

# Responding to Esther's Voice: Improving the Care of Acutely Ill Older Adults

Clinical nurse specialists with the Acute Care Geriatric Nurse Network have developed specialized education workshops for nurses and an outreach nurse network on acute care challenges in the elderly.

BY HELEN GRIFFITHS, RN

Esther Winckler was a bright, 77-year-old cancer survivor enjoying her family, her garden and visits with her neighbours. However, hip and knee pain from osteoarthritis prevented her from more active pursuits, such as travel.

In February 2000, Esther Winckler was admitted to hospital for elective hip replacement surgery. Fifteen days later, she died in hospital. The Coroner classified her death as "accidental." The cause of death was identified as "ischemia and infarction of the bowel and brain due to prolonged post-operative oxygen de-saturation and hypotension" (Turner, 2002, p. 2).

In the Coroner's Judgement of Inquiry, 10 points were identified as significant in Esther Winckler's death. One of them was general management of her care as an older adult client. A gap was noted between the currently recommended standards for the care of older adults and the standards in use at the hospital. Specifically, gaps were identified with regard to knowledge of the effects of surgery on the older adult client, and practices related to pain management, the use of restraints, client sedation, nutrition and elimination. Coroner Margaret Turner (2002) wrote in her Judgement of Inquiry: "Higher standards in these areas would have provided Mrs. Winckler with the best opportunity for recovery" (p.19).

Not surprisingly, the Winckler family had many questions about Esther's care in the hospital. Among them:

- Given the seriousness of Esther's condition, why were there so few nursing notes?
- Why was her distended abdomen and lack of bowel movements not noted and addressed sooner?
- Why was she in a position to fall at least twice during her hospital stay?
- Is what we have experienced as a family doomed to be repeated for others?

A year after her mother's death, Catherine Winckler developed a website called "Esther's Voice" ([www.esthersvoice.com](http://www.esthersvoice.com)). The site includes details of Esther's 15-day stay in hospital, the Coroner's report, and responses to date from RNABC, the health authority and the College of Physicians and Surgeons of British Columbia. It also declares the Winckler family's hope that Esther's story is heard and that steps are taken to prevent similar stories in the future.

## The CNS Collaborative

Today, Catherine Winckler is sitting at a table surrounded by 11 clinical nurse specialists (CNS) whose practice is in the care of acutely ill older adults. These clinical nurse specialists are members of the British Columbia Acute Care Geriatric Nurse Network (ACGNN) CNS Collaborative.

CNS Collaborative co-leader Marcia Carr identifies the Winckler family as the catalyst behind the formation of the Collaborative. "Because of your efforts and your mother's voice, we have been able to develop a Collaborative with support from the Ministry of Health to improve the care of acutely ill older adults and to assist nurs-

es practising in acute care settings to be able to provide respectful, dignified, and knowledgeable care to older adults," she tells Winckler.

Indeed, Esther's voice was clearly heard by nursing leaders in the area of older adult client care. Among the Coroner's recommendations was a recommendation that RNABC consider offering an educational workshop at the hospital focusing on a number of registered nursing care issues. RNABC contracted Carr, who has a background in acute geriatrics and geropsychiatry, to work with the hospital to identify the nurses' learning needs. "I found a group of nurses hungry for knowledge," Carr says, "They showed an openness, honesty and a true desire to never have something like this happen again."

Two two-day workshops were developed and presented to registered nurses on older adult issues, such as delirium, the prevention of falls and the use of restraints.

Bolstered by the registered nurses' enthusiasm for education in this area, Carr and Phyllis Hunt (now CNS Collaborative co-leader) teamed up and applied to the Ministry of Health Services Nursing Directorate for funding for their initiative. They were aware that the Nursing Directorate had funding for initiatives that supported the retention of nurses, and their initiative supported both nurse practice and nurse retention. Hunt firmly believed that nurses would be more satisfied in their practice settings (and thus more likely to continue in nursing) if they had greater knowledge of the needs of their client population. "Almost half the patients in hospi-

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tal today are seniors,” she says, “but there has been no education on the differences in caring for this group.”

While the news media covered Esther’s story with headlines such as “Woman’s illness, injuries went untreated” and Esther’s Voice website was receiving numerous hits a day, Carr and Hunt received funding from the Nursing Directorate to establish the Acute Care Geriatric Nurse Network.

Carr and Hunt make the process sound easy. However, writing an effective proposal requires research, strategy and a certain “know-how.” Proposal writing is a valuable skill for registered nurses to develop and it can be part of meeting RNABC’s Standards for Registered Nursing Practice in British Columbia. Standard 5: Provision of Service in the Public Interest, Indicator 4 states that a registered nurse “Advocates and participates in changes to improve client care and nursing practice” (RNABC, 2003, p. 14).

Improving client care and nursing practice is what the CNS Collaborative is all about. The overall goal of the CNS Collaborative is to enhance nurses’ knowledge of the older adult population and thereby improve client outcomes and nurse satisfaction. The goal was addressed by: developing clinical decision-making tools, such as evidence-based practice guidelines and protocols; providing learning opportunities, in the form of workshops, on the clinical challenges unique to caring for acutely ill older adults; and establishing a provincial network of nurses identified by their health authorities as a potential local resource and mentors in the nursing care of older adults with acute illnesses.

Now, all nurses who attend the workshop become part of the ACGNN. These nurses not only promote improved older adult care, but also implement improvements and mentor front-line care providers.

In its first year, the CNS Collaborative comprised four clinical nurse specialists reaching two health authorities. Now, in its third year, the CNS Collaborative has grown to include 11 clinical nurse specialists covering the five health authorities that

serve the geographic regions of B.C.

### Slaying the Geriatric Giants

“Slaying the Geriatric Giants” is the theme offered in what is referred to as Phase 1. Phase 1 is the initial workshop presented in a community. The “geriatric giants” include delirium, depression, dementia, pain, continence and poly-pharmacy.

The content for Phase 2 (second workshop) is based on feedback from nurses who said they would like in-depth education in the areas of continence promotion/management and acute pain management.

If other learning needs arise throughout the workshop, the clinical nurse specialists are prepared to respond. There is flexibility so that learning needs are met. “The thing about having a CNS as an educator,” says Hunt, “is that we are all involved in direct nursing practice . . . We tell them what we have planned for tomorrow, but if they want to talk about a different clinical topic, we can.”

Hunt believes the most powerful component of the workshops is the nurses’ stories and the dialogue and feelings they inspire. Nurses are asked to come prepared to talk about a clinical situation they found particularly challenging. Their stories are woven throughout the two days and the clinical nurse specialists use them to facilitate problem-solving discussions. Hunt remembers one of her first workshops: “The power of these stories, told with such compassion and caring, filled all of us who were listening with a sense of pride in our profession.”

Drawing on years of registered nursing practice in gerontology and armed with evidence-based tools and learning materials, the clinical nurse specialists are meeting RNABC’s Standards for Registered Nursing Practice in British Columbia. For example, Standard 2: Specialized Body of Knowledge, Indicator 2 states that a registered nurse “Shares nursing knowledge with clients, colleagues students, and others” (RNABC, 2003, p. 8). Standard 3:

## RNABC Standards for Registered Nursing Practice in British Columbia\*

1. RESPONSIBILITY AND ACCOUNTABILITY:  
Maintains standards of nursing practice and professional conduct determined by RNABC and the practice setting.
2. SPECIALIZED BODY OF KNOWLEDGE:  
Bases practice on the best evidence from nursing science and other sciences and humanities.
3. COMPETENT APPLICATION OF KNOWLEDGE:  
Makes decisions about actual or potential problems and strengths, plans and performs interventions, and evaluates outcomes.
4. CODE OF ETHICS:  
Adheres to the ethical standards of the nursing profession.
5. PROVISION OF SERVICE IN THE PUBLIC INTEREST:  
Provides nursing services and collaborates with other members of the health care team in providing health care services.
6. SELF-REGULATION:  
Assumes primary responsibility for maintaining competence and fitness to practice.

\* The RNABC document *Standards for Registered Nursing Practice in British Columbia* is available online at [www.rnabc.bc.ca](http://www.rnabc.bc.ca) (search “standards”).

Competent Application of Knowledge, Indicator 4 states that a registered nurse educator “Plans education that addresses learning needs and strengths and includes evaluation criteria” (p. 10).

Evaluation of the workshops has so far been limited to analysis of participant’s feedback. An evaluation to determine whether the efforts of the CNS Collaborative have resulted in practice changes that affect client outcomes is still in the planning stage. However, words from workshop participants are very encouraging. Statements such as, “You have renewed my desire to give the best personalized care to each individual patient” and “These nurses are real practicing nurses with real examples; they understand what it’s like” speak to an appreciation of the workshop’s clinical relevance.

Perhaps the greatest testament to the empowerment some registered nurses feel after attending these workshops is the story of one registered nurse who arrived in tears, saying that she had come to the workshop to learn how to carry on in nursing and to help her in deciding if she should continue as a registered nurse. She left that day saying, “I can do this work!”

### Philosophers’ Cafés

In the second year of presenting workshops, the CNS Collaborative introduced a new element – a philosophers’ café. The concept of philosophers’ cafés began in France where there is a long tradition of philosophers, writers and poets meeting in cafés for stimulating conversation. More recently, the idea has become popular in North America.

Members of the CNS Collaborative thought a philosophers’ café might be a way to address nurses’ expressed needs to strengthen their local networks and create a space for open dialogue on nursing issues. A philosophers’ café is now held after day one of the two-day workshop. The philosophers’ café events are sponsored and catered. The discussion goes wherever the participating group takes it. The one rule is

that the focus must be positive. For example, one philosophers’ café resulted in a very intense, but constructive discussion, between new registered nurse graduates and well-experienced registered nurses about how registered nursing practice compares with their expectations. The result was a clearer picture of the kinds of supports that are helpful for new registered nurse graduates in their practice environment.

A supportive practice environment is important for nurses with any level of experience. As stated in RNABC’s *Guidelines for a Quality Practice Environment for Registered Nurses in British Columbia* (2002), “Certain key elements must be in place in an organization . . . to support nurses to meet practice standards and to promote safe care” (p. 3).

“Quality practice environments” is one of the values in the Canadian Nurses Association *Code of Ethics for Registered Nurses* (2002). The Code states that, “Nurses value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support, and respect for all persons in the work setting” (p. 8).

The CNS Collaborative upholds the value of quality practice environments, which relates to Standard 4: Code of Ethics (RNABC, 2003, p.12). The clinical nurse specialists recognize that knowledge alone may not be enough to effect change in clinical practice. In addition to providing education on clinical issues in the workshops, they use RNABC’s *Guidelines for a Quality Practice Environment for Registered Nurses in British Columbia* to assist nurses to identify the changes that would have to take place in their agencies to support the changes they would like to make in their practice. These discussions have led to changes, such as the reinstatement of a nursing practice council in one facility and, in another, to actions that resulted in improved staffing levels.

The CNS Collaborative is implementing Phase 3 workshops, which closely align

learning objectives with the health authorities’ strategic care goals. This means that client safety is featured prominently in this year’s workshops. The development of quick reference cards on the “geriatric giants” for front-line ACGNN nurses to carry with them will be available by the end of the fiscal year. Network capacity building will continue with investigation into the use of videoconferencing.

The British Columbia Acute Care Geriatric Nurse Network CNS Collaborative has been recognized as a model for collaborative nursing networks and may play a role in the development of similar networks for primary health care, mental health and pediatrics.

Despite the memory of her mother’s tragic hospitalization, Catherine Winckler is starting to think that the work of CNS Collaborative will have a positive impact on client outcomes. Several days after meeting with the CNS Collaborative, she reflected, “I honestly feel that the ACGNN means business. There appears to be an enormous commitment from this group and I have the feeling that if anyone can push and make things better (for older adults in hospital), this is the group that can.”

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