

Triggering Change Through Implementation Science: Nursing Rounds, “Friendly Visitors” Enhance Geriatric Care

Change AGENTS Initiative

The John A. Hartford Foundation’s Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. Managed by The Gerontological Society of America, the initiative harnessed the collective strengths, resources, and expertise of the foundation’s interprofessional community of scholars, clinicians, and health system leaders.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.



How can health professionals ensure “safe passage” of older adults through acute care hospitalization? That was a central question addressed in the Testing and Refinement of Interprofessional Geriatric Rounds (TRIGR) project, funded at an academic medical center through a 2014 John A. Hartford Foundation Change AGENTS Action Award. By starting geriatric nursing rounds and a friendly visitors program involving college students, TRIGR project leaders learned many lessons about implementation science and ways to change the culture in a complex medical setting.

“Older adults are the ‘core business’ of hospitals and are now the largest segment of inpatients, often approaching or exceeding 50% in some places in the United States,” said Susan M. Lee, PhD, RN, CNP, senior nurse scientist, Nurses Improving Care for Healthsystem Elders (NICHE) coordinator, and Watson Caring Science Scholar at Brigham and Women’s Hospital in Boston.

“Older adults are likely to lose at least one activity of daily living while in the hospital, which some call ‘hospital-acquired’ disability, not only because of illness but because of lack of knowledge of hospital staff,” Dr. Lee explained. “When front-line staff has knowledge of the relatively simple geriatric care strategies, older patients will experience less harm and will be more likely to return home at discharge. The ‘gerontologizing’ of U.S. hospitals is the most urgent priority today for the safe passage of older adults.”

Managed by The Gerontological Society of America, the John A. Hartford Foundation Change AGENTS Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. It did so by harnessing the collective strengths, resources, and expertise of the John A. Hartford Foundation’s interprofessional community of scholars, clinicians, and

health system leaders to learn from and support one another while they adopted, evaluated, and sustained changes in practice and service delivery. The Change AGENTS Action Awards grants program was designed to support Change AGENTS in implementing promising ideas in practice change.

The Status Quo

Not everyone who rotates through medical units in teaching hospitals has heard of the Beers list and knows what a geriatric syndrome is. Bringing the next generation of physicians and nurses up to speed on the care of older adults presents special challenges for staff on the front lines of care for older adult patients in the nation's acute care hospitals.

Dr. Lee and her colleagues—Heidi Doucette, MS, RN, ACCNS-BC, CNRN, project coordinator; James Rudolph, MD, geriatrician consultant; and Saby Jean-Pierre, MS, RN, geriatric resource nurse—envisioned three arms for the TRIGR project when they sought an Action Awards grant. The group focused its efforts on a single dedicated teaching unit for medicine that has two important characteristics: residents and medical students stay on the unit all day, ensuring easy access, and individual nurses participate during rounds with the team.

“The form of teaching used on this unit is really effective, despite how time-consuming it is,” Dr. Lee said. “Case-based teaching, in the moment, is more effective than lectures. The nurses are able to bring topics such as pain management, sleep, and nutrition to the team.” Nurses have lots to work with—sleep orders sometimes call for anticholinergic and other deliriogenic drugs such as diphenhydramine (Benadryl), and pain medications can be underused, with orders calling only for acetaminophen (Tylenol) after surgery. “Giving the nurses the information they need to share during rounds is very important on this unit,” Dr. Lee said.

Because the hospital implemented three additional daily rounds on the unit just as the project was starting, plans for geriatric interdisciplinary rounds could not be implemented. That didn't stop the TRIGR investigators.

The Remedy

Even though the group could not implement the interdisciplinary geriatric rounds, they were able to launch geriatric nursing rounds. Held in the early afternoon, geriatric nursing rounds enabled front-line nursing staff to interact with nurses with advanced geriatric training who brought specialized knowledge to the team.

The rounds were based on an evidence-based geriatric rounding tool, MOSAICS, developed by Dr. Lee and her colleagues, and a significant advance over older approaches developed more than 20 years ago. The MOSAICS checklist prompts nurses to be proactive in 10 aspects of geriatric care: medication review, orienting visits, sensory aids, ambulation, intake, constipation, comfort, caregiver engagement, catheter, and sleep. These are known challenges for older patients that can lead to complications, longer hospital stays, and increased suffering. MOSAICS addresses risk for delirium and other geriatric syndromes and identifies early intervention to mitigate risk.

Using the information and insights gained during geriatric rounds, nurses were able to identify patients' needs and inform other members of the team. The result has been better patient care and a change in culture on the unit, Dr. Lee said.

Inspired by the Hospital Elder Life Program (HELP), the friendly visitor program was based on the concept that older patients do better and have less delirium under certain conditions: (1) they have orienting visits; (2) they are kept in the present; (3) they sleep at night; and (4) they are mobilized and active, well nourished, and hydrated during the day. By recruiting students in the health professions and premed undergraduates to serve as friendly volunteers, the TRIGR investigators created a win-win situation, because the young students were able to improve their comfort and skills in the clinical setting while older patients benefited from the interaction.

The volunteers, after special training in geriatrics, orienting visits, and infection control, used a narrative approach in 20- to 30-minute visits with patients. After saying, “Tell me your story,” the volunteers listened while the patients responded.

“Well, last Friday, or was it Saturday?” one might say. “It was Saturday when I first felt ill.”

In this way, the narrative becomes an orienting event that helps older patients keep track of time. Telling their story also helps patients create meaning from events as they construct their own reality.

“We knew we had success when the nurses began having lists of patients for these volunteers when they came in,” Dr. Lee said. The friendly visitor program was sustained beyond the life of the grant and continues today. During the past academic year, an average of three visits occurred on five days each week. The goal is to achieve seven-day-a-week coverage on the 15-patient unit. Plans are under way now to bring in older adult volunteers, a program that will be called “Golden Pals,” said Jean-Pierre.

How the Change AGENTS Action Award improved outcomes

To enhance the friendly visits, Dr. Lee and her colleagues used grant funds to purchase art supplies, coloring books for adults, word puzzles, jigsaw puzzles, trivia games, and kinetic puzzles—things like Rubik’s cube—that patients could fiddle with and think about, even if they had memory impairment. Friendly volunteers retrieved these items from a cart on the unit and offered them to patients.

“Sometimes, patients would balk at being offered adult coloring books only to come to the realization that coloring is a soothing activity that has had a resurgence in this country in the past few years,” said Dr. Lee. “‘Aren’t you going to color with me?’ was often asked, and the friendly visitors would sit and color and engage in conversation with patients.”

“We still have a lot to do with changing the culture and improving the care of older adults in the hospital,” Dr. Lee said in describing the goals her group would like to achieve through implementation science. “There is still a lack of knowledge of geriatric care in acute care. Some of it is so simple that it’s overlooked: Are patients drinking? Are they mobile? Are their bowels moving? Are their teeth getting brushed? These can be overlooked in favor of the technical aspects of medicine.

“As the population continues to grow older and hospitals are increasingly all about Medicare money,” she explained, “it’s time to start listening to nurses, pharmacists, therapists, and everyone who’s talking about older adults in the hospital and working as a truly interdisciplinary team.”