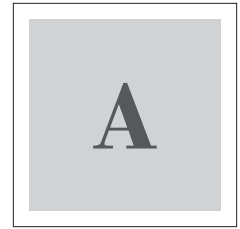


# We Improve Senior Health (WISH) Program



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## INTRODUCTION

Older adults occupy a majority of hospital beds and are at increased risk for hazards of hospitalization, which include adverse drug reactions, constipation, delirium, falls, functional decline, malnutrition, and pressure injuries. Because of these hazards of hospitalization, older adults have the potential for prolonged lengths of stay and higher hospital costs (Mattison, 2015; Wong, Ryan, & Liu, 2014). Delawareans over the age of 70 make up 13.5% of the total state population. This population is growing more rapidly than the other age groups in Delaware. It is projected that by 2030, 29% of the Delaware population will be over the age of 60 (Delaware Population Consortium, 2018; Substance Abuse and Mental Health Services Administration, 2012).

In 2000 at Christiana Care Health System, patients 65 and older accounted for 47% of all hospital admissions and 50% of hospitalized patient days. Senior leadership knew that this number would only be growing and that it was essential that all healthcare providers at the health system be prepared to care for the specialized needs of this vulnerable population. Unfortunately, most healthcare providers are ill prepared to care for this population due to the limited exposure to education in gerontology (Wendel, Durso, Cayea, Arbaje, & Tanner, 2010). Thus, there was an urgent need to provide basic geriatric knowledge and skills to the healthcare workforce caring for hospitalized older adults. Senior leadership also knew that Nurses Improving Care for Healthsystem Elders (NICHE) would provide the principles and tools to achieve systemic change within the health system in order to provide exemplary care to all hospitalized older adults.

## HISTORY

The projected increase in the geriatric population prompted Christiana Care Health system to develop a strategic goal to create a system-wide awareness of the

specialized needs of older adults through education of all staff including medical-dental staff, residents, and students. In order to meet this strategic goal, the We Improve Senior Health (WISH) program was developed in September 2001 (Lyons, Blum, Curtin, & Grimley, 2006). WISH was derived from the NICHE program. The WISH program is a collaborative effort among nurses, physicians, pharmacists, rehabilitative therapists, social workers, and other disciplines to improve the care that Christiana Care delivers to older adults in all settings. After 17 years, the senior leadership at Christiana Care Health System is still committed to this goal.

Christiana Care Health System is a not-for-profit large teaching health system based in Delaware with two campuses (1,071 beds), over 20 satellite offices, and a Visiting Nurse Association. Each campus has an acute care of the elderly (ACE) unit. The health system is the largest private employer in Delaware with more than 11,100 employees and among the top 10 in the Philadelphia region. Christiana Care Health System is recognized as a Magnet facility as well as a regional center for excellence in cardiology, cancer, and women's health services. The system is home to Delaware's only Level I trauma center, the only center of its kind between Philadelphia and Baltimore.

## IMPLEMENTATION OF PROGRAM

WISH was designed to engage healthcare providers to cultivate a new way of thinking about caring for older adults (Lyons et al., 2006). The objectives of the program include:

- Provide organizational structure that will assist in the development of a senior-friendly healthcare organization.
- Focus on preventing and managing common geriatric syndromes such as delirium, depression, adverse drug reactions, pressure injuries, functional decline, falls, and bowel/bladder dysfunction.
- Ensure that staff is delivering care by utilizing the WISH principles (Appendix A) and evidence-based guidelines regarding constipation, continence, delirium, pressure injury prevention, sleep promotion, and fall prevention.

The key to implementing WISH was the development of the geriatric resource nurse (GRN) model. At Christiana Care Health System, the GRN model of care is referred to as the Senior Health Resource Team (SHRT). The SHRT comprises interprofessional healthcare professionals committed to improving geriatric care within the organization. Over 75% of SHRT members are nursing staff, which includes advanced practice nurses, registered nurses (RNs), licensed practical nurses, patient care technicians, and unit clerks. The other SHRT members are physicians, residents, pharmacists, social workers, rehabilitative therapists, respiratory therapists, nutritionists, and chaplains.

To become a SHRT member, they attend a live, in-person 16-hour educational course in specialized geriatric training. This course is based on the GRN modules from NICHE. Topics include:

- Normal aging changes
- Fall prevention
- Skin care
- Functional assessment
- Depression, dementia, and delirium
- Diversional activities
- Medication safety
- Continence
- Nutrition
- Constipation
- Sleep
- Pain
- Transitions of care

The 2 days of education include poems, videos, case studies, and a sensitivity experience. A Jeopardy!-like game is played at the end to review the information that was taught in the course. The participants receive a SHRT manual, a WISH pen, a WISH retractable badge holder, a SHRT certificate (Appendix B) and continuing education hours. The program is offered six times per year and is taught by interprofessional faculty, including geriatric advanced practice nurses, a geriatrician, a pharmacist, and a physical therapist. In spring 2018, we celebrated our 75th WISH training! Sixteen hours of education will not make anyone an expert so other geriatric educational opportunities are offered throughout the year. These offerings include 1-hour listen and learns, annual 8-hour retreats, and a geriatric review course for nurses. A WISH website (Appendix C) was also created and tips of the month are emailed to SHRT members.

The role of the SHRT (Appendix D) is to serve as unit-based resources to address the diverse problems of older adults on the patient care units (Lyons et al., 2006). In 2001, the SHRT team was piloted on four medical units. The pilot demonstrated positive outcomes in reduction in inappropriate medications, indwelling catheters, constipation, falls, pressure injuries, length of stay, and readmission rates. Currently, there are over 2,500 SHRT members on 12 general medical–surgical units, three emergency departments, five intensive care units, seven noncritical care–specialty units, two geriatric units, a rehabilitation unit, a psychiatric unit, and a medical observation unit. Some of the examples that have

been worked on this past year include reduction in falls, pain interventions for older adults, preventing constipation, ensuring medication safety, reducing physician restraints, and reducing pressure injuries.

## **NICHE COORDINATOR ROLE**

The NICHE coordinator (NC) is a master's-prepared nurse who is certified in gerontology as a clinical nurse specialist. The NC provides leadership and direction for all aspects of the WISH program including managing the cost center associated with the program. The coordinator incorporates best practice of the hospitalized older adult to promote positive patient outcomes. The coordinator serves as a role model for the SHRT. The role also includes working collaboratively with other disciplines to integrate innovative practices in the care of the older adult. The coordinator is also responsible for maintaining positive relationships with the NICHE team and NICHE community. The NC's other responsibilities include coordinating and teaching geriatric educational programs and providing clinical consultation. She is involved in many hospital projects that require geriatric expertise such as Senior Steer, system-wide fall prevention team, constipation team, and delirium team.

## **NICHE EXEMPLAR STATUS**

In 2013, Christiana Care Health System was designated by NICHE as an exemplar site for the first time. Our health system was the first to receive exemplar status in the state of Delaware. This achievement was due to the implementation of the SHRT model and evidence-based protocols; implementation of system-wide aging-sensitive policies; and inclusion of input from patients and families in planning and implementation of initiatives. Since 2013, Christiana Care Health System has maintained exemplar status. The current state of the program is evaluated on an annual basis and future goals are set in order to maintain this prestigious status.

## **FUTURE PLANS**

After being a NICHE site for 15 years, Christiana Care decided to administer the NICHE Acute Care Geriatric Institutional Assessment Profile (GIAP). In order for the health system to enhance the quality of care for older adult patients, it requires an understanding of the challenges and obstacles experienced by staff. These GIAP results will highlight where change or education is most needed in order to ensure quality care is being delivered to this vulnerable population. Based on the results, Christiana Care Health System had five areas of improvement regarding staffs' attitudes and perceptions toward the care of hospitalized older adults.

## Knowledge

For total knowledge scores, the institution was in the “best possible score” range and considered statistically significant when compared with the other comparative groups. The institution also scored in the “best possible score” range in all six clinical areas with statistical difference between groups in four of the knowledge areas. These findings reveal that the institution has high knowledge scores in the six clinical areas for pressure ulcers, medications/sleep/pain, restraints and falls, functional decline and incontinence, dementia and delirium, and nutrition and hydration.

## Attitudes

The institution scored in the “best possible score” range for total attitude regarding the care of the older adult and attitudes about evidence-based approaches in the six clinical areas of knowledge. The institution scored in the “neither good nor bad” score range for attitudes about restrictive approaches and these results were statistically significant compared with the all-hospital group. When compared with the other three groups, the institution respondents have more positive attitudes regarding the six clinical areas. An area that needs improvement is attitudes about restrictive approaches.

## Professional Issues

The five factors that composed the professional issues section included disagreements among staff about older adult treatment, disagreements between staff/patient/family about older adult treatment, limited access to geriatric services, perceived vulnerability to legal actions, intensity of behavioral problems, and burden of behavioral problems. The perception scores for the institution were higher and statistically significant when compared with the comparison groups for disagreements among staff and between staff/patient/family about older adult treatment. The perception scores for the institution for burden of behavioral problems were higher than all three of the comparison groups and statistically significant for the peer hospitals by bed size and the all-hospital group.

## The Geriatric Care Environment

The four factors that composed the total care environment scale included aging-sensitive care delivery, institutional values regarding older adults and staff, resource availability, and capacity for collaboration. The perception scores for

the institution resided within the normal limits for three of the four areas. The perception scores for aging-sensitive care delivery were lower than the comparative groups and the difference was found to be statically significant. Therefore, aging-sensitive care delivery should be an area of focus. Since these scores were low and statically significant, they also lowered the score for the total geriatric care environment.

Based on the findings of the GIAP, a strategic plan (Appendix E) was developed to address the five areas of improvement.

## SUMMARY

The NICHE program has provided organizational structure to Christiana Care in the development of a senior-friendly healthcare organization. The SHRT members are focused on preventing and managing common geriatric syndromes and are delivering evidence-based care by utilizing the WISH principles. As the “graying” of Delawareans continues to occur, the WISH program is preparing healthcare providers at Christiana Care Health System to care for the specialized needs of this vulnerable population.

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## Appendix A

### WISH Principles/Tools

Avoid complications associated with hazards of hospitalization for older adults such as:

- Adverse drug reactions
- Constipation
- Delirium
- Depression
- Falls
- Foley catheters
- Functional decline
- Malnutrition/dehydration
- Pressure ulcers
- Restraints

#### WISH Principles

- Ensure appropriate medication usage and avoid high risk medications such as benzodiazepines, hypnotics, or anticholinergic medication etc.
- Maintain functional status
  - Ambulate PT often
  - Obtain order for PT
  - Avoid bed rest orders
  - OOB to chair for meals
- Maintain nutrition and hydration
  - Feed patient
  - Encourage food/ fluids often (if clinically indicated)
  - Move bowels regularly
- Encourage family involvement
- Ensure usage of sensory aids (hearing aids/glasses/dentures)
- Minimize
  - FOLEY catheter use
  - Pressure ulcers
  - Restraint use

#### WISH Tools

- “All About Me” poster
- Constipation algorithm/protocol
- Continence CPG/FOLEY protocol
- Delirium algorithm/order set
- Diversional activity box
- Falls Prevention, Evaluation and Treatment guideline/post fall protocol
- Geriatric Depression Scale
- Mini Mental State exam
- AGS Beers Criteria<sup>®</sup>
- Skin Integrity guideline/protocol
- Sleep protocol
- WISH Team Assessment record

## Appendix B

### Senior Health Resource Team (SHRT) Certificate



### We Improve Senior Health (WISH) Program Certificate of Achievement

*Awarded to  
Senior Health Resource Team Member*

*For successfully completing 16 hours of the New York University/Hartford Foundation NICHE curriculum.*

\_\_\_\_\_  
President & CEO

\_\_\_\_\_  
Chief Nursing Officer

\_\_\_\_\_  
W.I.S.H. Program Coordinator

\_\_\_\_\_  
Section Chief, Geriatric Medicine



# Appendix C

## WISH Website

**WISH Program**

HOME GERIATRIC RESOURCES

- Our Team
- Best Practice Guidelines
- Educational Offerings
- Geriatric Related Videos
- News & Events
- Resources



### WISH Program

The **W**e **I**mprove **S**enior **H**ealth (WISH) program is a collaborative effort among nursing, physicians, pharmacists, rehabilitative therapists, social workers and other disciplines to improve the care that CCHS delivers to hospitalized older adults. WISH was derived from a national initiative called the **N**urses **I**mproving **C**are for **H**ealth System **E**lders (NICHE) program. The NICHE program was developed by New York University, Division of Nursing and the Education Development Center for Health Care Practice, and, is funded by The Atlantic Philanthropies, U.S. Ageing Programme. NICHE is the premiere international geriatric nursing program that addresses the needs of hospitalized older adults. There are over 670 NICHE designated sites, which spans across forty-seven states in the U. S. and five countries. The NICHE network collaborates with over 20,000 health care providers on geriatric issues.

Christiana Care Health System has been a NICHE site since 2001. For the last three consecutive years, CCHS has been designated as a NICHE exemplar site for the care it provides to older adults. This is the highest of four possible program levels. For more information visit the NICHE website.



## Appendix D

### Roles and Responsibilities of a Senior Health Resource Team (SHRT) Member

- Focus on preventing and managing geriatric syndromes on your patients.
- Communicate geriatric issues in report and rounds.
- Utilize the WISH principles/tools.
- Collaborate with your WISH Champion/other SHRT members on your unit.
- Attend WISH Listen 'N Learns, WISH retreats, and other geriatric educational opportunities.
- Complete WISH consults on your unit.
- Educate other healthcare providers about geriatric issues.
- Encourage your colleagues to attend the 16-hour WISH training.

## Appendix E

### GIAP Strategic Plan

	<b>STRATEGY</b>
Attitudes	<ul style="list-style-type: none"> <li>• Work with unit-based educators to disseminate sleep protocol and mobility program</li> </ul>
Professional Issues	<ul style="list-style-type: none"> <li>• Place a portal announcement inviting all disciplines to attend WISH training</li> <li>• Attend a Hospitalist’s monthly staff meeting to review WISH principles</li> <li>• Develop a one-page flyer for patients and their families to highlight WISH principles</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop a clinical pathway for the care of patients with dementia</li> </ul>
Geriatric Care Environment	<ul style="list-style-type: none"> <li>• Work with IT to create an “All About Me” section in the electronic record</li> </ul>
	<ul style="list-style-type: none"> <li>• Meet with staff to highlight the importance of individualizing care regarding the specialized needs of the older population; discuss the importance of involving both the patient and family in making healthcare decisions; promote better communication between staff and patient/family; provide resources for patients and families and listen to staff, patients, and families</li> </ul>