

Lessons from a Career in Geriatric Nursing

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Focus of My Remarks

- My own experience
- Successes and failures in promoting geriatric nursing
- The face of today's older adult
- A prism for thinking about older adults with cancer

Probationary BSN Student, 1957



Visiting Nurse Experience, 1959



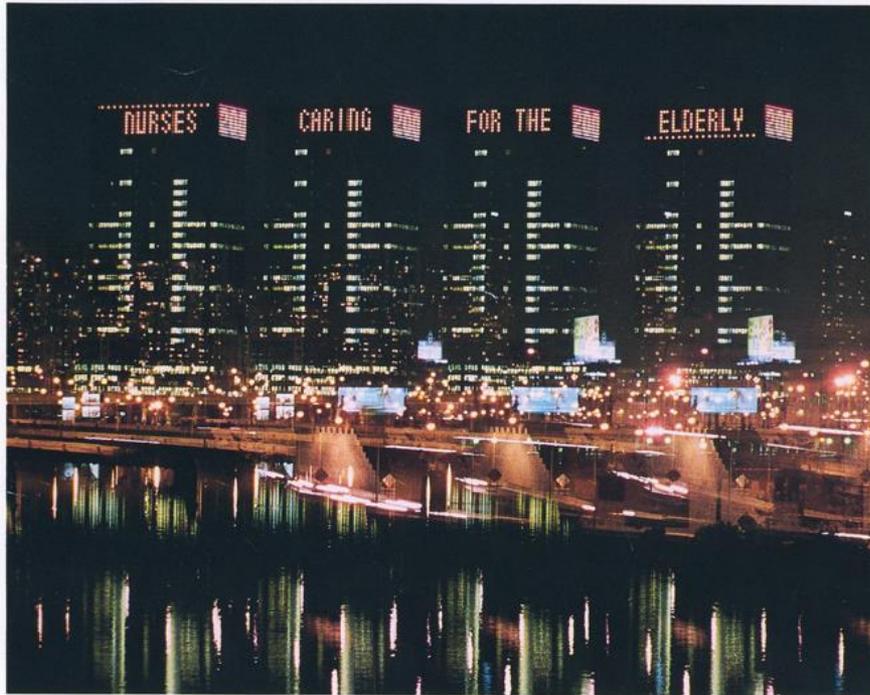
BSN Graduation, 1960



Geriatrics/Gerontology, Circa 1960s

- 9% of the population was 65 and over
- Medicare (1965). 17.3 million people >65 (91% of those eligible) signed up for voluntary insurance plan at a cost of \$3/month
- In nursing, no scopes and standards of geriatric practice (first published in 1969)

Promoting Geriatric Nursing



THE ROBERT WOOD JOHNSON FOUNDATION TEACHING NURSING HOME

REGIONAL CONSULTATIVE CONFERENCES 1987-88

A REPRINT FROM

HEALTH AFFAIRS

*Who Cares For Older Adults?
Workforce Implications Of An
Aging Society*

BY CHRISTINE TASSONE KOVNER, MATHY MEZEY, AND CHARLENE HARRINGTON

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CLINICAL
AND SCIENTIFIC
SESSIONS

1979

American Nurses' Association
Divisions on Practice

HEALTH
ASSESSMENT
of the
Older Individual

Mathy Doval Mezey
Louise Harnett Rauckhorst
Shirlee Ann Stokes

PR





Results of These Efforts

- Evidence-based resources for nurse educators and practicing nurses
- A cadre of nurse leaders prepared and aware of the importance of geriatrics in nursing
- Some national awareness of the gaps in geriatric training and practice

Movement in Nursing Education

- Most BSN nurses today graduate with competencies in care of older adults
- > half of programs have a free-standing geriatric course
- The blending of MSN Adult/geriatric NP and CNS programs greatly increased AOPNs with geriatric competencies

Movement in Nursing Practice

- Less evident than in nursing education
- Most primary care practices have no geriatric specialist
- Most hospitals have no geriatric nurse specialist
 - Most specialty units, e.g. oncology, have no geriatric specialist
- Many nursing homes have no geriatric prepared RN

Failed to Draw Anywhere Near Sufficient Nurses into Geriatrics

- < 1% of the nation's 2.6 million practicing RNs are ANCC certified in geriatrics
- **Only 4,400** of nation's 127, 000 NPs and CNSs are certified in geriatrics (2010)
- The trend is for decreasing numbers of APRNs prepared in geriatrics
- Very few nurses in specialty practice with geriatric training

Failed to Draw Anywhere Near Sufficient MDs, Social Workers, and other Professionals into Geriatrics

- **Only 5,000** of 100,000 general internal medicine MDs are certified as geriatricians (2006)
- **Only 358** social workers credentialed in gerontology (2010)
- **Only 1,200** certified geriatric pharmacists of 270,000 practicing pharmacists have geriatrics certification (2010)

A Public Health Imperative : Drawing Care of Older Adults into the Mainstream of Nursing Practice

- **All** nurses should be educated to care of older adults
- **All** nurses should be competent to deliver evidence-based care to older adults
- **All** health care environments (primary care; hospitals; home care; nursing homes) should be configured as “elder-friendly”

Geriatrics “Out of the Closet”

Older Adults are Health Care’s *Core Business*

- 50% of the nations hospital market
- 75% of formal home care services
- 90% of residents of assisted living & nursing homes
- Older adults make up:
 - 60% of visits to cardiologists
 - 53% of visits to urologists
 - 52% of visits to ophthalmologists
 - 46% of patients in critical care

Older Adults are Oncology Nurses Core Business

- 60% of cancers occur in older adults
- 70% of cancer deaths occur in older adults
 - Breast cancer: 50% of all new dx in older adults
 - Prostate cancer: 65% of new dx in older adults
 - Lung cancer: 70% of new dx in older adults
 - Non Hodgkins Lymphoma: Peak incidence in people >75 years old

A “Prism” for Thinking About Older Adults with Cancer

Don't Underestimate Life Expectancy

- People 65 live an average
of 15+ years**
- People 75-84 live an
average 10+ years**

A “Prism” for Thinking About Older Adults with Cancer

Don't Be Swayed by Chronological Age

- Think physiological age NOT chronological age
 - Should a healthy 80 year old have a colonoscopy?
- Think functional age NOT chronological age
 - How is the person able to function?
- Treat the patient, *not* his age or disease
 - Individualized treatment improves outcomes

1987

1987

GROWING OLD IN AMERICA
The Unwanted Generation



1987

A Face of Today's Older Adults



A Face of Today's Older Adults







A Face of Today's Older Adults



A Face of Today's Older Adults



A Face of Today's Older Adults



www.hartfordign.org;
www.ConsultGerRN.org

A Prism for Thinking About Care of Older Adults with Cancer

- Each one of you must be an oncological geriatric nurse
- Base your care on geriatric “best practice” recommendations
- Create age-friendly environments
- Tailor interventions for vulnerable & frail older patients

Geriatric* Competence *Improves Outcomes* for Older Adults

- Care by health care professionals with geriatric preparation:
 - Decreases mortality
 - Reduces disability & illness
 - Improves patient & family satisfaction
 - Improves quality of life, including at the end of life
 - Decreases health care costs

*Geriatrics denotes geriatrics/gerontology throughout presentation

Geriatric Competences Improve Outcomes for all Generations



Use Best Practices to Decide Treatment “Dose”

- Avoid under-treatment: Many older patients tolerate standard-dose cancer therapies
 - Many older adults with cancer are under treated
- Look at functional and physiological age not chronological age to determine treatment
- Determine the person’s goals for treatment

Use Best Practice Geriatric Assessment and Protocols

- Geriatric assessment can help clarify functional and physiological age
- Geriatric assessment and protocols can identify co-morbidities and geriatric syndromes and shape treatment options
- Assessing and treating co-morbidities and geriatric syndromes improves outcomes

Create Age-friendly Environments

- Older adults and their families benefit from environments that respond to their specific needs
- Create age-friendly environments of care in primary care and specialty office, clinics, and hospitals

Child-friendly Environments



Child-friendly Environments

dukechildrens.org

“We’re all about kids”

The screenshot shows the homepage of the Duke Children's Hospital & Health Center website. At the top, there is a navigation bar with the Duke University logo and the text "DUKE UNIVERSITY | DUKE UNIVERSITY HEALTH SYSTEM". Below this is a blue banner with the website URL "dukechildrens.org" and a red and white beach ball icon. The main content area features a vertical sidebar on the left with colorful, ribbon-like navigation buttons: "OUR SERVICES" (purple), "OUR FACILITIES" (blue), "FOR KIDS AND PARENTS" (pink), "HEALTH INFORMATION" (green), "RESEARCH & EDUCATION" (orange), "PRESS ROOM" (red), and "GET INVOLVED" (teal). The main heading reads "For Kids & Parents" next to a small airplane icon and the "DUKE CHILDRENS Hospital & Health Center" logo. Below this is a large welcome message: "Welcome to Duke Children's Hospital & Health Center!". To the right of the welcome message is a photograph of a diverse group of smiling children and adults. Below the photo is the text "We're all about kids" followed by a paragraph of text. A white arrow points from the right edge of the image towards the text "We're all about kids".

DUKE UNIVERSITY | DUKE UNIVERSITY HEALTH SYSTEM

dukechildrens.org

For Kids & Parents

DUKE CHILDRENS Hospital & Health Center

Welcome to Duke Children's Hospital & Health Center!

We're all about kids

Our mission is to provide excellence in the clinical care of infants and children; innovation in basic and applied research; leadership in the education of health care professionals; and advocacy for children's health.

Coming to the hospital can be an overwhelming experience for children and families. You probably have many questions about your child's care. We have prepared this information to help you plan for your child's hospital admission. Once you arrive, please feel free to ask our staff any other questions that come to mind. We want to ease your worries and make your child's stay as comfortable as possible.



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Aspects of a Child-Friendly Environment

- Physical space & surroundings responsive to children's needs
- Written & electronic materials child & parent-friendly
- System of care (eating environment & food options) responsive to children's needs
- Workforce prepared in pediatric care
 - 19% of RNs in children's hospitals are certified in pediatric specialties

Aspects of an Age-friendly Environment

- Physical space and surroundings responsive to an older adults needs (e.g. chairs; eating options)
- Written and electronic materials older adult and family friendly
- Work force prepared in geriatric care
 - Certification of nurses
 - National scopes and standards for care of older adults
 - Magnet or Joint Commission requirements for staff competence in care of older adults

Tailor Interventions for Vulnerable & Frail Older Patients

- Frail older adults more likely to have co-morbidities, functional deficits, and dementia
- Frail older adults more prone to complications and geriatric syndromes
 - Falls
 - Delirium
 - Urinary incontinence
 - Nutritional deficits

Vary the Treatment “dose” for Vulnerable and Frail Older Adults

- Ask the patient & family about treatment goals
- Use geriatric assessment to gain an accurate picture of the patient’s strengths and challenges
- Consider the impact on quality of life when considering treatment options
- Use the inter-disciplinary team to evaluate appropriate care

Geriatric Oncology Nurses Are Not Born – They Are Made

