

## Feature Article

## Availability of selected Institute of Medicine recommendations for geriatric care in hospitals providing care to injured older adults

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## A B S T R A C T

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This study evaluated the presence of eight geriatric care Institute of Medicine (IOM) recommendations in a representative sample of hospitals ( $N = 128$ ) that provide care to injured older adults. Four data sources were utilized to form a dataset. Descriptive statistics were conducted and Chi-square analyses were used to examine differences among trauma center levels and non-trauma centers. Six IOM recommendations were present in less than 50% of hospitals. Recommendations related to computerized support for risk assessment of two geriatric-specific conditions (CAUTI, pressure ulcers) were present in more than 70% of hospitals. Level I and II trauma centers had greater adoption of recommendations than level III/IV trauma centers and non-trauma centers. Continued efforts are needed to promote and support the advancement of IOM recommendations throughout U.S. hospitals.

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In *Retooling for an Aging America: Building the Health Care Workforce*,<sup>1</sup> the Institute of Medicine (IOM) challenged hospitals to build a workforce that can meet the needs of the rapidly growing generation of older Americans who will represent 20% of the population by the year 2050. Recommendations include: 1) increasing in the number of geriatric specialists in all health professions, 2) disseminating models of care for older adults, and 3) expanding roles of individuals who care for older adults.<sup>1</sup>

Injured older adults represent a particularly vulnerable subgroup of the growing older population. Traumatic injury ranks among the top ten causes for hospital admission for older adults with rank increasing for each age group (65–74: 9th; 75–84: 3rd; 85+: 2nd).<sup>2</sup> Falls are the primary cause of injury in older adults, resulting in moderate to severe injury in 20%–30% of fall victims.<sup>3</sup> Falls are the most common cause of traumatic brain injury in older adults; and primary injuries from falls include fractures to the hip, legs, spine, pelvis, arms, and hands. The clinical profile of an injured older adult admitted to the hospital is often complex and includes the physical injury itself, multiple chronic conditions, disabilities, and geriatric syndromes.

Management of injured older adults occurs at both trauma centers and non-trauma centers. In fact, over 50% of patients with injuries are admitted to non-trauma centers.<sup>4–6</sup> The extent to which these hospitals were adopting IOM recommendations (geriatric specialists, models of geriatric care, aging-related interventions)

was unknown. The purpose of this study was to evaluate the presence of eight geriatric care IOM recommendations in a representative sample of hospitals that provide care to injured older adults.

### Methods

#### Design

The study was a secondary data analysis utilizing four data sources: 1) 2009 Healthcare Cost and Utilization Project Nationwide Inpatient Sample (HCUP NIS) (20% stratified nationally representative sample), 2) 2009 American Hospital Association (AHA) Survey, 3) prior study by the principal investigator (PI) to determine the presence and location of five geriatric programs or models of care in U.S. hospitals,<sup>7</sup> and 4) 2011 Survey of Chief Nursing Officers (CNOs). Data were merged to form a comprehensive data set of structures and processes associated with outcomes of hospitalized older adults. Eight geriatric care variables (presence or availability of: geriatric acute care models, geriatric services, geriatricians, geriatric advanced practice nurses, gero-psychiatric consultation, comprehensive geriatric assessment, and computerized assessment tools [checklists for catheter-acquired urinary tract infection & pressure ulcer risk assessment]) were extracted from the four data sources for descriptive analysis. The study was part of a larger study (administratively-mediated variables and outcomes of injured older adults) described in full in another publication.<sup>8</sup> The study was approved by the institutional review board of the university with which it was associated.

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## Sample

The sample included 128 non-federal, acute care hospitals. The process for selection of hospitals is shown in Fig. 1. Among the 1050 hospitals in the 2009 Healthcare Cost & Utilization Project–Nationwide Inpatient Sample, 475 were located in states that do not permit hospital identification (requisite for linking data sources), resulting in exclusion from the study. Ten identifiable hospitals served only children, and an additional 106 identifiable hospitals did not admit at least 10 patients age 65 or older with a primary injury diagnosis (inclusion criteria of the larger study, ICD9: 800.0–959.9, excluding 905–909 [late effect of injury], 930–939 [foreign body], and 958 [early complications of trauma]), resulting in their exclusion. Among the remaining 459 hospitals to which CNO surveys were mailed, the hospitals that returned a survey comprised the 128 sample hospitals (Fig. 1).

## Procedure

Eight geriatric care variables were extracted from three data sources as shown in Table 1. Descriptions of each variable are provided below by data source.

## Prior study

A prior study (Geriatric Resources in Acute Care Hospitals and Trauma Centers)<sup>7</sup> identified the presence and location of prominent geriatric resource programs, including two acute care models targeted to nurses, physicians, and other disciplines. 1) Nurses

Improving Care for Healthsystem Elders<sup>9</sup> is a nurse-driven program based at New York University College of Nursing. Participating hospitals implement protocols and models of care to foster improvement in care throughout a system, and are provided with resources aimed at fostering better outcomes. 2) The Hospitalized Elder Life Program,<sup>10</sup> based out of Yale University School of Medicine, is an interdisciplinary model for preventing functional and cognitive decline in older adults during hospitalization. Participating hospitals are provided with protocols, assessment tools, and expert guidance in a hospital-wide approach that utilizes all level of care providers. The presence of a geriatric acute care model was included as a variable in the current study.

## 2009 AHA Survey

The AHA Survey is completed online by most U.S. hospitals and profiles a universe of over 5000 hospitals. The database contains over 1000 fields covering hospital structure, service line, staffing, expenses, physician organization structures, beds and utilization. Two geriatric care variables from the 2009 AHA Survey were included in this study: 1) presence of a geriatric service, and 2) availability of geriatricians.

## Survey of CNOs

A 17-items survey was developed by the PI to collect pertinent variables that were not available from other data sources. Survey item development was based on consultation with experts who measured similar concepts/variables in prior studies, as well as recommended methodologies.<sup>11–14</sup> Content validation was

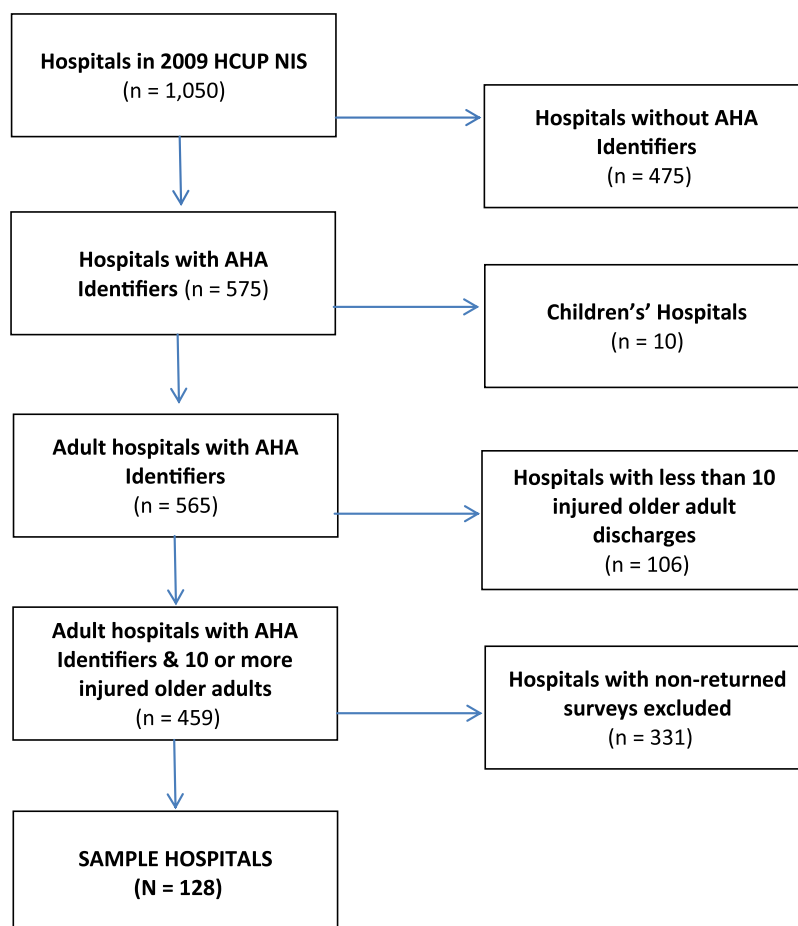


Fig. 1. Hospital selection process.

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