Acute Care Geriatric
Nurse Network

Report & Recommendations

To

The Nursing Directorate
Ministry of Health Planning

April 14, 2004

Prepared by Marcia Carr & Phyllis Hunt for the CNS Collaborative

Introduction

The Acute Care Geriatric Nurse Network (ACGNN) was established in 2002-2003 by a collaborative of Clinical Nurse Specialists in gerontology, geriatric medicine, geriatric psychiatry and geriatric rehabilitation and orthopedics. The purpose of the collaborative and the ACGNN is to enhance nurses' ability to provide evidence based care to acutely ill older adults. Throughout the province caring for acutely ill older adults presents unique challenges as a result of factors such as physiological and psychosocial aging changes, chronic illness and medications and the iatrogenic risks associated with diagnostic evaluations, treatments and the hospital environment. These factors exist in a changing health care environment where patient safety and appropriate utilization of acute care services are major priorities. The ACGNN, through provision of learning opportunities, mentorship and clinical decision making tools is designed to assist nurses to address these priorities in their local communities. The overall goal of the ACGNN is to improve the care of acutely ill older adults by building a supportive mentorship network within local nursing communities. This network also provides access to Clinical Nurse Specialist expertise which is not available to many communities outside of the Lower Mainland and Victoria. In 2002-2003 over 300 nurses in 8 communities in the Fraser Health, Interior and Northern Health Authorities joined the ACGNN.

Specifically, the objectives of the ACGNN are to:

1. Prepare local ACGNN mentors and front line nurses in gerontological nursing theory and practice relevant to acute care.

2. Enhance the ACGNN mentors' ability to support unit staff in applying the knowledge.

3. Improve care to hospitalized older adults by supporting change in nursing practice.

The ACGNN Program

The three components of the ACGNN are:

1. Provision of Learning Opportunities:

Teams of Clinical Nurse Specialists travel to communities identified by participating health authorities. We provide workshops to enhance nurses' knowledge on the various clinical problems unique to caring for the acutely ill older population. The Phase One workshops completed last year were on *Slaying the Geriatric Giants in Acute Care*. Building on Phase One, the phase two workshops this year were Continence Promotion and Management and Management of Acute Non-malignant Pain.

2. Mentorship

Throughout the course of these workshops the Clinical Nurse Specialists have established relationships with all the nurses participating in the workshops and particularly with those nurses identified by their health authorities as nurses who can function as local ACGNN mentors. In Phase 1 the mentors attend a second session designed to give them a more in-depth understanding of the clinical issues as well as strategies that they can use in mentoring their peers. Phase 2 includes a Philosophers' Café in the evening where mentors dialogue around various nursing issues.

3. *Clinical Decision Making Tools*

The Clinical Nurse Specialists provide clinical decision making tools such as clinical practice guidelines and protocols at the workshops and on the web-site www.acgnn.ca.

The ACGNN 2003-2004

In 2003-2004, the CNS Collaborative:

1. Increased the number of Clinical Nurse Specialists actively involved in the collaborative. There are now 11 CNSs. The collaborative met for a day to orient the new members, inventory each member's specific areas of expertise and plan future activities and strategies.

Table 1: CNS Collaborative

Clinical Nurse Specialist	Health Authority
Marcia Carr	Fraser Health
Phyllis Hunt	Fraser Health
Helen Chow	Fraser Health
Val MacDonald	Vancouver Coastal Health
Sandra Whytock	Providence Health
Judy Lett	Northern Health Authority
Dawn Blais	Vancouver Island
Donna Ross	Vancouver Island
Judy McMullen	Vancouver Island
Belinda Parke	Fraser Health
Karen Kline	CNS Consultant

2. Increased the number of health authorities (and communities) involved in the network. As we increased the number of CNSs, we were able to provide Phase 1 workshops in the Vancouver Coastal, Vancouver Island, Providence and Fraser Health Authorities.

3. Developed and implemented Phase 2 workshops for those communities who had completed the Phase 1 workshops last year.

Appendix A, Table 2 summarizes the communities involved in the network, the phase(s) of the workshops and the CNSs who facilitated those workshops.

Program Evaluation

When we developed our network, we knew that our evaluation initially would be limited to Level One evaluation of participants' responses to the workshops. We believed that the evaluation as to whether or not there were changes in clinical practice that affected patient care could only be done by the participating health authorities through their local quality improvement structures. As CNSs we also know that education alone does not change practice. There must be a clinical infrastructure that supports implementation of evidence based practice and quality improvement initiatives. The RNABC Guidelines for Quality Practice Environments provides a framework to assist in addressing the following questions:

1. What **makes it easy** to do the right thing?
2. What **are the barriers** that prevent us from doing the right thing?
3. What ***can I do*** in my practice?
4. What ***can my team do*** for our population of patients?

We very much focused on the positive, what ***we can do***, not what ***we can't do.***

Finally, we communicated with the RNABC Nursing Practice Consultants and Advisors, inviting them to our workshops and cafes and coordinating our various educational offerings in the health authorities.

Themes Inherent in the Participants' Evaluations

The following themes were evident in the evaluation regardless of the community or the CNS team involved.

Renewal and Empowerment

"I know that I am worthy and valued as a nurse in my field".

"I hope to try and make a difference on a medical floor as a casual. Keeping up my standards".

Over and over nurses expressed feelings of renewal and empowerment. Renewal in the sense of reconnecting with the reason they went into nursing, to help others. In our very dynamic health care environment, that connection gets lost in an attempt just to keep up with the tasks that need to be done. To use our workshop analogy, instead of ready, aim , fire which is our analogy for assess, assess, assess, plan, do, evaluate, nurses get caught up in the cycle of fire, aim, ready. Many felt that through these learning experiences, they had been given the knowledge and could develop the skills to do the right thing. As mentioned above, we discussed how one can work individually or as a team to create practice environments that support evidence based practice and quality patient care.

Clinical Relevance

"I love the fact that you did not waste my time. The workshop was so relevant to my practice, the best course I've ever attended."

"These nurses (CNSs) are real practicing nurses with real examples; they understand what it's like."

The geriatric syndromes covered in the workshops are conditions that every nurse caring for older adults experiences every day; altered presentation of disease, delirium, pain, incontinence, de-conditioning, and dementia. We used the nurses' cases to problem solve the clinical issues that were being presented in the exacerbations of chronic illness workshop. There was an appreciation of the differences in caring for acutely ill older adults, the need for comprehensive assessment, how to listen to older patients and their families and not to make assumptions based on ageist attitudes. Nurses expressed the wish that all disciplines have the opportunity to participate in the workshops. They valued the clinical practice guidelines. Of particular interest was the portable bladder scanner we had with us to demonstrate its' importance in the assessment of urinary incontinence. Finally, the participants acknowledged the ability of the CNSs to "change horses in midstream". In other words we were able to tailor the topics presented based on the needs and requests of the nurses. The topics of the Phase Two workshops (Continence and Pain) in 2003-2004 were specifically requested by nurses last year.

The Power of Dialogue

"You have renewed my heart's desire to give the best personalized care to each individual patient. You have the ability to reach inside a person's soul, take the fears out and put the hope back in".

"Your support as a team is incredibly needed and appreciated"

We used a problem and case based approach in presenting the workshops. We weaved stories of our own practice and more importantly the stories of the nurses throughout the two days. We engaged in an open dialogue about challenges they have experienced in specific clinical situations. The experience was almost overwhelming to us as presenters. The power of these stories, told with such compassion and caring filled all of us who were listening with a sense of pride in our profession.

I Can Do….

"The best way to save money is through knowledge, not cutbacks".

We asked the nurses to identify one or more things they could do as a result of their experience. They identified changes they could make such as performing more comprehensive assessments, listening to patients and families, implementing one or more clinical protocols or guidelines, communicating with team members about what they have learned and advocating for practice councils to name a few.

Recommendations

1. Sustainability of Funding. The need for sustainable funding is essential for the CNS Collaborative and Health Authorities to maximize the growth and effectiveness of the ACGNN in supporting nurses to meet regional priorities. The ability of the CNS Collaborative and Health Authorities to integrate the focus for each year's ACGNN strategies and activities requires time for planning.

2. Align ACGNN strategies and activities with each Health Authority's strategic goals particularly those related to patient safety and quality care.

3. In collaboration with the CNOs and Health Authorities, the CNS Collaborative will provide Phase 1 & 2 strategies and activities.

4. Engage with the CNOs and the Health Authorities in implementing Phase Three. Phase 3 will include dissemination of information about the CNS Collaborative and ACGNN.

5. Implement an Administrative Assistant role to support the CNS Collaborative and ACGNN.

THANK YOU

The ACGNN Nurses in each local community

Ministry of Health Planning- Nursing Directorate

Chief Nursing Officers and Professional Practice Leaders in each Health Authority

The facilitators and contact persons in each Health Authority

Our Corporate Partners:

SCA Hygiene
Purdue Pharma
Mentor Canada

Appendix A

Table 2: Summary of Workshops September, 2003- June, 2004

Health Authority	Date(s)	Program Phase	Number of participants	CNS
Interior Health Authority				
1. Castlegar	**Feb. 2 & 3/04**	**2**	**21**	**P. Hunt & M. Carr**
2. Cranbrook	**Feb. 5 & 6**	**2**	**10**	**P. Hunt& M. Carr**
3. Kelowna	**Feb. 24 & 25**	**2**	**42**	**S. Whytock & V. MacDonald**
4. Golden	**June 3 & 4**	**1**	**9**	**P. Hunt & M. Carr**
5. Kamloops	**March 2 & 3**	**2**	**20**	**P. Hunt & M. Carr**
Northern Health Authority				
1. Terrace	**Nov. 18 & 19**	**2**	**25**	**S. Whytock & V. MacDonald**
2. Fort St. John	**Nov. 24 & 25**	**2**	**11**	**P. Hunt & M. Carr**
3. Prince George	**Nov. 27 & 28**	**2**	**45**	**P. Hunt & M. Carr**

Fraser Health Authority				
1. White Rock	**March 26 & June 22**	**Pain only**	**16**	**P. Hunt & J. Brown**
2. White Rock Rehab & Social Work	**February 24**	**Geriatric Giants in Acute Care**	**35**	**J. Brown**
3. Eagle Ridge	**December/03**	**1**	**60**	**M. Carr**
4. RCH	**October/03**	**1**	**40**	**M. Carr**
5. Chilliwack	**May 27 & 28** **To be rescheduled**			**B. Parke & P. Hunt**
6. Langley	**March 22 & 23**	**I**	**29**	**J. Brown & P. Hunt**
7. South Fraser	**Sept. 29 & 30**	**1**	**50**	**J. Brown & H. Chow**
8. Ridge Meadows	**March/04**	**1**	**59**	**M. Carr**
9. Burnaby	**February/04 (2 workshops)**	**1**	**40**	**M. Carr**

Vancouver Island H.A.				
1. Campbell River	**May 4 & 5**	**1**		**D. Ross & J. McMullen**
2. Nanaimo	**To be rescheduled**			
3. Victoria	**To be rescheduled**			
Vancouver Coastal Health Authority				
1.Sechelt	**March 8 & 9**	**1**	**41**	**M. Carr & V. MacDonald**
2.Powell River	**March 11& 12**	**1**	**29**	**M. Carr & P. Hunt**
3.Squamish/Pemberton				**M. Carr & P. Hunt**
4.RCMD/LGH/VGH	**March 24 & 25**	**1**	**45**	**S. Whytock & V. MacDonald**
Providence Health Care				
1. St Paul's (Continence only)	**May 10 & 11**			**S. Whytock**