



Geriatric Surgery Verification
American College of Surgeons

GSV Insight: Geriatric-Friendly Patient Rooms

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INTRODUCTION

Michael Bencur [00:00:10] Hello and welcome to GSV Insight. Today let's talk about geriatric-friendly patient rooms. My name is Michael Bencur, and I am the GSV project manager. I am joined by Dr. JoAnn Coleman, and she'll be talking to us about geriatric-friendly patient rooms. Welcome, JoAnn.

JoAnn Coleman [00:00:29] Thank you. Thank you very much.

Michael Bencur [00:00:31] Could you tell us a little bit more about your background?

JoAnn Coleman [00:00:35] Sure. I am an acute care nurse practitioner, who's been practicing nursing for 48 years. I'm recently retired. But the bulk of my profession has been working with surgical patients and in the, about the last 20 years with the, mostly with the geriatric population, I became involved with the Geriatric Surgery Verification Program by being the only nurse on the core team for the grant from the John A. Hartford Foundation with the American College of Surgeons to help put their latest quality program together. So that's kind of my involvement with the Geriatric Surgery Verification Program.

Michael Bencur [00:01:17] Wonderful. Well thank you again for being here today.

QUESTION #1

Michael Bencur [00:01:20] Moving on to our questions about Standard 3.1, Geriatric-Friendly Patient Rooms, can you begin by describing what a geriatric-friendly patient room is and what components need to be included at a minimum?

JoAnn Coleman [00:01:36] Okay, so, geriatric-friendly patient rooms are usually rooms that at a minimum provide items that improve orientation and hopefully decrease delirium on the postoperative older patient. The minimum things we're looking at are like non-skid flooring and grab bars to help prevent falls. There's also these rooms usually have comfortable furniture for family or caregivers to use when visiting, which includes a sofa, a reclining chair for those to recline in if staying with the older person. If you look at the Geriatric Surgery Verification standards, the minimum for the geriatric-friendly patient rooms are a large clock with like an easy-to-read display, legible display of current date, somewhere in the room along with the schedule of the day, like any planned medical test or procedures or any scheduled activities such as physical therapy or occupational therapy appointments, daily goals for the patient. And also, somewhere where there's listed the names of the care team for that day that will be caring for the patient. All this is to help the older patient, like I said, with orientation and hopefully decrease delirium. Another good thing actually that mostly for hospitals is the non-skid non-glare flooring along with grab bars in the bathroom to prevent falls. There's a number of other things that if you look at ideally to help with the furniture and the appliances that are in the geriatric-friendly rooms or make sure that there's wheelchair or walker accessible toilet facilities, clearance for a second person to assist a patient specifically in the

bathroom, a call mechanism in the bathroom, elevated toilets that have at least 18 inches, maybe even an automatic flush toilet in the newer hospitals, toilet that's anchored to the floor, a walk-in shower straight from the floor in the bathrooms, doors on the bathrooms that swing both in and out, levered door handles instead of a round knob, paper towel and toilet paper dispensers that don't require pulling hard to pull the paper, obviously hopefully night lights around in the bathrooms, and large easily activated call buttons. So these are kind of everything on the wish list, but the things in the beginning were those that are at a minimum listed in the 3.1 standards for the Geriatric Surgery Verification Program. There are some other things like the, you know, there's a whole science to the design, architecture of rooms in a hospital and also particularly for the older patient, there's an association called the American Society of Healthcare Engineering that actually looks at all this as well. So, when people are designing new hospitals, there's a lot to look at. The one thing that I really encourage is that nursing be involved whenever there's a redesign of a hospital or weighing new set up anyway and that to have a nursing input because they're the ones assisting the patients day in and day out and know the pros and cons of things that may be currently available in the hospitals.

QUESTION #2

Michael Bencur [00:05:06] Absolutely, and that's very interesting, especially about the American Society for Healthcare Engineering. In your experience, how have you seen geriatric-friendly patient rooms affect patients' postoperative recovery? So, essentially, why are they important?

JoAnn Coleman [00:05:22] Well, I think a couple of the most important things are obviously orientation to time and date is important. Along with when you go into see a patient, take care of a patient introducing oneself, I think that's always important, to make sure that that person is oriented to date and time. The other thing is, I was in a hospital where a patient got stuck in the bathroom because they were wedged against the door and you couldn't open the door because it only it only went in, it couldn't come out. So that was a little bit of our deal, if you think about it. So that's obviously helpful in one's recovery. Also making sure that doorways were wide enough at another hospital. The only way we could get patients out if they, if they couldn't come out on the bed, we had to put them on a stretcher because the doorways were so small. Now this was an older section of the hospital that fortunately was all redone, but different things like this to help out with the patient's recuperation from their surgery, the time, the clock, people kind of keeping them once again with the orientation. The new thing is you can purchase clocks that talk, and they'll tell you the time of the day, you know, was it AM or PM, the date. And they're very useful now. They could be a little costly and patients we were finding were going home with them, but there's probably a way to anchor them. But that's actually making sure that there's a whole color scheme to things as well that goes along with the appropriate colors to use in rooms as well as, you know, what you're writing with black versus, you know, like a pastel color. To have call buttons within reach, once again, that are big enough that patients can use them because might be arthritic and they have a hard time. The doorbell, the door handle somebody. That's kind of a small thing when you think about it. But it could be also for people with arthritic hands or if they've had something operated on, an arm or anything. You really have to consider all these little things. So, I've seen this personally that you also that the things are available for the patient's family or caregiver to help out with, like staying in the room where they can stay on a lounge chair, reclining chair on a little sofa so that they're there to help out. And usually most of the time patients' families are very helpful and useful in helping them to keep oriented as well.

QUESTION #3

Michael Bencur [00:07:59] Great. And moving towards your time at Sinai Hospital of Baltimore, earlier on would you say the patient rooms were already up to standard with what is considered geriatric-friendly, what you described earlier, or did some major changes need to be made?

JoAnn Coleman [00:08:13] So at Sinai Hospital of Baltimore, were the rooms up to date, somewhat. We had, it was interesting to take a good look around and see what was currently being utilized and there were clocks in there. I mean, large clocks on the walls. If the beds were situated where you could see them appropriately, there were the, like whiteboards for the name of the caregivers for the day. Making sure that the goals were on there. So, there were a number of things that were instituted, but I know that, it's interesting if you engage like a safety officer at the hospital to help out with this. It was useful to help them go around and look at things with you that, of course, at a minimum that we would want in the room. I think the biggest thing is we put in the talking clocks. Actually, Jasmine, the nurse that took over for me was really instrumental in instituting a lot of the newer things and found that they were very, very helpful. So, it depends, I think, on the type of hospital, and just to see, but I think a number of things are already in place throughout the hospital for all patients. Because a lot of this is good for all patients as well.

QUESTION #4

Michael Bencur [00:09:33] Absolutely. So, for those rooms that did need changes made to them, how long did it take to make those changes? And were there ever any obstacles to implementing those changes? I realize that might be a bit of a broad question to ask in terms of timelines, but is there a ballpark for how long that took?

JoAnn Coleman [00:09:49] Well, I think it would vary by institution and maybe larger hospitals may have more persons or red tape to go through. I think in a smaller kind of institution it might be easier to get some of this taken care of. The thing of it is, I believe, is you need to make a good case for anything to be added for the geriatric-friendly rooms, to have a champion as well as anyone in the c-suite who has an interest in this to really help out to move things along. If items are not that costly and you just want to try it out in a few rooms, I think that is beneficial and it's easier to get that right away from the budget, just to see. So, it's always a process. Nothing happens overnight and you never know maybe what obstacles may come up or reasons why things can't be done at that particular point in time but down the road. So, I think it takes a while for certain things. Other things I think you can get done pretty fast. You definitely need the nursing folks to be on the bandwagon as well because a lot of this is nurse driven. So, I think going engaging the nurse, the chief nursing officer, or the VP of nursing, any one of those as well, will help out. So that's kind of the people that we engaged along with the patient safety, and the safety officers in the hospital as well.

QUESTION #5

Michael Bencur [00:11:31] Great. And I know you already touched on this earlier, what with nursing being involved as a key stakeholder, but what other advice or lessons learned would you give to other hospitals updating patient rooms to be geriatric-friendly?

JoAnn Coleman [00:11:46] So, I think what you need to do initially is to make an assessment of what is currently available in all the patient rooms. At least for the minimums that are required in the standard

3.1 in the Geriatric Surgery Verification standards. I think another thing would be to work with the folks that can get you some data about falls of the patients, particularly patients 75 or 65 years and older that may have taken place, and where did they take place in the hospital. And probably, mainly most of them are in the hospital room. Another thing is to obtain some data about the patients with delirium and what was the causative factor if it, you know, was it an obstacle, was it something else that it interfered with their mobility? Things like that. And as well as if there's a geriatrician around that's focused on the healthcare of the older surgical patient that can help out with things like that. So, you kind of have to join forces and get the best data and information you can to then go with your champion, like I said, to engage anybody in the c-suite that has an interest as well as a safety officer. And I think when you can present some data, some hardcore data and then can show, obviously if there's some literature that will back up what you're looking to do, to help, number one, save money, and number two, it's for the safety and positive outcomes, hopefully, for the older surgical patient. So, all this cost can be attributed to falls, delirium, increased length of stay, complications, any adverse events, that these can then be decreased in the patient population. This is all a bonus to the hospital, not only monetarily, but also reputation wise, I think, and also it helps the nursing staff as well as the outcomes for the surgeons. And another thing is, if there's anything such as a women's board that gives funds for patient care and patient care items, to engage them as well. So, like I said, you have to look around to see who are your, the people you know, or the systems or the boards in the hospital that can help out, and help make some of this stuff happen for you.

CLOSING REMARKS

Michael Bencur [00:14:23] Absolutely. Well thank you so much for being here today and sharing your experience with and perspective on geriatric-friendly patient rooms.

JoAnn Coleman [00:14:32] Oh, thank you so much for having me.

Michael Bencur [00:14:35] And Dr. Coleman's email is up on the screen if you would like to reach out with any follow-up questions. And then I hope you all have learned as much as I have today. If you would like to share your GSV implementation strategies, please don't hesitate to reach out to me at mbencur@facs.org. Thank you.