

## NICHE Solutions Series

### Overview

The NICHE Solutions Series is designed to provide the NICHE community and other interested healthcare professionals with the latest "success stories" associated with care of older adult hospital patients. The Solutions are based on successful hospital initiatives using best practices related to the NICHE Geriatric Resource Nurse curriculum, Clinical Improvement Models and other NICHE resources.

### Features & Benefits

**Feature:** Authored by nursing leaders caring for older adult patients at NICHE Hospitals throughout North America.

**Benefit:** Provides authoritative descriptions of successful geriatric initiatives of interest to a wide audience.

**Feature:** Presented in problem-solution format.

**Benefit:** Quickly details problems commonly encountered by nurse clinicians working with older adult patients and clearly outlines the programs implemented to solve these problems.

**Feature:** Organized in online topic groups.

**Benefit:** Provides quick, easy access to innovative approaches to problems encountered in the care of older adult patients.

**Feature:** Series planned with on-going publishing schedule.

**Benefit:** Assures the latest best practice efforts are identified and widely distributed.

**Feature:** References and NICHE-related resources included in all Solutions.

**Benefit:** Provide avenues for deeper investigation of best practice concepts.

### Application

Designed to provide Geriatric Resource Nurses, nurse clinicians and others working in all settings with templates for creating initiatives targeting improved care for older adult patients.

## NICHE PORTFOLIO



### NICHE Solutions Series

**Solutions success stories are available in the following categories:**

- **Delirium/Dementia:** Initiatives involving efforts to reduce delirium, and increase delirium screening, team approaches and more.
- **Emergency Department:** Innovative geriatric concepts focused on the Emergency Department.
- **Function and Falls:** Programs to improve outcomes and safety for older adult hospital patients.
- **Geriatric Patient Care Associates:** Programs related to geriatric training for nursing assistants.
- **Integrated System Implementation:** Incorporating geriatric principles within a disease management structure.
- **Medication:** How to improve medication safety for the hospitalized older adult.
- **Nutrition and Elimination:** Initiatives to enhance older adult nutrition and prevent/manage acute constipation.
- **Patient and Family Education:** Communication concepts to help improve patient/family satisfaction.

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#### NICHE Hospital Innovation

##### Solution 17: Rapid Response for Dementia and Behavioral Issues

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**PROBLEM:** Acute changes in behavior related to suspected delirium, dementia and/or psychiatric conditions.

**SOLUTION:** A designated team of specially trained professional associates formed to assist adult inpatient non-critical care units with assessment and treatment of behavioral conditions.

**Problem Identified** Care of hospitalized older patients experiencing delirium accounts for more than 49% of all hospital days and delirium complicates hospital stays for at least 20% of the 12.5 million patients 65-years-of-age or older who are hospitalized each year (Inouye, 2006). Typically, delirium results in emotional disturbances characterized by fear, paranoia, anxiety, depression, irritability, apathy, anger and euphoria. Older adult patients with dementia and primary psychiatric conditions are also prone to acute changes in behavior.

**Solution Formulated** The NICHE staff at St. John Hospital and Medical Center created the "Behavioral Health Rapid Response Team" (BHRRT) designed to quickly assess and treat behavioral conditions, such as delirium, in patients in non-critical care units. Each team includes a:

- Crisis Prevention Intervention trained RN
- Designated physician or mid-level provider (MLP)
- Other professional staff at the discretion of the team

Any professional healthcare associate that has an immediate concern for a patient's condition/behavior can initiate the BHRRT by calling 611. The BHRRT RN is contacted via pager and arrives on the unit within ten minutes, followed by the rest of the team.

In action, the BHRRT goals are to de-escalate the situation while avoiding use of restraint, and assist the patient in initially regaining baseline functioning. The team also acts to obtain the patient's cooperation with the plan of care. To achieve these immediate goals, the team uses the BHRRT "Algorithm," a sequence of interventions formulated to manage the physical and physiological causes of the behavioral condition.

**Evaluation/Results** In the first year (2010), there were 17 BHRRTs initiated. Of these, eight occurred on day shift, four on afternoon shift, and five on the midnight shift. The BHRRT was activated eight times for behavioral changes, eight times for dementia patients, and once for ETOH withdrawal. All were safely managed on the unit and staff implemented individualized treatment plans. The NICHE staff at St. John Hospital and Medical Center continues to refine metrics collection techniques and audit tool.

#### REFERENCES

1. Ely, E.W., Margolin, R., Francis, J., May, L., Truman, B., Dittus, R., Speroff, T., Gautam, S., Bernard, G., & Inouye, S. (2001). Evaluation of delirium in critically ill patients: Validation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). *Critical Care Medicine*, 29(7), 1370-1379. Evidence Level IV: Nonexperimental study.
2. Fick, D., Kolanowski, A., Waller, J., & Inouye, S.K. (2005). Delirium superimposed on dementia in a community-living managed care population: A three year retrospective study of prevalence, costs, and utilization. *Journals of Gerontology: Medical Sciences*, 60A(6), 748-753.
3. Inouye, S.K. (2006). Delirium in older persons. *The New England Journal of Medicine*, 354(11), 1157-1165.

#### NICHE-RELATED RESOURCES

1. Depression, Delirium, and Dementia. Geriatric Resource Nurse Training Program. (Available at NICHE Knowledge Center, accessed via [www.nicheprogram.org](http://www.nicheprogram.org)).
2. Fick, D., & Mion, L. (2005). Assessing delirium in persons with dementia. Geriatric Nursing Hartford Foundation Try This Dementia Series. Available at: <http://www.hartfordnig.org/resources/education/tryThis.html>
3. Tullmann, D.F., Fletcher, K., & Foreman, M.D. (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.

### View the entire Solutions Series

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