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Geriatric Nursing

journal homepage: www.gnjournal.com
NICHE
 Nurses Improving Care for Healthsystem Elders

NICHE Section

Geriatric nurse involvement during intra-hospital transitions

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ARTICLE INFO

Keywords:

Geriatric nurses
 Intra-hospital transitions
 Delirium
 Adverse events

ABSTRACT

Geriatric nurses are skilled in the special needs of hospitalized older adults. While significant focus has been placed on improving care transitions upon discharge, less attention has been placed on intra-hospital transitions. Intra-hospital transitions represent transfers occurring between hospital units or rooms. Intra-hospital transitions challenge normal nursing workflow and require careful consideration of care coordination to prevent adverse events for older adults. Frequent changes in environment and a lack of consistency in care may support the development or prolongation of delirium as older adults are transferred between units and rooms. Additional adverse event risks include infections and falls, which also increases with each transfer. Geriatric nurse involvement can enhance communication between units as well as ensuring appropriate geriatric assessments occur. Geriatric nurses are thus well positioned to act as leaders during intra-hospital transitions, potentially reducing these and adverse events.

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Geriatric nurse involvement during intra-hospital transitions

A 75-year-old female arrives in the emergency department (ED) at your hospital with a new onset urinary tract infection and early warning signs of urosepsis. She has started to become confused in the ED but her family is not present and nobody notices the onset of delirium. She is admitted but with beds limited is assigned a hallway bed on the med-surg floor, where the noises are loud and she is hidden by a curtain. The patient becomes tangled in the bedrail of the gurney and falls out, leading to a hip fracture. This could have been prevented with effective communication and assessment of falls and delirium to ensure a proper bed placement, but without a geriatric nurse's presence, this patient safety event occurs due to oversights in the intra-hospital transition.

Intra-hospital transitions represent transfers or movements between hospital units or beds within the same unit.^{1,2} Patients are likely to experience at least two transitions during hospitalization.³ During hospitalization, older adults are especially at risk of experiencing numerous transfers between units or between rooms within the same unit.^{3,4}

The important role of nurses during patient transfers between care settings has been well established.^{5,6} Geriatric nurses represent key individuals in the coordination of care of older adults between settings, such as transition between the hospital and community

settings.⁷ Geriatric nurses demonstrate knowledge and expertise in the identification and management of geriatric syndromes during hospitalization.⁸ Currently, geriatric nurse involvement during intra-hospital transitions may be absent or limited. Nonetheless, geriatric nurses represent key individuals necessary to support positive outcomes for older adults during intra-hospital transitions.

Intra-hospital transitions and health outcomes for older adults

Intra-hospital transitions may negatively impact older adults' health outcomes during hospitalization. Of note, delirium incidence and adverse events such as falls and pressure injuries are two such examples of conditions geriatric nurses can effectively prevent and/or treat.

Delirium

Delirium is associated with older and sicker patients⁹ and has been associated with intra-hospital transitions.⁴ Older adults transferred from the ED to hospital units are at high risk of experiencing delirium.¹⁰ However, assessment of delirium may be missed or significantly delayed during and post intra-hospital transitions.^{10,11}

As older adults demonstrate a high level of hospital admission upon entry to the ED, geriatric nurses need to recognize the potential for delirium onset during transition from the ED to hospital unit. Monitoring for changes in baseline levels prior and post transition supports early recognition and treatment.

E-mail address: ab8294@nyu.edu<https://doi.org/10.1016/j.gerinurse.2019.08.011>

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Moreover, geriatric nurses should recognize the likelihood of delirium occurrence associated with frequent changes in environment and interruptions in the consistency of care older adults experience with each transition.¹² Geriatric nurses' knowledge regarding promotion of age friendly environmental practices, such as re-orientation strategies, and early mobilization,¹³ as well as recognizing potentially inappropriate medications such as anticholinergics, anti-psychotics and benzodiazepines¹⁴ are critical in prevention of the onset of delirium associated with intra-hospital transitions.

Adverse events

Adverse events, such as falls, pressure injuries, infections, and medication errors have also been linked with intra-hospital transitions.^{2,15,16} Moreover, the likelihood of experiencing adverse events increases with each transfer. For example, after the first unit transfer, odds of experiencing nosocomial infections and falls has been seen to increase with each movement to a new unit.¹⁶

Increased wait times prior to intra-hospital transitions increases the likelihood of experiencing adverse events. For example, higher rates of sepsis have been associated with longer wait times in the ED prior to transfer to the hospital unit.¹⁷ The connection between infections and the number of transfers may be unclear due to variance in the severity of illness. Nonetheless, increased monitoring for the prevention of adverse events is necessary.

Geriatric nurses need to recognize the potential association between transitions and adverse events. Processes supporting monitoring for infection and falls after transitions should be developed and implemented. The skill and knowledge of geriatric nurses can lead to appropriate development of policies and procedures supporting age appropriate care prior and post each unit transfer.

Intra-hospital transitions challenges

Intra-hospital transitions challenge the ability of geriatric nurses to perform activities relating to normal workload and patient safety. Transfers often require the involvement of several nursing professionals, requiring time spent away from patient care.³ Interruptions in patient care may challenge geriatric nurses' ability to provide safe and effective care to patients already within a unit.¹⁸

Geriatric nurses must assess the influence of differing culture and environment between hospital units on intra-hospital transition processes.^{18–23} Conflicting goals and communication breakdowns challenge smooth, positive transfers between units. The contradictory needs of units, such as equipment and staffing, may potentially affect bed availability and wait time prior to transfer. Decreased nursing role performance²⁴ may result in rushed and frequent transitions. Rushed transitions may limit timely assessments, such as delirium screening, and decrease recognition of potential clinical factors contributing to adverse events.²¹ Moreover, as each transfer occurs, a decreasing amount of time may be spent providing patient education and preparing patients for discharge.¹⁶ Intra-hospital transitions frequently interrupt best practices in the care of older adults. Geriatric nurses must be responsible for recognizing the potential interruptions and supporting appropriate care as older adults move between units or rooms.

Increased rates of intra-hospital transfers result in increased use of hospital resources, including equipment and nursing workload.^{3,16} The influence of hospital unit culture and differing care priorities may affect the ability to perform tasks or provide age appropriate care. While nurses often recognize the need for age appropriate care, time constraints and other workplace barriers limit the ability to provide care nurses know is appropriate for older adults.²⁵ Special recognition is necessary regarding the potential negative impact of current workload and environmental influences on smooth intra-hospital transitions.

Need for geriatric nurse involvement during intra-hospital transitions

Geriatric nurses are key to ensuring successful care coordination of older adults transpires during hospitalization. Successful care coordination is especially necessary during intra-hospital transitions. Coordinating communication, timing of transfers, ensuring the patient is initially transferred to an appropriate room (e.g., by the nurses' station if high risk, not in a "hallway" bed), and promoting appropriate assessments during intra-hospital transitions can support positive health outcomes for older adults. Additionally, careful consideration of the necessity of each transfer is needed. For example, transfers to place older adults closer to nursing stations requires further investigation and consideration regarding the potential negative impacts the transfer might play on health outcomes.¹¹ Further, by performing geriatric assessments and asking appropriate questions of the transferring unit ahead of time, improper placement within a unit may be limited, preventing unnecessary and potentially harmful within unit transfers.

Geriatric nurses' knowledge regarding the needs of older adults can support care practices across units. The NICHE Geriatric Resource Nurse curriculum, online learning modules, and tools such as the Fulmer SPICES assessment,²⁶ along with the Age Friendly Health System Program²⁷ are two programs that can help to ensure hospitals have the tools and infrastructure they need to develop geriatric nurses and reduce risks associated with intra-hospital transfers. Previous research has demonstrated that the presence of liaison nurses during intra-hospital transitions supports a reduction in the occurrence of adverse events.²⁸ Geriatric nurses would be well-equipped in acting in similar roles for the transitions of older adults between hospital units. Given the potential for significant adverse events, geriatric nurses must recognize the important leadership role they can play during intra-hospital transitions to improve care quality for hospitalized older adults.

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