Gerontological Nursing Practice

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Objective

• Discuss key elements of gerontological nursing practice

Geriatrics vs Gerontology

• Geriatrics = the medical specialty focusing on conditions and diseases of the aging

• Gerontology = multidisciplinary study of aging; more broad, includes biology, sociology & psychology

History of Gerontological Nursing

• 1920s: Early efforts to identify and address specific healthcare needs of older adults
• 1950: Geriatric Nursing (by Newton and Anderson) is the first published textbook on the topic
• 1960s: American Nurses Association completes first Standards of Gerontological Nursing

History of Gerontological Nursing

• 1970s:
  – First Gerontological Nursing Certification Examination is offered
  – Journal of Gerontological Nursing publishes its first issue
  – First National Conference on Gerontological Nursing is held
• 1980s:
  – First International Conference on Gerontological Nursing is held
  – National Gerontological Nursing Association is formed
• 1990s:
  – 12000 nurses are certified in gerontological specialties
  – John A. Hartford Foundation Institute for Geriatric Nursing is established at New York University

Gerontological Scope and Standards

• From American Nurses Association (2010):
  “...to provide the highest quality of care to the older adults within a healthcare system facing an unprecedented increase in their numbers.”
  “...to promote autonomy, wellness, optimal functioning, comfort, and quality of life from healthy aging to the end of life.”
Standards of Practice

- Standard I: Assessment
  - Comprehensive Geriatric Assessment
    - Physical status
    - Cognitive status
    - Environmental status
    - Care preferences
    - Functional status

- Standard II: Diagnosis

- Standard III: Outcome Identification
  - With goals to:
    - Improve or maintain the aging person’s health status
    - Maximize state of well-being, functional status and quality of life

Standards of Practice

- Standard IV: Planning
- Standard V: Implementation
  - Include evidence-based interventions, when possible
  - Prioritize problems that:
    - Have a potential to immediately impact health status in a negative way (especially functional status and quality of life)
    - Are identified by the older adult and family as areas of concern

Standards of Practice

- Standard VI: Evaluation
  - Continually evaluate the older adult’s responses to treatments and interventions and modify plan of care, as appropriate

Regulatory Guidelines related to Gerontological Nursing Practice

- Health Insurance Portability and Accountability Act (HIPPA)
- Informed consent and self-determination
- Omnibus Budget Reconciliation Acts (OBRA)
- Older Americans Act (OAA)
- Adult protective services (APS)

Development of Medicare

- 1930s-40s
  - 1935: Congress passes Social Security Act
  - 1945: Disability insurance is added to Social Security
Development of Medicare

• 1960s-1970s
  – 1965: Medicare Part A is enacted
  – 1966: Medicare Part B is enacted
  – 1972: Medicaid is enacted

• 1980s
  – 1984:
    • Medicare establishes diagnosis-related groups (DRGs)
    • Medicare Part B begins reimbursing outpatient care under a relative value unit (RVU) based system
  – 1989: Omnibus Budget Reconciliation Act (OBRA) is enacted

• 1990s
  – 1995: The Health Care Financing Administration (HCFA) mandates the use of standardized assessment tools for long-term care facilities

• 2000s
  – 2007: Medicare Part D is added (prescription drugs)
  – 2010: Affordable Healthcare Act is passed by Congress (eliminates some copays for preventive health services under Medicare)

Medicare Overview

• Medicare Part A:
  – hospital and skilled nursing care
  – DME r/t hospital stay
  – hospice, inpatient psych, blood transfusions, home care
• Medicare Part B:
  – monthly premium
  – outpatient care & emergency room care
• Medicare Part D:
  – monthly premium and deductible
  – prescriptions
  – plans vary by state; multiple options

Medicare Overview

• Medigap or Medicare supplemental insurance:
  – offered by private insurance companies
  – monthly premium
  – cover 20% of charges not covered by Medicare

• Medicare PLUS CHOICE:
  – Part of the Balanced Budget Act of 1996
  – Managed care option
  – Include HMOs and PPOs
Ethics
- Advocacy: championing the needs of others
- Autonomy: right to make independent decisions
- Beneficence: doing good
- Nonmaleficence: doing no harm
- Confidentiality: right to privacy
- Fidelity: keeping commitments and responsibilities
- Justice: fairness
- Quality and sanctity of life: based on personal values; all life is valuable
- Veracity: truthfulness

Research in Gerontological Nursing
- Often focuses on non-pharmacological approaches to improving patient care
- Current nursing research topics in gerontology include:
  - Prevention of skin breakdown
  - Bathing techniques for patients with dementia
  - Managing urinary incontinence
  - Managing constipation

Nursing Research
- Example of nursing research influencing policy and practice changes:
  - Identified increases in agitation, falls, pressure ulcers, and urinary and fecal incontinence with physical restraint use (Evans & Strumpf, 2011)
  - Led to standards of practice and federal laws being changed to mandate physical restraints only be used in emergencies and when all other methods have been tried without success

Evidence-based Nursing Practice
- Using clinical research to guide practice
- Levels of research quality
  - Level I: at least one well-designed randomized controlled trial
  - Level II-1: well-designed controlled trials without randomization
  - Level II-2: well-designed cohort or case-control studies, preferably from more than one source
  - Level II-3: multiple cohort studies without intervention
  - Level III: opinions of respected authorities based on clinical experience, descriptive studies, or reports on expert committees

References and Resources