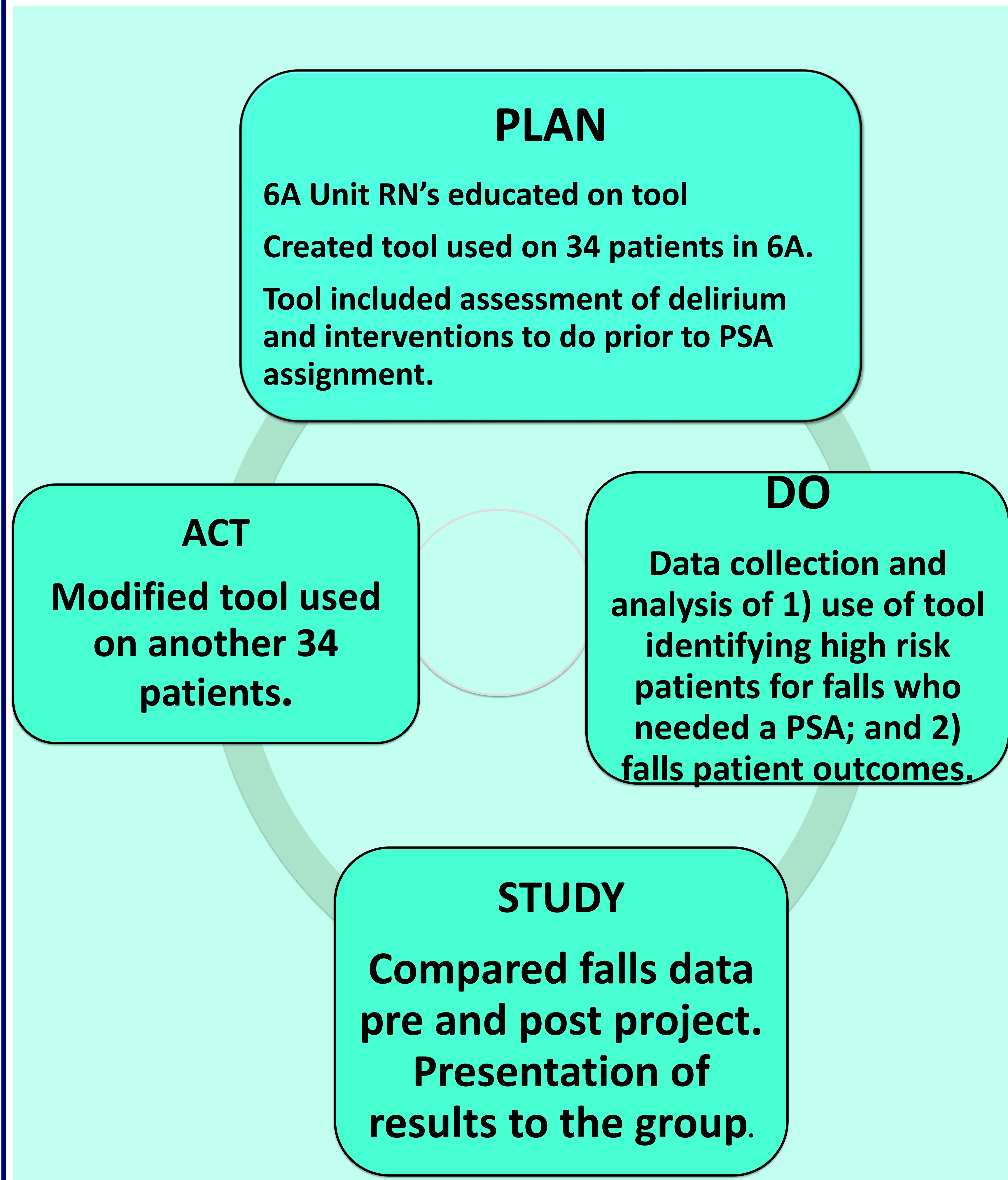
FY18 Fall Rate until June : 5.06

To enhance patient safety, alternative interventions were utilized and patient safety aides (PSAs) were assigned to patients who met the inclusion criteria. Part of the project included the creation of a patient screening tool for high risk for falls and subsequent assignment of a PSA for patients who screened positive.

FY 18 Falls and Falls with Injury- 6A



DEVELOP The Plan



DELIVER The Results

Overall		
DATA	Data set 1 (n=34)	Data set 2 (n=34)
Delirium	3% (n=1)	6% (n=2)
Other Risk Factors	12% (n=4)	3% (n=1)
Process Outcome: PSA Assigned	15% (n=5)	9% (n=3)
Patient Outcome: Falls	3% (n=1)	0
Alternative interventions	100%	100%
High Risk Sample		
DATA	Data set 1 (n=5)	Data set 2 (n=3)
Delirium	20% (n=1)	67% (n=2)
Other Risk Factors	80% (n=4)	33% (n=1)
Process Outcome: PSA Assigned	100%	100%
Patient Outcome: Falls	20% (n=1)	0
Alternative interventions	100%	100%

References:

- Schoenfisch, Ashley(2015,Sept).Effective assessment of use of sitters by nurses in inpatient care settings. Retrived from <https://www.reaserchgate.net/publication/23457302>
- Rockwood Kcosway Sstolee P et al. Increasing the recognition of delirium in elderly patients. J Am Geriatr Soc. 1994; 42:252-256
- Sattin RW,Lambert Hubber DA, DeVito CA,Rodriguez JG, Ros A,Bacchelli S, et al. The incidence of fall injury events among the elderly in a defined population. Am J Epidemiol 1990;131:1028-37



Title is Simple and Results Oriented (Arial or Calibri Font, size 85)

Authors: Name and Credentials (Calibri or Arial, Size 56)



VA U.S. Department of Veterans Affairs

Elder Care in Hospital Program, Durham VA Health Care System, Durham, North Carolina, USA
(Calibri or Arial Size 56)

BACKGROUND

(Arial or Calibri, Size 36)

- ❖ Posters tell too much, instead of showing (Times Roman, Palatino, size 36)
- ❖ Include too much detail
- ❖ People do not want to look at words; use shapes and no more than 3
- ❖ Usually include the abstract, what is not needed
- ❖ Used to perplex & confuse, instead of communicate

OBJECTIVES

(Arial or Calibri, Size 36)

- ❖ Entire poster will be readable in 10 minutes
- ❖ Provide a summary of your work
- ❖ Attract attention to your poster in 10 seconds
- ❖ Key findings are identified in 10 seconds
- ❖ Create a Conversation Starter Advertise your work
- ❖ What's Next?
- ❖ Use poster as a communication tool

METHODS

(Arial or Calibri, Size 36)

- Use Palatino or Times Roman or Palatino in body of text, size 24)
- Use shapes
- Use Left alignment
- Do not use all caps
- Use no more than 3 colors that are neighbors
- Avoid red, orange, and yellow colors
- Use San serif style (Arial, Calibri) for titles
- Use Serif (New Times Roman, Palatino) for body text
- Let content breath
- Use bullets
- Avoid Acronyms

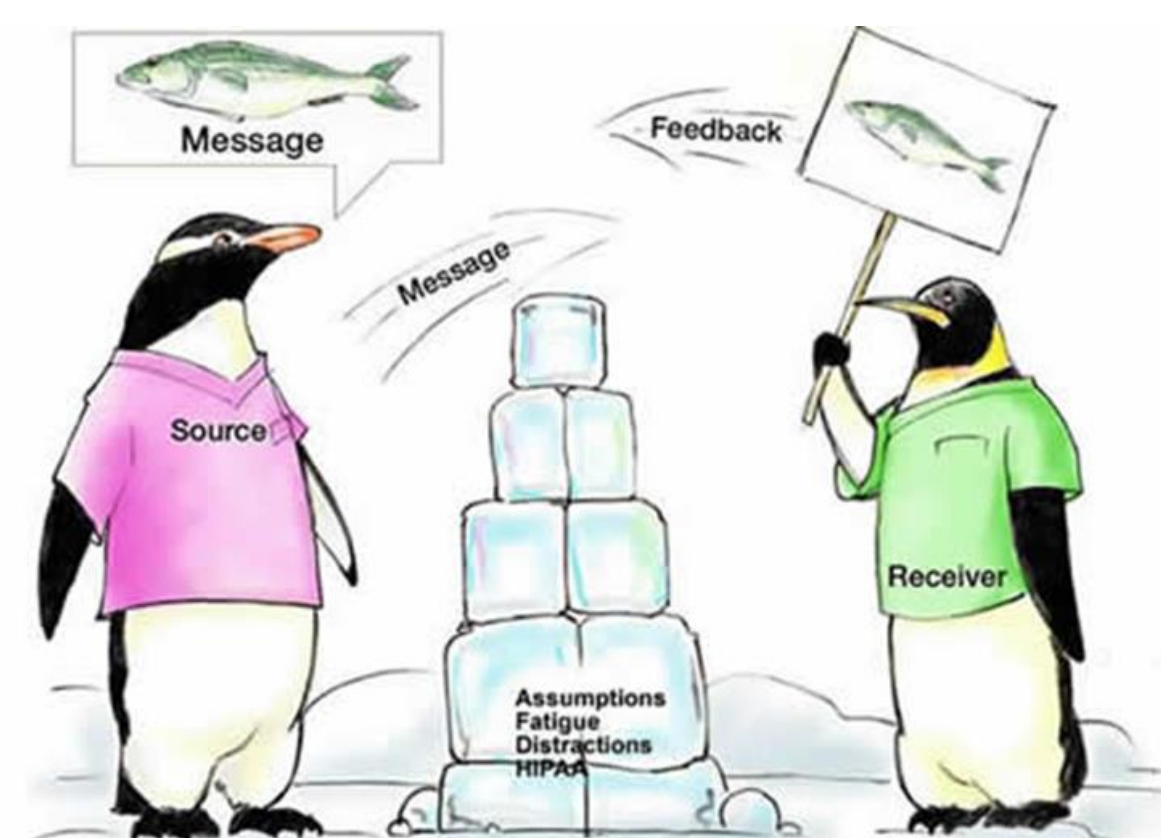
Results (Arial or Calibri, Size 85)



Title: Using Metaphors (size 36)

Description: Use image to convey ideas, meaning, numbers or impact

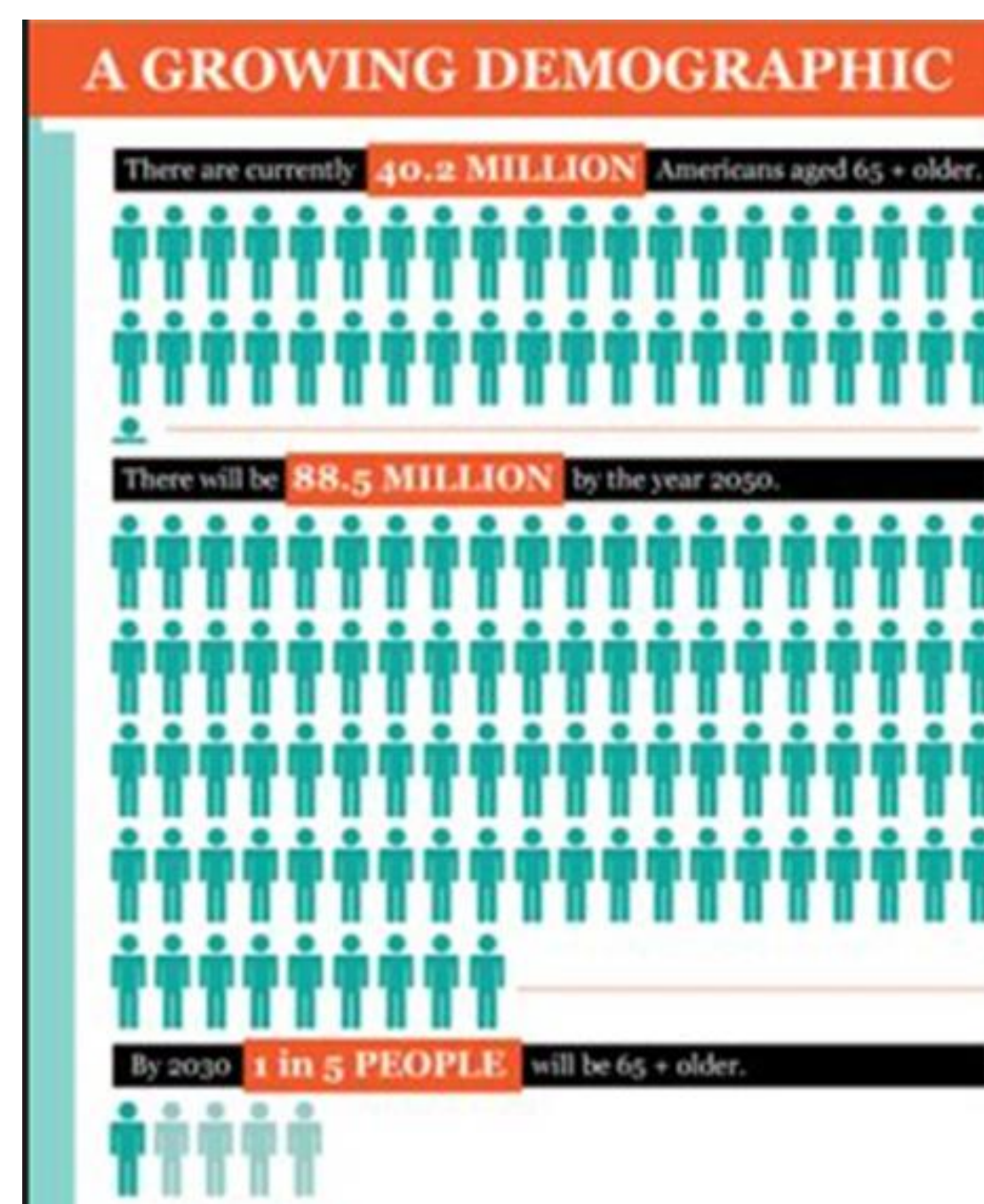
Example: In, 2018, about 12 of the largest stadium in the world, with capacity for 150,000 people, will be diagnosed with cancer and 4 full stadiums will die.



Title: Use Simple Images (size 36)

Description: Explain graph/image in simple ways

Example: Members of the team need to share a mental model to improve communication and enhance patient safety



Geriatric Demographic Data

One in Five Americans (n=65 million) will be 65 or older in 2030

MAJOR THEMES

(Arial or Calibri, Size 56)

- ❖ Write body of text using Times Roman, Palatino, size 36)
- ❖ More information does not equal understanding
- ❖ A story was told through this poster
- ❖ Conclusions
- ❖ Key Points Quotes from qualitative data
- ❖ What's Next?

Contact Information

Do not include references in poster.
Have them separate.
(Arial or Calibri, Size 56)

Project Manager (size 36)

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This poster was created from the lessons learned during the 5th Annual Health Professions Education Day (2018). *Post Course: Compelling Communication*, Duke AHEAD, Duke University, Durham, NC.