Assumptions

Care is moving from patient-centered to patient-driven.

• Transforming Care at the Bedside (TCAB) principles are applied in process and service improvement initiatives.
• Quality models are the reference point for measuring and evaluating outcomes.
• The nurse leader is knowledgeable in the guiding principles of elder friendly hospitals/facilities.
• The chief nurse executive and the nurse manager both support and advance the concepts of the guiding principles.
• The nurse leader represents the value of this work and advocates in all areas of influence.
• The chief nurse executive and the nurse manager demonstrate transformational leadership skills and characteristics. How those skills and characteristics are applied may be different for each environment.
• Shared decision-making occurs at all levels.

AONL Guiding Principles

For the Patient

• Each patient is a unique individual and should be evaluated as such.

• The care of the older adult takes into account many variables that contribute to a robust plan of care. These include:
  ▪ An assessment process that evaluates chronological and biological age.
  ▪ Risk assessments that are biological/developmental/physiologically based.
  ▪ Recognition of what is going on outside of the acute care setting, such as where the patient lives and their relationship with their family.
  ▪ The creation of an “elder journey plan” to help individuals navigate the health care system.
  ▪ A perspective of the patient’s baseline of where they are at admission and where they want to be at discharge.

For the Nurse Executive

A systems analysis of the needs across the organization is done to ensure those assessments take place, and that tools have been created to ensure a system-wide view of needs to ensure each patient is assessed appropriately and their journey plan can be created.
For the Nurse Manager

- Participate and influence in the development and implementation of assessment tools by including staff, patient, and family perspectives.
- Measures are taken to accommodate the patient and family's special needs.
  - The vision/mission statement of the facility states the commitment to addressing the special needs of older patients and families.
  - The “rights of the elderly” are assured with an Elder Patient Bill of Rights.
  - There is a broader definition of family that can embrace the diversity of family composition of the older adult.
  - Older adults are reflected in the marketing and promotional materials used by the facility.

For the Nurse Executive

- Create a culture that respects the patient’s needs; assure there is a cultural vision that incorporates diversity which includes age and family.
- CNO can measure/evaluate the outcome of having met the needs (customer service surveying, Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]).

For the Nurse Manager

Create a culture that respects the patient’s needs; assure there is a cultural vision that incorporates diversity which includes age and family at the unit level.

For the Staff

- Nurses demonstrate clinical competence in geriatric nursing.
  - The NICHE (Nurses Improving the Care of Health-System Elders) clinical competence standards are used for all staff caring for the older patient.
  - Certification in Geriatric Nursing is encouraged and supported.
- Nurses provide therapeutic response, patience and presence when caring for geriatric patients.
- Nurses and staff who provide direct care identify and address the patient’s individual needs and preferences. Staff creates a positive experience for the patient and family.
  - Nurses are knowledgeable regarding the resources necessary to provide the geriatric patient with their individual care needs.
  - Evidence-based protocols and assessments are used by every discipline that provides care.
  - Patient care is evaluated in relationship to the patient, family and nurses’ satisfaction.
  - Geriatric experts are available in other disciplines and departments.
- Nurses coordinate care across the continuum and “manage the journey” of the patient and family.
  - There is a defined process for the nurse caring for a patient and family that assures that the patient’s journey through the health care experience is managed and coordinated.
  - The nurse takes responsibility and accountability for the patient and family’s experience by managing the partnership and serving as advocate and broker for the hand-offs to other disciplines/departments/facilities.
- Excellent communication, tailored to meet the needs of the geriatric patient, results in a “climate of confidence” for the patient and the nurse.
  - Communication competence is measured by the NICHE communication skill lists.
- Older adults and families participate in directing the care and both feel secure and safe.
- Educational materials are usable/friendly/responsive to the needs of the older patient.

- The organization provides appropriate resources and systems that support best practice in geriatric nursing care.

NICHE identifies the following resources and system characteristics:
  - Evidence-based tools
  - Continuing education and certification
  - Workforce training in the care of the older patient
  - Volunteer programs
  - Quality of life programs (i.e., therapeutic activities and social support systems)
  - Measurement tools and processes that capture appropriate metrics
  - Interdisciplinary processes for planning
  - Involving all stakeholders in institutional decision-making regarding the care of older adults

**For the Nurse Executive**
- NICHE competencies are integrated into performance standards, education and evaluations as appropriate for the staff that care for the elderly patient.
- Develops models of care used in the institution that support the ability and capacity to implement the “For the Staff” principles.

**For the Nurse Manager**
- Holds staff accountable for demonstrating the competencies.
- Staffs who care for the elderly adult are evaluated against the NICHE competencies.
- Assures the model of care supports the ability and capacity to implement the “For the Staff” principles.

**For the Environment**
The physical environment supports the needs of the geriatric patient and family and the staff who care for them.
  - The physical facility design supports age-related changes in patients and staff.
  - Equipment and supplies support evidence-based care, efficiency, and ergonomic safety.
  - The physical environment supports family-centered care, and patient comfort/function.

**For the Nurse Executive**
- Assure that the geriatric and patient/family perspective as well as staff needs are incorporated into design and redesign through utilization of evidence-based design (EBD) principles.
- Where architectural design/redesign is not feasible, assures that the EBD principles are incorporated as appropriate in process/environment assessment and improvement initiatives.

**For the Nurse Manager**
- Participate and influence in design/redesign using principles of EBD assuring that both the staff and geriatric/patient/family perspective has been accounted for.
- An elder-friendly environment, as defined by the patient and family, also enhances the practice environment for staff.
- An elder-friendly environment, as defined by the patient and family, also enhances the practice environment for staff.
• The elder-friendly environment is embraced hospital-wide.
• There is clear accountability for the care of older adults reflected in the organizational mission and organizational chart.
• There is an assessment and reflection of the concept within the organizational culture.
• Elder Advisory Councils exist to provide input into operational decisions.
• There is education of all within the hospital setting: staff, patients, family, administrators, and board of trustees, regarding the special needs of the older patient.
• “Navigators” are used to assist patients and families in managing the non-care processes, such as insurance and benefits.

**For the Nurse Executive**

Establish and support a trans-disciplinary council including patient and family that supports and encourages a collaborative approach to the care of the elderly.

**For the Nurse Manager**

- Ensures that the culture in the department/unit is aligned with the organization’s culture that supports elder-friendly hospitals.
- In his/her area of influence, assure that the unit participates effectively in the house-wide collaborative trans-disciplinary teams/efforts.

Created by AONL, acting as an ANA/SNAPG association in the Nurse Competence in Aging Program and as a recipient of a REASN (Resourcefully Enhancing Aging in Specialty Nursing) project grant through the Hartford Institute for Geriatric Nursing.

Copyright 2010 by the American Organization for Nursing Leadership. All rights reserved.