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Supporting Independence in Hospitalized Elders in Acute Care 247
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Planning for care of the older adult is especially important during critical illness states when recovery can be uncertain. Patients often present to the ICU with complex illness; therefore, targeting measures to prevent functional status decline is important for hospitalized elders, who are at risk for prolonged recovery from critical illness. Addressing and planning for the needs of hospitalized elders, including the integration of strategies to target independence, is a key area of focus for nursing care. This article provides a review of the literature on strategies for promoting independence during acute illness and includes recommendations for practice, education, research, and policy to promote optimal care for hospitalized elders in acute care.

**What Critical Care Nurses Need to Know About Health Care Access
 When Caring for Elders in Acute Care Settings** 253
 Bonnie Mowinski Jennings and Gerri Lamb

Health care system issues, in general, and access to care, in particular, are not problems typically studied by critical care nurses. Rather, initial and continuing education focuses on clinical aspects of care. This focus is necessary to assure that critical care nurses have the expertise to care for patients who need astute surveillance for complicated physical problems and their emotional sequelae, as well as in-depth knowledge and skills related to care coordination for patient stabilization and transfer. However, evidence is growing that patients benefit when critical care nurses expand their knowledge about access to care. This article provides insights regarding access to health care and how it relates to many of the admission and readmission patterns that critical care nurses observe.

**Cultivating Responsive Systems for the Care of Acutely and Critically Ill
 Older Adults** 263
 Therese Richmond and Sara F. Jacoby

This article examines the importance of creating acute care systems that are responsive to the needs of acutely and critically ill and injured older adults. Four attributes of the responsive system are examined: elasticity, enabling, ease, and equanimity. An analytic literature review provides the basis for recommended practices by responsive professionals in responsive systems. Implications for practice, research, education, and policy are provided.

Hospital Recovery is Facilitated by Prevention of Pressure Ulcers in Older Adults

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Nancy A. Stotts and Horng-Shiuann Wu

Pressure ulcers are areas of tissue damage caused by unrelieved pressure that results in ischemia. About 70% of pressure ulcers occur in adults who are older than 65 years of age; the most common sites are the sacrum and heels. The rate at which new ulcers develop in acute care settings varies from 0.4% to 38%, with a mean incidence of about 7%. Recovery in patients who have pressure ulcers is delayed, as demonstrated by an increased length of hospitalization and increased health care costs. This article addresses recovery in older adults who are at risk for the development of a pressure ulcer.

Maximizing Safety of Hospitalized Elders

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Ruth Lindquist and Sue E. Sendelbach

The safety of elders in acute care settings has been a long-standing nursing concern; it is well known that elders are at a higher risk for injury and adverse events during hospitalization. Common sensory changes, comorbidities, and frailty of elders may contribute to injury and poorer outcomes. Confusion, delirium, falls, or adverse drug events experienced by hospitalized elderly also may contribute to injury and adverse hospital outcomes. Nurses may use strategies to protect hospitalized elderly from injury and optimize their outcomes by establishing a culture of safety. Approaches to foster safe hospital stays for elderly patients are outlined, and recommendations for institutional management and administration, policy and nursing practice, education, and research are identified.

Optimizing Reserve in Hospitalized Elderly

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Kathleen Fletcher

Aging is a multidimensional process that involves the physical, psychosocial, and spiritual domains. The reserves in each of these areas are challenged during the stressful experience of acute and critical care illness and hospitalization. It is imperative that hospital nursing staff recognize the vulnerability of the elderly and take appropriate evidence-based interventions to prevent avoidable decline and deterioration. There are opportunities for nurses to strengthen reserve in the elderly in the areas of practice, research, education, and policy.

Upholding Dignity in Hospitalized Elders

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Mary Fran Tracy and Kirsten Skillings

Caring for the elderly in today's acute care setting can be a challenging and complex process. Regardless of whether the interventions provided by caregivers are physical or psychosocial, one of the basic tenets of caring for elderly is to uphold their dignity. The concept of dignity is defined and challenges to maintaining dignity for elderly in the acute care setting are described. Strategies and recommendations for education, practice, research, and policy development are outlined to assist nurses in ensuring that elders receive the dignified care that they deserve.

Maintaining Vigilance to Promote Best Outcomes for Hospitalized Elders

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Shirley M. Moore and Evelyn Duffy

This article presents contemporary evidence regarding the promotion of a culture of caring for hospitalized older persons through nursing vigilance. A summary of the literature regarding the need for vigilance, what to be vigilant about, and how vigilance can be enhanced for hospitalized older persons is provided, as well as recommendations for practice, education, research, and policy. Evidence indicates that vigilance is

enhanced by having nurses who have specialized knowledge to differentiate normal aging from abnormal pathology, and who use point-of-care information, electronic health records, patient care information systems, and computerized adverse events detection systems to monitor symptoms and outcomes and prevent errors. The use of specialized models of patient care and adequate nurse-patient staffing also have been shown to prevent errors and improve patient outcomes.

Using Nurse Practitioners to Implement Best Practice Care for the Elderly During Hospitalization: The NICHE Journey at the University of Virginia Medical Center

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Kathleen Fletcher, Polly Hawkes, Suzann Williams-Rosenthal,
Carol S. Mariscal, and Betty A. Cox

The Nurses Improving Care to Health System (NICHE) program has provided a valuable framework for developing initiatives that address the needs of the elderly. Three NICHE models have been implemented within the University of Virginia Health System since 1992. These include the Geriatric Resource Nurse model, the Acute Care of the Elderly model, and, most recently, the Geriatric Consultation Service model. Nurse practitioners (NPs) with geriatric expertise have provided the leadership in implementing these initiatives to achieve the goal of improving geriatric care delivery within the health system. Each NP functions in a broad role that is tailored to meet the needs of the patients and staff and includes the role components of clinician, educator, team leader, and care coordinator. Sustainability and growth of NICHE is contingent upon demonstrating favorable outcomes that can be directly attributed to NICHE.

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