

# NICHE

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### PURPOSEFUL VISITS FOR HOSPITALIZED OLDER ADULTS: IMPACT ON ORIENTATION AND MOOD

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**PROBLEM:** Older adult patients are vulnerable to isolation, depression, delirium and de-conditioning during hospital stays.

**SOLUTION:** Conduct purposeful visits designed to support cognition and sense of well-being. Purposeful visits are defined as a visit by a volunteer who has received training addressing the physical and psychosocial needs of older adults and the provision of therapeutic communication and activities to promote recovery.

**Problem Identified** Hospitalized older adults can experience isolation, depression, delirium and de-conditioning (Inouye, 1993) due to disconnection from their normal routines and social support. They often feel cut-off from normal routines and social support. Mood disturbances and cognitive decline can slow their medical progress and recovery.



## Nurses Improving Care for Healthsystem Elders

**Solution Formulated** The main goal of the purposeful visit program at the University of Colorado Hospital was to demonstrate the potential for enhancing cognitive ability and mood in a group of older adult patients using visits by volunteers. Other goals were to assist patients in finding activities that would help decrease boredom, loneliness, anxiety, and to increase patients' understanding of the value of participating in therapeutic activities.

To achieve the goals, the volunteers underwent patient-centered education and training aimed at improving volunteers' communication and active-listening skills. The Peterson Gunn Therapeutic Recreation Service Model (Peterson & Gunn, 1987) was used for this purpose. The trained volunteers met with patients one-on-one, introduced themselves and asked for permission to talk with patients about their recreational activity interests.

Over a seven-month period, 98 patients on the ACE Unit received a structured visit by a trained volunteer. Sixty-two post visit evaluations were completed by the patient, the nurse and the volunteer. Activities with the patients varied. The majority involved holding a conversation with the patient, asking them about their life and hobbies. With one patient, the volunteer discovered the patient had been an engineer and provided some drawing activities which kept the patient engaged. Music and reading activities were offered as well as card playing and checkers.

**NICHE Role** The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult.

**Evaluation/Results** They used a 5 point scale (-1 or -2 indicated worsening, a score of 0 represented no change and a score of 1 or 2 signified improvement in one of the areas). Over a seven month period, 98 patients received a structured visit. 62 post-visit evaluations were completed by all three participants. The volunteers and nurses reported that patients' moods, orientation and level of calmness improved following the visits. Mood, orientation, and level of calmness were assessed by the nurse, patient and volunteer post-visit. Ninety-three percent of the patients reported they enjoyed their purposeful visitation. Results of the program revealed that patients and staff benefited from the use of the patient-centered approach.

### For more information

1. Inouye SK, Viscoli CM, Horowitz, RL, Hurst, Tinetti ME. A Predictive Model for Delirium in Hospitalized Patients Based on Admission Characteristics. *Ann Inter Med.* 1993; 119:474-481.
2. Vidan MT, Sanchez E, Alonso M, Montero B, Ortiz J, Serra JA. An Intervention Integrated into Daily Clinical Practice Reduces Incidence of Delirium During Hospitalization in Elderly Patients. *JAGS* 2009; 57: 2029-2036.
3. Allen J, Close J. The NICHE Geriatric Resource Nurse Model: Improving Care of Older Adults with Alzheimer's Disease and Other Dementias. *Geriatric Nursing Journal.* March/April 2010. Vol. 31. No. 2. p. 128.
4. Peterson C, Gunn S. (1987). Therapeutic Recreation Program Design: Principles and Procedures. 2nd ed. Englewood Cliffs, NJ:Prentice-Hall.

### NICHE-related resources

1. GRN curriculum: Depression, Delirium, and Dementia. Geriatric Resource Nurse Training Program. Available at <http://www.nicheprogram.org/courses/114>.
2. Tullman D, FleTcher K, & Foreman M. (2012). Delirium. In Boltz M, Capezuti E, Fulmer T, Zwicker D (eds) Evidence-Based Geriatric Nursing Protocols for Best Practice (4th ed), Springer Publishing Company: New York.
3. Conedera, F. & Mitchell, L. (2007). Try This, Dementia Series D4Therapeutic Activity Kits, available at [http://consultgerinn.org/uploads/File/trythis/try\\_this\\_d3.pdf](http://consultgerinn.org/uploads/File/trythis/try_this_d3.pdf)

### About NICHE

NICHE (Nurses Improving Care for Healthsystem Elders) is designed to help hospitals improve the care of older adults. A program of the Hartford Institute for Geriatric Nursing at New York University College of Nursing, the vision of NICHE is for all patients 65-and-over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of health care facilities to achieve patient-centered care for older adults. For more information visit [www.nicheprogram.org](http://www.nicheprogram.org).

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