

Building seniors' health capacity in the emergency department: The role of the clinical nurse specialist

By Angela Chan and Judy Smith

Mackenzie Health is a community hospital, located in the Greater Toronto Area, just north of Toronto. It opened in 1963 and is in the process of development of a second hospital site, to be opened in 2018. The hospital has 491 operational beds, with 355 budgeted acute care inpatient beds. The remaining beds are long-term care beds operated by an external partner. The emergency department served approximately 90,000 patients in 2013. Fourteen per cent of these patients were over the age of 75 years, with 26% requiring admission to an acute care bed. On any given day approximately 260 seniors are admitted to acute care, with 180 in either the medicine or surgery program. The hospital is recognized as a regional leader in domestic abuse and sexual assault, chronic kidney disease and as a district stroke centre.

In 2003, Mackenzie Health (formerly York Central Hospital) was one of eight hospitals selected to participate in a pilot project sponsored by the Regional Geriatric Program (RGP), of a Geriatric Emergency Nurse (GEM). The RGP provided base funding for one full-time equivalent Advanced Practice Nurse. A Clinical Nurse Specialist (CNS) was selected. The original goals of the project were: 1) improve care to the seniors within the emergency department, 2) build capacity with the staff, and 3) develop and implement a new model for seniors. In 2009, the organization received funding for a second GEM and trialed Nurse Practitioners in this role. In 2011, the role reverted to Clinical Nurse Specialists. The Clinical Nurse Specialists spend most of their time in professional development and organizational leadership, research and educational activities with less time in direct patient care, while the nurse practitioners spend most of their time in direct patient care. The GEM CNS(s) spend 60% of their time with direct clinical patient consultation, 30% in the professional development, organization leadership and capacity-building activities, and 10% of their time building capacity with external community partners. These advanced practice nurses have all reported directly to professional practice with a matrix to the operational director of the emergency medicine program. This reporting model has been a strength in advancing the care of seniors. One example of this strong relationship is the work being accomplished with the advanced practice nurse team to support seamless transitions of care across the continuum for seniors with complex medical issues.

GEMs as capacity building agents: Professional practice adopted the Strong Model of Advanced Practice (1996). This model identifies five program pillars: clinical practice, collaboration, education, research and leadership, and five program components: clinical services, community partnerships, program evaluation,

ambassadors and program development. These pillars and components mesh with the Canadian Nurses Association framework for Clinical Nurse Specialists.

The clinical practice role of the GEMs currently includes: Targeted consultation support and management recommendations for seniors over the age of 75 within the emergency department, referrals to inpatient and outpatient advance practice nurse-led services and community resources, ongoing communication with primary care physicians, case finding of high-risk seniors and identification of the geriatric syndromes and follow-up post discharge telephone calls to high-risk seniors.

The research component of the roles involves engaging in quality improvement initiatives (both within the department and across the organization), development of research and funding proposals with a senior friendly lens, dissemination of their work externally, and the utilization of nursing research to support the implementation of best practices in the care of seniors in the emergency department and across the organization.

The education component is built on their existing Master's preparation, professional development (both GEMs are certified coaches in Gentle Persuasive Approach in Dementia Care®), have specialty certification from the Canadian Nurses Association, as either gerontological or emergency nurses. This background allows them to develop and implement various knowledge translation activities for both patients and staff, including health literacy materials developed specifically for the senior. One of the successes of this component is dedicated time during unit-specific orientation to discuss the unique care needs of the senior with a focus on the complexity and necessity of discharge planning.

The collaboration component internally is the interprofessional team within the emergency department. This includes physiotherapy, speech language pathology, social work, dietitians, respiratory therapist, crisis team and the medical team. External partners include Community Care Access Centre case managers, hospice palliative team, Behavioural Support Ontario, Integrated Psychogeriatric team, local retirement homes, and the Alzheimer's Society through the First Link initiative. The emergency department team, including the GEMs participated in the organization's attainment of Accreditation Canada's Stroke Services Distinction award. Recently they have added Health Links. Another valuable collaboration is the Central Local Health Integration Network GEM nurses group and the provincial GEM network through the Regional Geriatric Program email service.

The leadership component of the role includes being project managers for the Senior Focused Best Practices in Hospital strategy in collaboration with the CNS Seniors' Health. In addition, they are leads for the development and implementation of Clinical Best Practice Guidelines from the Registered Nurses Association of Ontario (RNAO). These roles are corporate roles involving the dissemination of knowledge translation activities across the organization. The GEM nurses have ongoing participation in lean events that impact the seniors and on the various committees charged with the development of the new emergency department at the new hospital.

Hardwiring strategies for success

In 2013, Mackenzie Health was awarded designation as an RNAO Best Practice Spotlight Organization with the successful implementation of 21 best practice guidelines. Through this journey, many systems and processes were developed for use across the organization. One of the first tools developed was the launch of a learning management system to facilitate on-line learning. This platform allows staff to complete modules and quizzes, either in the department or from home. The Senior Friendly strategy was able to modify other systems and processes to successfully implement change and best practices not only in the emergency department, but also across the organization. One example is the development of visual cue ID tags for delirium screening and mobility.

In collaboration with front-line nursing staff, an electronic website was developed by the GEMs to address the needs of nurses in the emergency department in relation to caring for seniors with complex needs. Examples of the topics include: normal aging, geriatric domains, geriatric assessments, and information of community resources. Interactive approach to information sharing include: videos, modules, and discussion forums. Interprofessional team members contributed their expertise in fields such as speech language pathology, physiotherapy, occupational therapy and geriatrics. This e-resource is made available 24/7 for ED nurses to access and is updated on a monthly basis to reflect emerging and changing needs of the department.

The GEMs requested an upgrade to the existing department tracking board to include a GEM column, with drop-down options for staff to use, allowing for flagging of high-risk seniors as early as triage, and another flag indicating that GEM has assessed the patient. The GEM nurses have developed their own documentation record for use in their focused assessments. It was built to align with the inpatient assessment tool, which avoids duplication in charting.

Unit based metrics

With the paper-based health record currently being used in the department, all quality-based metrics are manually collected. Currently, completion of the Triage Risk Screening Tool (TRST), Confusion Assessment Method (CAM), Preadmission Baseline Functional, and Falls Risk Screening are being audited and being presented via a unit-based score card that is reviewed at the Daily Huddle Board. These metrics are being monitored by the various project leads.

Lessons learned

Several lessons were learned based on previous corporate quality improvement projects. Adopting the Senior Friendly Hospital framework from the Regional Geriatric Program was an easy fit. Systems and processes were already developed to support policy development, patient education, and knowledge translation activities. Building the Senior Friendly lens into all facets of the care delivery model and the environment is the role of the GEM nurses. The leadership team has been open to addressing some of the concerns related to safety of the senior by the purchase of safety socks in various sizes, purchasing of two wheeled walkers and canes and the installation of a fridge to provide nutritional support to the patients.

Challenges

As we reflect on our current journey with various GEM leaders several challenges were identified.

When the organization began the RNAO BPSO candidacy journey in 2010, several staff volunteered to join the unit-based knowledge translation teams. These teams completed a Champion Workshop sponsored by the RNAO, but were engaged in the roll out of only two of the Best Practice Guidelines—*Prevention of falls and fall injuries in the older population, and Screening for delirium, dementia and depression in the older adult*. The Champion Workshops were only delivered in-house during the first year of the journey and not repeated until this winter. As emergency staff moved on, their positions on the team were not replaced. Knowledge translation teams spark enthusiasm within the department and these content champions aid in the hardwiring of standard work.

Many organizations experience similar challenges as the department experienced, that of staff turnover and complexities of workload.

Another challenge for staff was the differentiation of emergency patients versus the admitted holding patients. Screening tools, patient education and metrics were developed for various projects across the organization utilizing the electronic documentation system as their platform. However, the emergency remains paper based. This meant paper tools needed to be developed, manual metrics and often omission of patient information across the continuum of care. The inpatient care teams on the clinical units often did not know where in the paper chart to find baseline screenings.

Summary

In summary, organizational support for implementation and knowledge translation is a key. The department has been able to maintain external funding for the two full-time GEM nurses. The senior strategy is supported by the Board, endorsed by the executive leadership team and embraced by the operations team for the emergency medicine program. Celebration of successes either within the department at Daily Huddles, or across the organization, through our monthly professional practice report and yearly professional achievements book provide opportunities for all members of the team to shine in the spotlight. Hardwiring best practices into standard work and monitoring these practices through chart audits and direct observations

ensure that all patients receive an exemplary patient experience. The final key to our success was building on lessons learned from past initiatives, and the utilization of existing systems, processes and structures. As evidence-based practices change, so, too, will our seniors' best practices within the emergency department.

About the authors

Angela Chan, RN, BScN, MN, GNC(C), graduated from Ryerson University with her undergraduate nursing degree in 2007. She then obtained her Master's of Nursing degree at the University of Toronto where she also completed a collaborative degree in Gerontology in 2011. Angela has previously worked as a clinical instructor at Centennial College, and a staff nurse at Toronto General Hospital. Currently, Angela is an Advanced Practice Nurse for Geriatric Emergency Management in the Emergency Department (ED). Angela provides advanced gerontological expertise in the care of the frail elderly who present to the ED with complex issues related to decline and loss of independence. In addition, Angela builds capacity through educating nurses across the organization to ensure that frail seniors at risk receive the best evidence-based care possible to improve their health outcomes and well-being. Angela is also the co-lead for the Management of Hypertension best practice guideline and has worked collaboratively with key stakeholders to enhance

care of adults with hypertension. Along with the senior's health team, Angela continues to lead best practices initiative to foster a senior's friendly environment across Mackenzie Health.

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Judy Smith, RN, BScN, MEd(DE), ENC(C), GNC(C), has been an emergency nurse for more than 35 years, with experience as a front-line nurse, patient care coordinator, clinical educator, interim manager and as a GEM nurse. Currently she is a CNS—Seniors Health. Judy has worked with the Canadian Nurses Association to develop exam questions for the Emergency Nurses Certification process. She is currently a TNCC and ENPC instructor, as well as a coach for GPA. Judy has been an expert panel member for the RNAO in the development of the Healthy Workplace BPG—Developing and Sustaining Interprofessional Health Care: Optimizing patient, organizational, and systems outcomes, released in April 2013. She is also a reviewer for the Advanced Clinical Fellowships. Judy has presented both posters and oral papers, locally, provincially and internationally. Judy is currently the lead for the two best practice guidelines related to delirium, dementia and depression, working collaborative with interprofessional teams across the organization to provide a safe environment for seniors.

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