Gerontological Nursing Learning Activity

TOPIC	**Transitions:** **Older Adults and Different Health Care Settings**
Description	Students: (1) Identify issues related to transition from one community-based living arrangement to another (focus on what caused the need to transition and effect of relocating to the individual older adult and family (caregiver). (2) Assess community living arrangements for older adults and their families (caregivers) focusing on the individual chronic conditions and functional abilities. (3) Consider eligibility for a community-based living arrangement (focus on the individual older adult's chronic conditions, functional abilities, financial status and health care insurance). (4) Create a tool for communicating information about the older adult chronic conditions, usual functional abilities and other things that you think will be helpful when he or she will be transferred to a different unit or to a hospital (focus on best outcome for the older adult and family; the tool can be a fanny pack (refer to Cortes, Wexler & Fitzpatrick, 2004 article) or a revised discharge transition form used by the facility).
When is it introduced?	2nd quarter of junior year, baccalaureate program. Part of a chronic illness course, clinically-based.
Preparation	**Faculty:** ✓ Obtain reading materials and make available to students via your school's mechanism for sharing copyrighted materials. ✓ Obtain CD-ROM (see resources) for audio clip used to discuss transitions ✓ Distribute Transitions: Older Adults and Different Health Care Settings Student Worksheet.
Content/ Assignments	1. Identify various living arrangements (at least 5) for older adults. 2. Consider the functional abilities that an older adult needs to meet in order to live in the settings you identified. 3. Identify changes in function or chronic conditions that may precipitate a transition from one setting to another. 4. Find and evaluate discharge transition forms and evaluate them for usefulness for older adults. 5. Identify strategies that might be used of older adults between a long-term care setting to a hospital or another health care setting.

	Faculty: ✓ Review discharge forms for issues related to functional status. Note what is included and what is missing on function. **Students**: Have students read at least two of the following articles: Chiu, W., Newcomer, R. (2007). A systematic review of nurse-assisted case management to improve hospital discharge transition outcomes for the elderly. *Professional case Management, 12(6),* 330-335. Cortes, T.A., Wexler, S., & Fitzpatrick, J.J. (2004). The transition between hospitals and nursing homes: Improving nurse to nurse communication. *Journal of Gerontological Nursing*, 30(6), 10-15. Gladden J.C. (2000). Information exchange: Critical connections to older adult decision-making during health care transitions. *Geriatric Nursing*, *21*(4), 213-218. Duggle, W. and Berry, P. (2005). Transitions and shifting goals of care for palliative patients and their families. *Clinical Journal of Oncology Nursing, 9(4),* 425-428. Gracheck, M.K. (2000). Joint commission accreditation: A framework for coordinating care for older adults. *Geriatrics Nursing*, *21*(6), 326-327. Hughes, L. C. Hodgson, N. A., Muller, P., Robinson, L. A., and McCorkle, R. (2000). Information needs of elderly postsurgical cancer patients during transition from hospital to home. *Journal of Nursing Scholarship, 32(1),* 25-30. Lee DT, Woo J, Mackenzie AE. (2002). A review of older people's experiences with residential care placement. *Journal of Advanced Nursing*, *37*(1), 19-27. Shearer, N.B. (2002). Endnotes: Loss of power within the nursing home zone. *Journal of Gerontological Nursing, 28*(11), 54-56. Weaver, L. A., and Doran, k. A. (2001). Telephone follow-up after cardiac surgery. Facilitating the transition from the hospital to home. *AJN, 101(5),* 24OO-24UU

Clinical application:	Some considerations for faculty to emphasize when identifying transitional issues and concerns and creating a tool to help the older adult and family in safe transitions: • Relocating to a new environment could be very stressful and create many problems to the older adult and family (or caregiver). • Clear communicating baseline as well as current health status and functional abilities is important. • Nurses, in all settings play a critical role and make great impact on maintaining functional abilities and reduce stress to the older adult and their family (or caregiver) during transition time.
Student Evaluation	1. Completion of Transitions: Student Worksheet which includes: a. Assessment of currently used discharge transition form b. Identifying strength and improvements that could be made to the current discharge transition form being used by the facility c. Participation in discussion of transitioning issues focusing on management of chronic illnesses and maintaining functional abilities d. Thoughtful reflection of transition issues keeping the older adult and their family as well as the challenges of managing a chronic condition in mind. 2. Presentation of a discharge transition form (could be a new form or an updated/revised current discharge transition form that would include aspects of function that should be included).
Strengths:	Promotes active engagement by the student in the learning process by contribution to the following course outcomes: • Identify and use community resources to provide support for client and family care giving. • Communicate, as appropriate, with all agencies involved in patient care to assure continuity of care across settings (i.e retirement homes, assisted care living, skilled nursing home, specialty units such as dementia units, hospitals) • Negotiate with others to develop or modify client care • Analyze impact of health care delivery system issue, policy and financing on individual and family
Activity Feedback:	Student & faculty feedback has been positive. Students: • Develop an awareness of the role of the environment and the nurse's responsibility to assess and intervene

	• Express increased appreciation and awareness of the effect of the obvious (such as staffing, availability of bathroom, etc.) as well as the not so obvious (bed position of someone with hearing loss on one side only, etc.) • Identify environmental factors in maximizing function as well as maintaining the autonomy of older adults in a long-term care setting.
Resources:	**Hartford Institute for Geriatric Nursing**, College of Nursing, New York University website http://www.hartfordign.org/trythis and scroll through the listing of assessment tools. Many of the assessment tools are related to the assessment of various aspects of function. **NOTE:** If students do not have an opportunity to participate in a transition experience with an older adult a case example is available on the Felver, L. & Van Son C., (2007) *A Focus on Older Adults: Competency Development and Evaluation for Health Professionals and Others who Work with Older Adults.* (CD-ROM) http://www.geronursinged.org/documents/order.pdf) Listen to Mrs. Morton's Multiple Transitions, an audio recording case example. This true story involves six health care setting transitions for a 92-year-old woman in less than 2 months. A written transcript of the case is also available.
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Revised:	Updated May 2009 (Created January, 2007)

Resources for Teaching Nursing Care of Older Adults

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The Northwest Coalition for Geriatric Nursing Education Website: www.GeroNursingEd.org

The John A. Hartford Center of Geriatric Nursing Excellence at Oregon Health & Science University

Website: www.ohsu.edu/hartfordcgne.org