

Improving Healthcare Worker's Perspectives of Older Adults Using Geriatric Education

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Background

On our Observation unit, there were over 150 code M events, many involving older adult patients. Many of these code M's (overhead alert for patients requiring additional manpower) were inappropriate and unnecessary. This demonstrated healthcare workers' limited knowledge to the needs of the older adult and minimal exposure to older adults. This increased the potential for ageism against the older adult patient population.

Purpose

Project purpose is to improve staff understanding and base knowledge of ageism. In addition, the staff will be able to identify their own potential bias on ageism and its impact on healthcare outcomes for the older adult patient. Only 24% of the entire staff roster of 79 had previously completed NICHE education. Staff were from various diverse backgrounds and multiple levels of education (nurses, aides, clerks). Without a full understanding of the geriatric patient, staff were using code M events instead of implementing appropriate age-friendly de-escalation techniques.

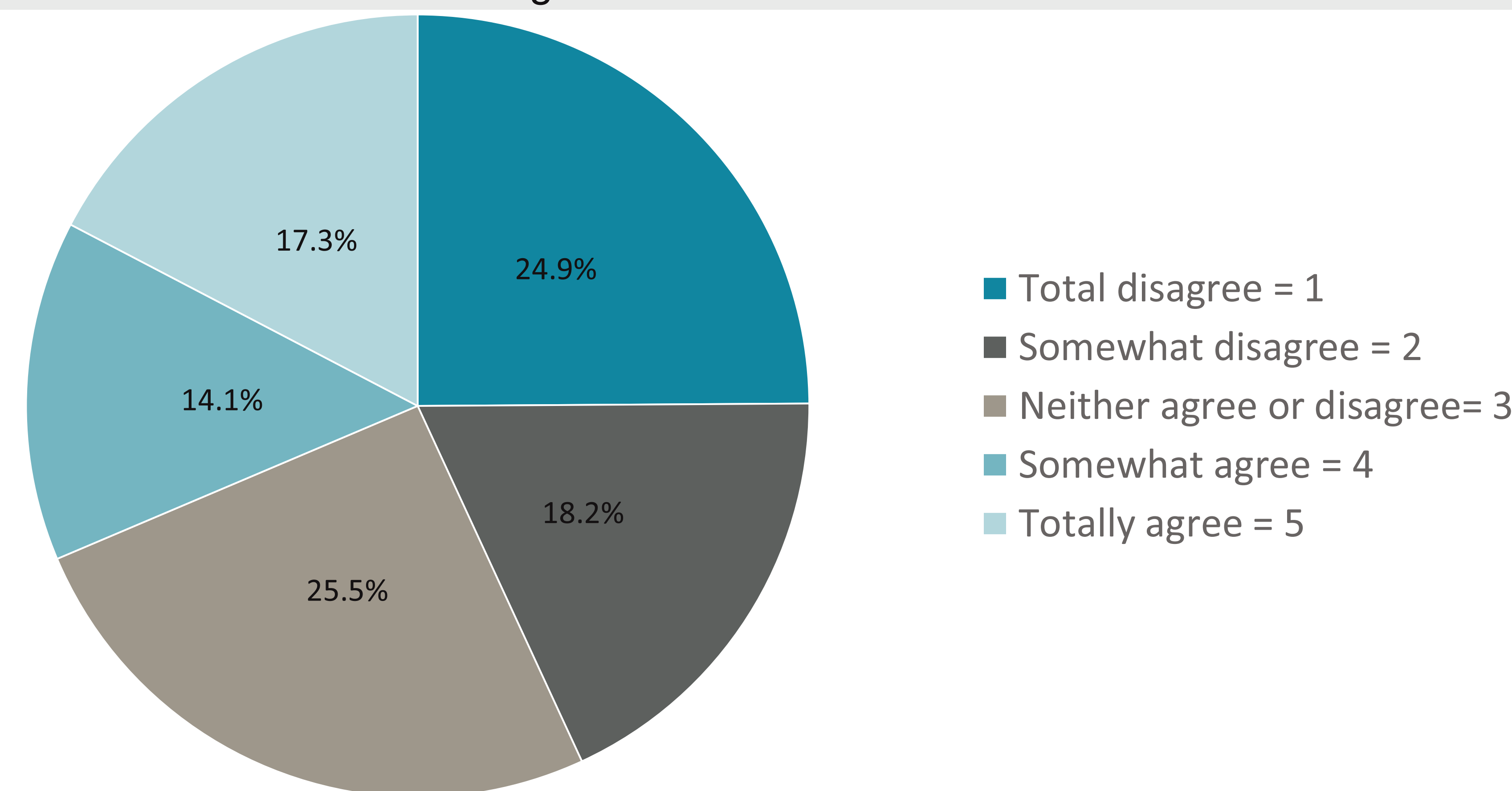
Methods

- Literature was reviewed
- Questions from the Facts on Aging Quiz were used to help determine staff perspective of aging.
- Each question was inserted into a Likert scale and an anonymous survey was developed to eliminate bias with use of a unique identifier for each survey participant.
- Participants completed education defining key terms surrounding ageism and completed a video from the World Health Organization (WHO).

Results

Total surveys completed included 51 participants. We used a Likert scale to help determine staff agreement with Facts on Aging Quiz statements. Several staff had prior knowledge of geriatric care with 47% responding yes and 53% responding no prior knowledge. Only 29% had lived exposure to older adults, while 71% had none.

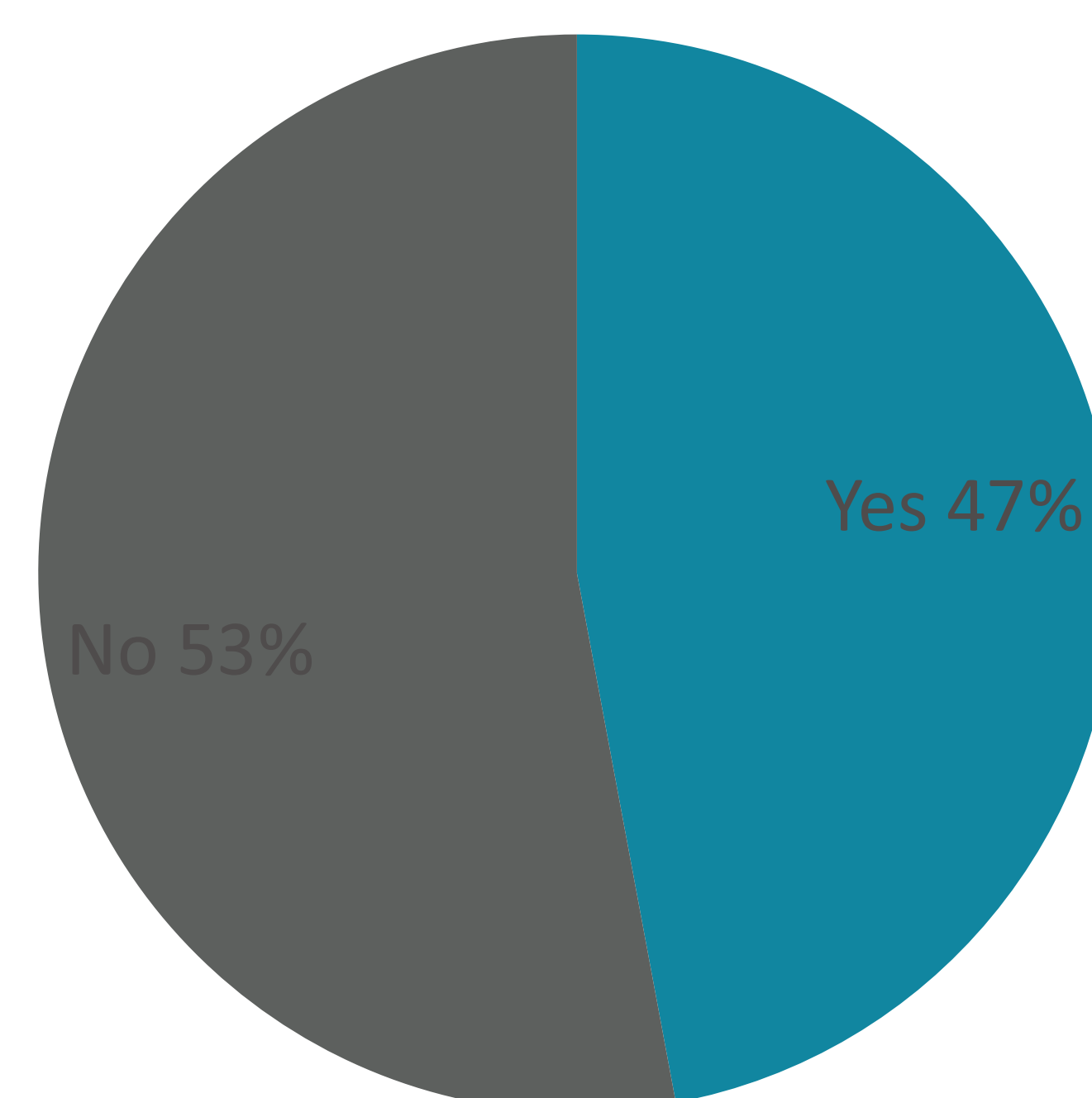
Staff Agreement with Statement



Survey Results

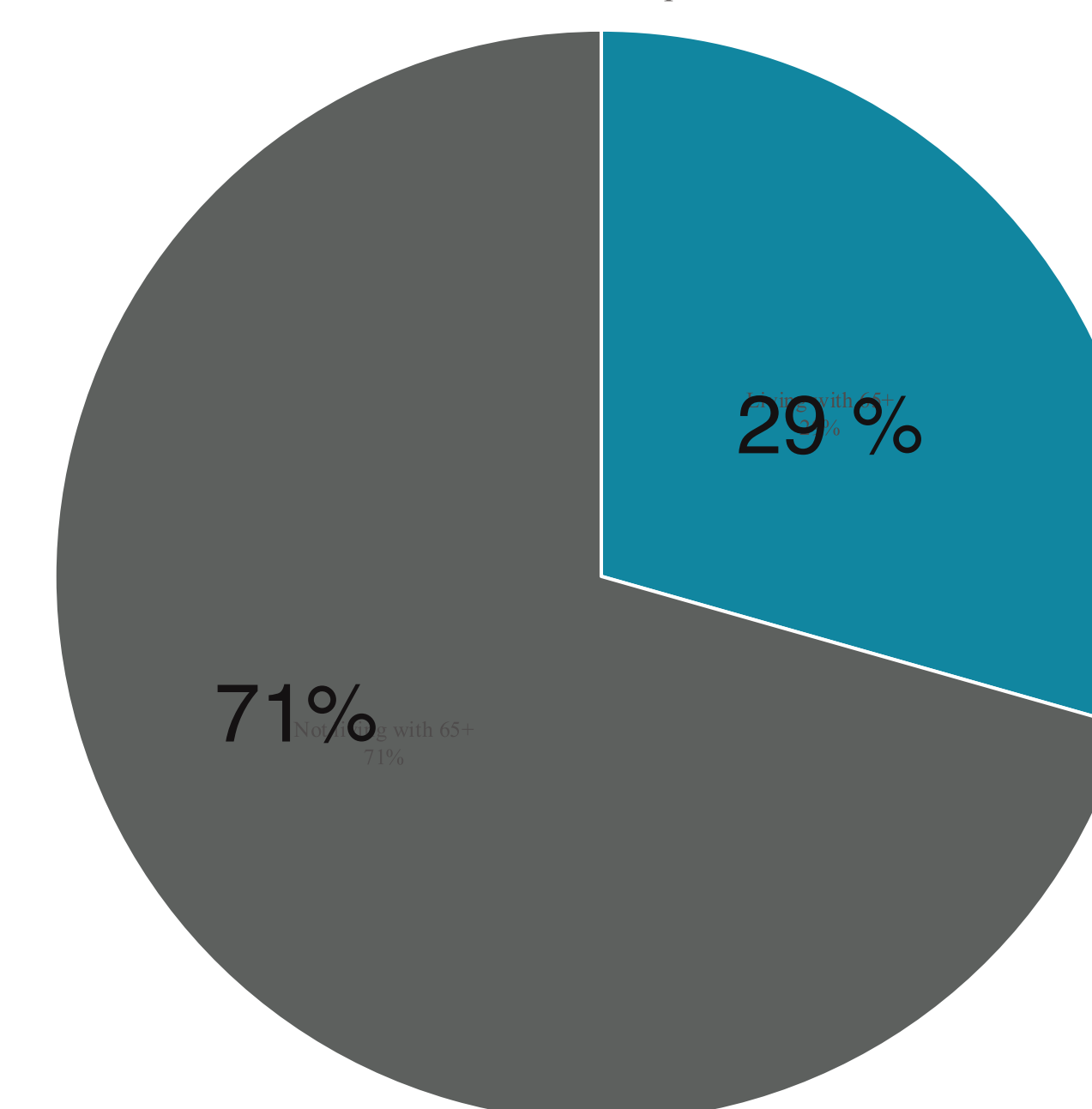
Prior Geriatric Knowledge	
Yes	24
No	27

Prior Geriatric Knowledge



Healthcare Worker Older Adult Exposure	
Living with 65+	15
Not living with 65+	36

Exposure to Older Adults



Conclusions

During PDSA cycle 1, we developed education using key terms for bias, ageism, stereotype, discrimination, data from the Facts on Aging quiz & WHO ageism video to determine if basic education can improve staff perspective of ageism. Averages based on the Likert scale as totally disagree is 24.9%, somewhat disagree is 18.2%, neither agree or disagree is 25.5%, somewhat agree is 14.1%, and totally agree were 17.3%. With improvements in all areas of approximately 8%.

Next Steps

Additional education for each PDSA cycle

- Potential PDSA cycle 2-** Full NICHE education 8 hour in-person course with role play simulation training
- Potential PDSA cycle 3-** Newly developed Older Adult case study and ageism education from American Geriatric Society (AGS).
- Potential PDSA cycle 4-** De-escalation training focused on the older adult patient.
- Complete GIAP (Geriatric Institutional Assessment Profile) for potential development of an ACE (Acute Care for Elders) unit for the hospital.

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