The Role of Gerontological Nurse in Person Centered Care

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Let’s Look at Our History

1900
Which one is indicative of nurses in 2018?
Gerontological Nursing

WHAT IS IT?

Where did we come from?

- Nurses started to identify that elders had specialized care needs before most healthcare professionals
- AJN – 1904 – First article about care for the aged

Gerontological nursing

- Nurses who work with older adults are practicing nursing specialty called “gerontological nursing”
- Based on scientific knowledge and aging research from many fields:
  - Nursing
  - Sociology
  - Psychology
  - Biology
  - Medicine

Gerontological nursing

- Shapes the way nurses see the older adult
- Formulates the way we practice nursing
  - A profession
  - A science-based field of practice
- We see older adults as active players in their own lives and health, not just recipients of custodial care
What about our status as gerontological nurses?

• “Homes for the aged are not places that REAL nurses work”
• Care of elders takes no special skill
• Being old is not seen as desirable or attractive
• Healthcare professionals frequently hold stereotypes about elders and these drive the care and expectations of nurses

To be a gerontological nurse is to be honest about our own feelings that stereotype older adults and see them as less than whole persons and not quite adults

Principles guiding gerontological nursing

• Aging is a normal and desired process of living beings
• Every stage of life is a developmental stage with:
  – Tasks to be accomplished
  – Things to learn
  – Issues to be resolved
• Aging is highly individualized

Principles guiding gerontological nursing

• The mosaic of each person’s life is created by:
  – Life experiences
  – Health
  – Heredity
  – Environment
    … thus each person is highly individualistic
The Following is from our book, It is available on www.amazon.com

• You and I hold the winning ticket in the lottery of birth.
• Countless eggs are washed away from every mother’s womb. Millions of sperm are released in one ejaculation.
• And just one egg got fertilized by one sperm in one split second and became human, and that is you.
• Then you won again; when most of the fertilized eggs get aborted without the mother knowing it, you survived.
• You won against one-in-billions odds

Human Life is priceless

• The lottery of birth begins much before conception
• The odds increase astronomically at every step.
• What are the odds that your parents were born, that they met, and that they gave birth to you?
• What are the odds that in the wide universe, mother earth was picked at random, and that random events nurtured life on earth?
• We are less than a speck of dust. We are privileged to be here and be able to appreciate the grandeur of our habitat
• To be able to exit gracefully when our time is up and to leave behind a better world than we found is everyone’s wish.

Gerontological nurses are open to entering into the relationship of care as partners with the older adult
There is no human relationship more intimate than that of nurse and patient.

What are the roles of the gerontological nurse?

Healer
- Holistic care recognizes the interdependence of body, mind and spirit
- The gerontological nurse recognizes that most older adults:
  - Value their health
  - Are responsible and active participants in their health management
  - Desire harmony and wholeness in their environment
  - Want to be viewed in the context of their biological, social, emotional, cultural and spiritual elements

Caregiver
- We use gerontological nursing theory
- This addresses the active participation of the elder
- Promoting the highest degree of self-care
- Recognizes each elders personal choices and preferences
- Respects the life experiences and the wisdom of each elder
<table>
<thead>
<tr>
<th>Educator</th>
<th>Advocate</th>
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</thead>
<tbody>
<tr>
<td>• Medication administration</td>
<td>• Choices at end of life</td>
</tr>
<tr>
<td>• Information about one’s diagnosis</td>
<td>• Pain management</td>
</tr>
<tr>
<td>• Dietary issues</td>
<td>• Rights of the elders</td>
</tr>
<tr>
<td>• Range of motion and exercises</td>
<td>• Monitoring for abuse</td>
</tr>
<tr>
<td>• Medicare</td>
<td>• Public policy</td>
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<tr>
<td>• Choices for care</td>
<td>• Against ageism</td>
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<td>• Wellness strategies</td>
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<table>
<thead>
<tr>
<th>Innovator</th>
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<tr>
<td>• Use of technology to promote independence</td>
<td>It is the life that you bring to others</td>
</tr>
<tr>
<td>• Medication administration systems</td>
<td>Your work is much more than what you do</td>
</tr>
<tr>
<td>• Creative solutions for ADLs when there are disabilities</td>
<td></td>
</tr>
<tr>
<td>• Helping elders to stay at home</td>
<td></td>
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<tr>
<td>• Helps to develop systems which support independence</td>
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**What do we KNOW?**

We know about the demographic imperative

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**The Demographic Imperative**

- 12.4% of the people in this country are senior citizens (1 in 8 Americans)
- Boomers started to reach age 65 in 2011
- By 2030, 1 in 5 Americans will be 65 or more
- In 2010, the 85+ population was 6.1M (or 2% of the population)
- By 2050, the 85+ population will be 20.9M (or 5% of the population)

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**The Elderly Boomers**

- From 2010 to 2040:
  Those 65 and older will increase from 40 million to 80 million
- In 2050:
  Those who are 85 and older will comprise 20% of senior citizens
The Demographic Imperative

- Between 1990 and 2020, the number of people over 50 will increase by 74% while the number of people under 50 will increase only 1%

Long-term care will increasingly become a woman’s issue

Women are and will increasingly be both givers and receivers of care

Life Expectancy

<table>
<thead>
<tr>
<th>WOMEN</th>
<th>MEN</th>
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<tr>
<td>In 2000:</td>
<td>In 2000:</td>
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<tr>
<td>At 65 …</td>
<td>At 65 …</td>
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<tr>
<td>19.2 years</td>
<td>16.3 years</td>
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<tr>
<td>At 75 …</td>
<td>At 75 …</td>
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<tr>
<td>12.1 years</td>
<td>10.1 years</td>
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<tr>
<td>At 85 …</td>
<td>At 85 …</td>
</tr>
<tr>
<td>6.7 years</td>
<td>5.6 years</td>
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Males per 100 Females

Source: LTC presentation by Nadereh Pourat, Ph.D., UCLA Center for Health Policy Research

The Gender Gap

**WOMEN**
- 42% married
- 43% widowed
- 11% divorced/separated
- 4% single/never married
- 3M+ between 85 and 94
- 300K+ age 95 or over

**MEN**
- 72% married
- 14% widowed
- 10% divorced/separated
- 4% single/never married
- 1.4M+ between 85 and 94
- 95K+ age 95 or over

Bureau of Labor Statistics

Employment of registered nurses is projected to grow 16 percent from 2014 to 2024, much faster than the average for all occupations. Growth will occur for a number of reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives.

Some Quick Facts about RN’s

<table>
<thead>
<tr>
<th>Quick Facts: Registered Nurses</th>
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<tbody>
<tr>
<td><strong>2015 Median Pay</strong></td>
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<tr>
<td><strong>Typical Entry-Level Education</strong></td>
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<td><strong>Work Experience in a Related Occupation</strong></td>
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<td><strong>On-the-job Training</strong></td>
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<td><strong>Number of Jobs, 2014</strong></td>
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<td><strong>Job Outlook, 2014-24</strong></td>
</tr>
<tr>
<td><strong>Employment Change, 2014-24</strong></td>
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What do we KNOW?

We know about the level of satisfaction of nurses in LTC!

Envisioning the Future

If we cannot accurately predict the future, can we become proactively involved in shaping the future?

Long-term care has come a long way in one generation

What did we do then that we would never do now?

80s 90s 2000s
The future must consider what our residents want and desire.

Where high Quality of Life flourishes, good Quality of Care is assured. But good Quality of Care is no guarantee a high Quality of Life.

Quality of Life flows from a culture of caring. It adds the element of caring to QoC.

Quality of Care is the result of:
- adequate knowledge, competence & skills
- proper procedures & protocols

What Matters Most in Nursing Homes

Nation’s Residents Say:
1. Care (Concern) of Staff
2. Competency of Staff
3. Responsiveness of Management
4. Choices/Preferences
5. RN/VN/LPN Care

Source: Skilled Nursing Resident Satisfaction Surveys collected in 2015.
SNF Resident Quadrant Analysis

**SNF Resident Quadrant Analysis: Strengths & Opportunities**

**Quadrant A**
- 1. Competency of Staff
- 2. Attention to Resident Grooming
- 3. RN/LVN/LPN Care
- 4. Commitment to Family Updates
- 5. Safety of Facility
- 6. Quality of Dining Experience
- 7. Choice/Preferences
- 8. Competency of Staff
- 9. RN/LVN/LPN Care
- 10. Competency of Staff
- 11. RN/LVN/LPN Care
- 12. Competency of Staff
- 13. RN/LVN/LPN Care
- 14. Competency of Staff
- 15. RN/LVN/LPN Care
- 16. Competency of Staff
- 17. RN/LVN/LPN Care
- 18. Competency of Staff
- 19. RN/LVN/LPN Care
- 20. Competency of Staff
- 21. RN/LVN/LPN Care

**Quadrant B**
- 1. Safety of Facility
- 2. Respectfulness of Staff
- 3. Commitment to Family Updates
- 4. Competency of Staff
- 5. RN/LVN/LPN Care
- 6. Choice/Preferences
- 7. Competency of Staff
- 8. RN/LVN/LPN Care
- 9. Competency of Staff
- 10. RN/LVN/LPN Care
- 11. Competency of Staff
- 12. RN/LVN/LPN Care
- 13. Competency of Staff
- 14. RN/LVN/LPN Care
- 15. Competency of Staff
- 16. RN/LVN/LPN Care
- 17. Competency of Staff
- 18. RN/LVN/LPN Care
- 19. Competency of Staff
- 20. RN/LVN/LPN Care
- 21. Competency of Staff

**Quadrant C**
- 1. Safety of Facility
- 2. Respectfulness of Staff
- 3. Commitment to Family Updates
- 4. Competency of Staff
- 5. RN/LVN/LPN Care
- 6. Choice/Preferences
- 7. Competency of Staff
- 8. RN/LVN/LPN Care
- 9. Competency of Staff
- 10. RN/LVN/LPN Care
- 11. Competency of Staff
- 12. RN/LVN/LPN Care
- 13. Competency of Staff
- 14. RN/LVN/LPN Care
- 15. Competency of Staff
- 16. RN/LVN/LPN Care
- 17. Competency of Staff
- 18. RN/LVN/LPN Care
- 19. Competency of Staff
- 20. RN/LVN/LPN Care
- 21. Competency of Staff

**Quadrant D**
- 1. Safety of Facility
- 2. Respectfulness of Staff
- 3. Commitment to Family Updates
- 4. Competency of Staff
- 5. RN/LVN/LPN Care
- 6. Choice/Preferences
- 7. Competency of Staff
- 8. RN/LVN/LPN Care
- 9. Competency of Staff
- 10. RN/LVN/LPN Care
- 11. Competency of Staff
- 12. RN/LVN/LPN Care
- 13. Competency of Staff
- 14. RN/LVN/LPN Care
- 15. Competency of Staff
- 16. RN/LVN/LPN Care
- 17. Competency of Staff
- 18. RN/LVN/LPN Care
- 19. Competency of Staff
- 20. RN/LVN/LPN Care
- 21. Competency of Staff
SNF Resident Items Ranked by Percent “Excellent” Cont.

Discharge Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Response Rate</th>
<th>Facilities</th>
<th>Surveys Returned</th>
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<tbody>
<tr>
<td>2011</td>
<td>26%</td>
<td>2475</td>
<td>96183</td>
</tr>
<tr>
<td>2012</td>
<td>26%</td>
<td>2500</td>
<td>102418</td>
</tr>
<tr>
<td>2013</td>
<td>25%</td>
<td>2484</td>
<td>80059</td>
</tr>
<tr>
<td>2014</td>
<td>27%</td>
<td>2308</td>
<td>92692</td>
</tr>
<tr>
<td>2015</td>
<td>25%</td>
<td>2003</td>
<td>92952</td>
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</tbody>
</table>
What Matters Most in Nursing Homes

Nation’s Discharge Patients Say:

1. Care (Concern) of Staff
2. Competency of Staff
3. Choices/Preferences
4. Responsiveness of Management
5. Quality of Medical Care

Source: Skilled Nursing Discharge Patient Satisfaction Surveys collected in 2015
Elders want person-centered care

It’s up to gerontological nurses to make this happen

An “ah-ha” moment!

“I visited a resident living in a nursing home and pulled the curtain around the bed so we could have some privacy. The resident looked at me and said, ‘I never thought I would end up living my life in a tent!’”
An “ah-ha” moment!

An elder in a nursing home said, with tears streaming down his cheeks:
“I am not a baby. I am 85 years old, I was married for 54 years, and I want to be treated like a man! Don’t tell me what to do, don’t tell me how to run my life. I am a grown man.”

What Is Person-Centered Care?

How do we achieve it?

The personal journey

• This is NOT something you can be told to do…
• It requires adopting new values and beliefs about aging … and the ways in which individuals are cared for
• Everyone must internalize the values underlying person-centered care and examine how these values affect them personally and professionally

Organizational systems change

Fixing nursing homes involves more than just stop-gap funding or looser laws.

It consists of producing a profound shift in the way nursing homes look and operate, as well as in the way staff members think and feel.
How nurses can shape the culture through our values and traditions

“Remember your humanity; forget everything else”

“Not everything that counts can be counted, and not everything that can be counted counts.”

External system changes

• Researchers will have data to support Quality of Life and Quality of Care outcomes in person-centered care environments
• Regulations will not be seen as an impediment to person-centered care
• Resident satisfaction will be accepted as an outcome measure of quality
• Corporations will support person-centered care initiatives in their homes
• Families will seek homes that provide person-centered care

Catalysts for person centered care

• Elder choice and opportunities for growth
• Organizational systems changes
• Staff empowerment
• Physical environment
### Elder choice and growth

- **Choice in daily routines**
  - Residents "wake up" on their own, no "lights out!"

- **Decisions which impact the home**
  - Participate in day-to-day activities

- **Inclusion on organizational committees**
  - Menu planning
  - Hiring
  - Community participation

- **Involvement in community and activities**

- **Personalized rooms**

- **Life-long learning opportunities**

### Elder choice and growth – short stay

- **Participation in transitions of care**

- **Choice in daily routines**
  - Residents "wake up" on their own, no "lights out!"

- **Schedule considers resident preferences**

- **Decisions which impact their treatment regimen**

- **Choices considered in plan for care and discharge**

- **Instructions on medications and continuing care**

- **Information on treatment options**

- **Advanced care planning**

### Organizational systems changes

- **Care plans written in first person**
  - Reflect all domains: Medical, social, emotional and spiritual

- **Honor life passages**

- **Spontaneous activities**

- **Institutional language eliminated**

- **Elders goals are the nurses goals and based on functional outcomes – Quality of Life**

### Organizational systems changes

- **Age and gender appropriate activities**

- **Individualized schedules for toileting, bathing and eating**

- **The elder is put before the task**

- **P&P reflect the change of culture**

- **Resident rights are respected as are the rights of the caregivers**
Organizational systems changes – short stay

- Resident an active participant in care plan
- Options given for food and dining
- Activities are personalized and geared to their therapy schedule
- Recognition that stay is temporary
- Elders goals are the nurses goals and based on functional outcomes – Quality of Life

Staff empowerment

- CNAs participate in care plans
- Consistent staff assignments
- Interdisciplinary neighborhood teams
- Career ladders
- Solid orientation, ongoing education program
- Staff self schedules
- Formal and informal recognition

Staff empowerment

- Staff recommendations are heard, listened to and implemented where appropriate
- All staff answer call lights
- Performance evaluations reflect vision of person-centered caring
- Self-managed work teams

Environment

- Discontinuation of “tray system” for serving meals
- Family or buffet-style dining
- Intergenerational programs
- Deinstitutionalized nurses station
- Comfortable surrounding
Environment

- Shower rooms converted into bathing spas
- Linen colored and patterned
- Art reflective of residents’ culture and tastes
- Welcoming and accessible outdoor space
- Access to community

Where do I start?

You can’t hope to improve the quality of life for your residents if you do not have your finger on the pulse of your employees. After all, they CREATE QUALITY.

“You need to know and really, really, understand that your nurses and aides wield the power to make or break your business.”
Judah Gutwein, LNHA, CEO of Sky Care Media LLC
What Matters Most in Nursing Homes

Nation’s Employees Say:

1. Care (Concern) of Management
2. Attentiveness of Management
3. Assistance with Job Stress
4. Safety of Workplace
5. Fairness of Evaluations

Source: Skilled Nursing Employee Satisfaction Surveys collected in 2015
CNA’s are your 1st customer

The nursing home:
• lowest status age group
• loss of health, roles, home
• dependent, frail
• powerless to change
• weakest social class
• lowest social status job
• least paid, least autonomy
• powerless to change

How do the DON and Admin. generate quality of life?

The cradle of quality

Resident’s world = The CNA
• 90% of personal care
• 6 times as an RN
• 5 times as an LPN
Q of life = CNAs relationship

CNAs significant world = The Nursing Home
• 50% of waking hours
• 90% economic support
• significant social bonding
• self image, self respect
Q of life = n-h relationships

IT’S ALL ABOUT Relationships
I hope for the day when everyone who lives in any long-term care situation knows there is someone waiting for him or her each morning after the journey of sleep one takes each night.

And I yearn for the day when each staff person, most especially CNAs, know that there are people who are waiting for a morning greeting, interested in learning how the CNA fared in the hours they were apart.

Carter Williams

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To Have and To Hold Caregivers

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Hiring Right for Staff Stability

- Not just a large pool of candidates– but the right pool of candidates
  - Target advertising
  - Targeted Refer a friend

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Refer-a-friend Bonus

- Word of mouth is best advertisement
- Actively promote refer-a-friend bonus
  - Personally approach your best employees
- Pay as soon as you hire – it’s up to you then, to have them stay
Recruitment: 
Getting the Right Pool of Candidates

- What are your selling points as a place to work?
- Refer a friend bonus – who are your best staff, who are their friends?
- What are good sources of candidates – where do you recruit?
- What’s your reputation in the community as an employer?

Recruitment

- Where do (really good) caregivers come from?
- Who do you want to attract and where are they?
- What are the benefits of working at YOUR nursing home?

Screen before you hire, not after

- Take the time to hire someone who will be value added to your team
- Make hiring process a good screen – have a multi-layer process

“Measure twice – Cut once”

You get 1 chance to make a 1st impression!

- Applicant is not greeted
- Receptionist is not aware of her role
- No one knows open positions
- Interviews are not conducted for walk-ins
  – “Come back Tuesday at 11:00”
  – Overall first impression to the applicant is disorganization
Welcoming Applicants

- Make a good first impression
- Receptionist/person at front door is key – Make sure she has postings, applications, info on benefits, and she’s tuned in to welcoming
- Make it a priority to meet new applicants
- Screen, tour, interview right when they come in

Give them a tour

- Community tour observations
  - Walk quickly and see how they keep up
  - Go up and down stairs if you have them
  - Place them next to residents who will engage them – see how they respond
  - Monitor interactions with people – afterwards, ask staff what they know about person

Include others in interview

- Include: co-workers, supervisor, resident and/or family
- Teach interview and hiring skills
- Give training on legal prep on what’s acceptable
- This starts the process of a warm welcome – builds confidence in the new employee and starts the relationship

Focus on Character Traits

- Maturity – self reflection
- Compassionate
- Sensitivity to others needs
- Self esteem
- Ability to communicate, learn
- Friendliness - Five smile rule

😊😊😊😊😊
Interview Tips

- High standards
- Ask to see their last performance evaluation
- Where have they been trained? (Does it make a difference?)
- Do they have experience?
- Do they have realistic expectations about the job?
- Ask the right questions
  - Open ended
  - Behavior based; scenario based
  - Character based

Interview Questions

- Who is the nicest person you know, and why?
- What are you most proud of?
- Tell me about your prior experiences in caregiving?
- Tell me about a time that you’ve had a conflict with a co-worker. What did you do?
- Tell me the names of three elders you had a close relationship with in your past job?

“How do you like to do in your free time?”

“Well…I’m not much of a people person. I tend to stay at home and keep to myself.”

How to Check for Cultural Fit

There are many technical skills that might be required for a particular job, but all too often employers are not checked for culture-fit attributes.
Positive Attitude

- What are the most positive aspects of your previous work environment?
- What is the single most important factor that must be present in your work environment for you to be successful and happy?

Successful Team Building

- What is your preferred work style - do you prefer working alone or as part of a team?
- How would your former coworkers describe your work style?

Developing a Rapport with Managers

- How have you worked best with past managers?
- Describe the management style that motivates you and inspires you to do your best work.

What better way to find the right employees then to align them with the company’s existing values?

Employees whose personal values fit with the organizations connect them to the mission.
Possible Resident Questions

• What do you do when you are stressed?
• What made you decide to be a caregiver?
• If a 96 year old resident was going toward the door to leave and told you that she was waiting for her mother to pick her up, how would you respond?
• If you were going in to care for a resident who was agitated, how would you handle it?

Providing a Good Welcome

Will Increase the Percentage of Newly Hired Staff Who Stay

What’s it like to be new?

• They are new to:
  • Type of job/skills and responsibilities
  • Workplace
  • Co-workers
  • Residents
  • Management style
  • Layout of the community
  • The way things are done
  • The way things work
  • Where things are kept/stored

A Warm Welcome from Management and Co-workers Helps New Staff Stay

• Leadership
  – Administrator personally tune in to new person
  – Check in at morning stand-up
  – Follow-up with them:
    • every day the first week,
    • regularly over first month (It takes 3 months to feel comfortable, 6 months to feel competent)
How to ensure people stay

- Supervisor responsibility for welcome
  - Use shift huddle to intro, support and orient (to residents, co-workers, routines)
  - Frequent check-ins
- Co-workers Warm Welcome
  - Pictures of staff, bio, balloons, pizza party
  - Invite to lunch and on breaks

Friendships at Work

People stay in places where they have friends

What is our vision for nursing?

To create a person-centered environment where every person (staff, resident and family member) deserve to have the same rights, privileges and responsibilities

EVERYONE

Including...
- Residents
- Families
- Nurses and nursing assistants
- Housekeepers
- Laundry workers
- Managers
- Food service
- Social workers and those who plan activities
In Conclusion

- Nurses are at the heart of quality of care and must also be the heart of quality of life.
- Quality of life is dependent on a relationship with caregivers.
- The DON is the LEADER of caregivers.
- How do you lead your charge nurses – people leave their managers not the company.

Are you a good Leader?

“I slept and dreamt that life was joy. I awoke and saw that life was service. I served and behold, service was joy.”
— Rabindranath Tagore