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## Geriatrics training for nurses in a skilled nursing facility: a GWEP feasibility study

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## ABSTRACT

Geriatrics knowledge and expertise is critical to the care of older adults in skilled nursing facilities. However, opportunities for ongoing geriatrics training for nurses working in skilled nursing facilities are often scarce or nonexistent. This feasibility study describes a mixed-methods analysis of nurses' educational needs and barriers to continuing education in a for-profit skilled nursing facility in an underserved, urban environment. Potential mechanisms to overcome barriers are proposed.

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The rapid growth of the older adult population in the United States (US) is well-recognized. In 2014, the population of persons 65 years or older was approximately 46 million; by 2060, that number is expected to more than double, to 98 million.<sup>1</sup> The primary care workforce is not adequately trained in geriatrics medicine and, at the same time, the geriatrics-prepared workforce is declining across health care professions.<sup>2–4</sup> Geriatrics-trained healthcare professionals are in particular demand in long-term care facilities (e.g., nursing homes), especially as the nursing home population is expected to increase markedly from 1.6 million in 2010 to over 3 million by 2030.<sup>2</sup> The shortage of geriatrics-trained healthcare professionals prompted the launch of the “Geriatric Workforce Enhancement Program” (GWEP), a program developed by the Health Resources and Services Administration (HRSA). GWEP funding provides geriatrics training to healthcare personnel and caregivers who work with older adults, and funded the project reported here. This feasibility study describes the process of and barriers to developing a geriatrics training program for healthcare providers in a

for-profit skilled nursing facility (SNF) in a medically underserved community on the South Side of Chicago.

### Background

Geriatrics-focused education and management skills training are critical to the care of older adults in SNFs. Patients in these facilities typically present with multiple chronic conditions and complex psychosocial needs that are more difficult to manage than in younger patients.<sup>5</sup> Inadequate geriatrics training has been shown to contribute to high nursing staff turnover rates and nursing shortages in SNFs.<sup>6</sup> However, geriatrics training is seldom offered, much less evaluated. In a recent review of 113 research studies that linked continuing education for nursing staff to staff and patient outcomes, less than one-quarter of the studies involved geriatrics training to nursing staff working in long-term care and skilled nursing facilities.<sup>7</sup>

Implementation of geriatrics training in SNFs can be difficult, particularly in for-profit facilities with financial pressures that may be at odds with the needed time commitment for educational training to improve patient outcomes and staff retention. These difficulties have been framed as organizational culture barriers, and have prompted studies to understand and surmount these obstacles.<sup>8</sup> For instance, “buy-in” from corporate leadership is critical to ensure the necessary infrastructure support (e.g., staff time, availability of organizational resources) to implement and continuously improve new programs. Effective leadership in middle and top managerial roles is also important to set a tone that welcomes and values educational training in a workplace environment.<sup>9</sup>

Conflicts of interest: None.

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Continuing education interventions with nurses in skilled nursing facilities – needs and barriers – have been reported in the past. However, previously published literature primarily describes a narrower educational focus (pain management, depression, end-of-life care, etc.)<sup>10</sup> or a different type of SNF setting (VA, rural).<sup>11</sup> Moreover, much of this work is quite out of date (1980's and 90's) and SNF care (and thus educational climate) has changed significantly since then. We were unable to find previous work on enhancing geriatrics skills via continuing education for nurses working in for-profit SNFs in urban, medically-underserved communities, and we seek to begin to fill that gap with the present feasibility study.

#### *Chicago's south side: socioeconomic and institutional context*

The South Side of Chicago is one of the most medically underserved communities in the US. The number of older adults living below the poverty line is twice the national average<sup>12</sup> and the ratio of primary care providers to residents in the majority of South Side neighborhoods is less than half of the Chicago average.<sup>13</sup> Clearly, there is a large unmet need for access to resources and primary care providers with expertise in care for older adults. The study reported here is part of an innovative program to create, implement, and disseminate resources and education with and through a network of older adults, caregivers, primary care providers, and geriatrics specialists. The network is known as the South Side Healthy Aging Resource Experts (SHARE) Network and is coordinated by a geriatrics healthcare team at the University of Chicago Medical Center.

This model resembles previous efforts in “Teaching Nursing Homes” (TNHs) that began in the early 1980s. TNHs are again attracting attention for their focus on partnerships between service and academia “to provide interdisciplinary education and practice, research and dissemination of evidence-based practices, and benchmarks of a nursing home professional learning environment”.<sup>14</sup>

#### *Current project*

This project adopts a rapid cycle quality improvement approach to educational training that is designed to enhance the geriatrics skills and expertise of healthcare providers. The context is a for-profit skilled nursing facility in an urban and underserved community on Chicago's South Side. The ultimate goal is to deliver remote access training to enhance the geriatrics-prepared workforce at sites across the South Side using videoconferencing technology. The interim goal addressed here is to develop and pilot a geriatrics workforce training curriculum for nurses and staff, focused on best practices for care of older adults in the SNF setting. In this feasibility study report, we describe an informal stakeholder assessment of educational needs in the facility, barriers encountered in delivering pilot geriatrics educational programming in the facility, and nursing staff prioritization of topic areas deemed important for future training. Lessons learned will guide the rollout of the geriatrics training program in other SNFs and may be informative for others who seek to educate geriatrics healthcare providers in environments with similar challenges.

#### **Method**

##### *Study site & sample*

A series of face-to-face meetings were held with geriatrics staff at the teaching hospital, the University of Chicago Medical Center (UCMC), to describe the program, its potential benefits, and outcomes that were being considered. With input and support from

faculty in the Section of Geriatrics & Palliative Medicine, SHARE Network leaders established an agreement with corporate leadership of a for-profit network of SNFs on the South Side of Chicago to permit geriatrics training in their facilities. The facility chosen to develop a training program is a 248-bed SNF. This SNF is one of the preferred post-acute care facilities for a large (811 licensed beds) local urban academic medical center, UCMC. UCMC discharges about 400 patients per year to this facility. The facility provides basic orientation training to all new staff, but limited geriatrics-specific knowledge or skills training was offered prior to partnering with the SHARE Network. UCMC has provided on-site education for geriatrics physician fellowship trainees for the past 16 years, and although some infrastructure and culture are already in place for training physicians, nothing comparable yet exists to support geriatrics learning for nursing staff.

Nurses and nurse aides at this site number approximately 130 in total, of which 8 are Registered Nurses (RNs), 40 are Licensed Practical Nurses (LPNs), and the remaining are Certified Nursing Assistants (CNAs). Thus, CNAs represent 63 percent of the work force of nurses and nurse aides at this facility.

#### *Procedure*

##### *Educational programming*

The SHARE Network team contracted a Nurse Educator who was employed at the facility to deliver training to nursing staff. In consultation and collaboration with physicians and other stakeholders, her role was to assess training needs, establish trust with nursing staff, and train staff on a variety of topics using various modes, venues, frequencies, and times of day as needed in an ongoing rapid cycle quality improvement-driven process of meeting staff needs and preferences. Educational events were promoted through the use of training flyers posted on all four floors, near the time clock that all staff visit, with the date and time of the sessions. An overhead announcement was also made 15 minutes prior to each formal training session.

##### *Training topics and modes of delivery*

Educational programming was offered to nursing staff in a venue and with a frequency that was unique to each type of training, and that was influenced in a dynamic fashion by competing demands on staff time and the availability of classroom space. Supplementary communication skills training was provided to nursing staff during new hire orientation training in a weekly classroom setting using audiovisual (AV) presentations. This training employed role-play and other methods to improve communication skills when interacting with residents. Lunch 'n learn training sessions were provided at noon and 4 PM every other week, also in an AV projection classroom, with lunch provided by the Nurse Educator. These sessions dealt with specific diseases prevalent in geriatric populations (e.g., diabetes, congestive heart failure) and their nursing care implications. Stand-up meetings co-led by the Nurse Educator and the nurse lead occurred on a more-or-less opportunistic basis once per shift during day and evening shifts. During lulls in patient care duties, staff – primarily CNAs – convened at the nursing station for brief trainings and refreshers on topics that present challenges to CNAs on a regular basis (e.g., patient hygiene). Informal conversations with the Nurse Educator occurred on an as-needed basis when LPNs approached the Nurse Educator about a particular topic. Informational resources were made available through direct distribution of education materials (e.g., pocket cards, handouts) to nursing staff, and links to an online educational resource – [www.pathway-interact.com](http://www.pathway-interact.com) (Interventions to Reduce Acute Care Transfers).

Classroom-style clinical presentations were offered during the last few months of the training period reported here, and included

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