PROFESSIONAL GUIDANCE FOR NURSES WORKING WITH OLDER PEOPLE

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An Bord Altranais

Contents

Introduction

An Bord Altranais is the statutory regulatory body for the nursing and midwifery professions. It provides for the protection of the public in its dealings with nurses and midwives, and the integrity of the practice of nursing and midwifery, through the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives. In regulating the profession, it also provides professional guidance documents to nurses and midwives. These are a measure of performance that reflect the values of the profession and enable nurses to promote safe, competent and ethical practice.

The guidance standards have been developed for nurses who work with older people in all healthcare settings. They are also intended as a source of information for the older person and his/her family.

Nurses care for older people in all healthcare settings. The progressive increase in the older population, and the intensity of quality of care required to meet their complex needs, reinforces the need for nurses in all settings, hospital, home and community, continuously to develop and support this area of nursing, based on excellent standards of nursing care. With an increasing number of people aged 65 years and older, and a strong correlation between ageing and chronic illness, nurses, as members of the multi professional team, are facing many challenges. **The importance of nurses to focus on the older person's needs pervades every part of the health care system.** For example, the nurse in the acute hospital must be alert to preventing functional losses, as such losses, have considerable impact on an older person's health and self-care status. Likewise, the nurse in a continuing care unit must be knowledgeable about acute care problems despite the institution's focus on rehabilitation or continuing care. This demands that all nurses are fully aware of the needs of the older person and are open to embrace new technically-focused functions, while sustaining and nurturing fundamental skills and values (NCNM 2007).

Guidance standards help to clarify the nursing care and services to which older people are entitled and is their right to receive. Standards are also critical in order to develop a nursing vision that will facilitate role development and help articulate an expected level of professional performance.

Nursing is central to the creation and delivery of high quality person-focussed care for older people. Setting standards addresses imbalances of the past (O'Neill 2006) and will effect transformation of the nursing care that is provided to older people in every setting. This requires all nurses, both generalist and specialist, in all healthcare settings to develop knowledge of age-related issues and presentation of illness that impact on the outcomes of nursing care (NCNM 2003). Nursing care of the older person must continue to improve, evolve and respond to societal and technological changes and challenges, through ongoing education, extending scope of practice, role development and research development.

The objectives of the Guidance Standards are to:

- Define the standard of nursing care that can be expected by all older people, their family and informal carers who are in receipt of nursing care in the various settings and roles in which the nurse practices
- Provide professional guidance and direction for nurses caring for older people across all healthcare settings in order to facilitate safe, competent and ethical nursing practice
- Provide a nursing framework for end of life care that embraces living and dying as part of the normal care structure and processes in all care settings
- Provide guidance to assist the nurse in decision-making and self-assessment as part of reflective practice
- Provide guidance to the nurse in determining what knowledge and skills are required to provide quality care
- Promote ongoing practice development
- Form the basis for the development of local protocols and policies specific to the various contexts of practice (Appendix 1)
- Promote continuous quality improvement through regular monitoring and evaluation.

Context for Professional Guidance

Demographics of Ageing

The majority of developed countries have accepted the chronological age of 65 years as a definition of the older person (WHO 2009). But chronological age may differ considerably from a person's functional age, and age-related changes occur at different rates for different people. The number of older people in society is increasing internationally. Over 11 % (467,926 people) of the Irish population are 65 years or older. As in other EU countries, the proportion of older people is increasing to a predicted level of 15% in Ireland in 2021(CSO 2007). People aged over 80 years as a proportion of persons aged 65 years and over has been rising steadily and is now 24.1% (CSO 2007). By 2030, one in four Irish people will be 65 years or older. The greatest increase will be in the over 80 year olds. Estimates suggest that older people with an intellectual disability will increase by over 20% by 2021 (McConkey *et al* 2006).

Over the past decades, there has been a steady increase in life expectancy, mainly due to improvements in sanitation and infectious disease control through vaccinations and antibiotics. Now, the older generation is growing older because of developments in the treatment of chronic diseases, cardiovascular and neurologic disease, as well as cancer. But the losses brought about by an age-related disease give rise to increasing levels of disability in later life (O'Neill 2006) and may pose a real threat to maintaining independence and well-being. The proportion of people living with a disability increases with age from 18.7% in the 65 – 69 age group to 58.6% in the 85 and over age group (CSO 2007). The presence of any chronic medical condition and/or degenerative joint disease, hearing and visual impairments and dementias all result in the increased risk of complications and functional decline, which are associated with an increased burden on the older person, their families and carers (DoHC 2008) and increased health care utilisation in all care settings.

75% of people aged 65 years and over live independent and active lives within their community; 5.5% live in long term residential care (CSO 2007) and the remainder are cared for in the community and in other healthcare facilities. A more integrated and person-centred service response could enhance older people's independence, dignity and choice (NESF 2005). Older people are a diverse group who possess a broad range of abilities and needs. This, along with the varied lifestyles, environmental conditions, and life histories characteristic of older people, creates the need for highly individualistic nursing care (McConnell 1997). Cognisance must also be taken of older people whose first language is not English and/or those from ethnic minority groups, whose numbers in the future will increase and whose needs may also include language difficulties and cultural diversities.

Range of settings for care

Older people are, and will continue to be, the major users of health and social care (Garavan *et al* 2001). They are cared for in every setting: acute hospitals, private and public long-term care facilities and in the community. Nurses are increasingly caring for older people in acute general services, rehabilitation services, mental health services and intellectual disability services. Long-term care refers to a continuum of services addressing the health, personal care and social service needs for persons who require help with activities of daily living. In the past number of years, there has been a trend away from the custodial model of care of the older person towards support for a more restorative or rehabilitative model of care.

Living at home is the preferred choice of many older people (Ruddle *et al* 1997) and of national and EU policymakers (DoHC 2006; HSE 2006; European Commission 2007). Nurses can help them achieve this by supporting their independence through empowerment, developing flexible responses to their needs and supporting their carers, who are often older people themselves. However, long-

term residential care continues to play an important role in the continuum of care services for older people. Older people who have a disability, who are frail or ill or who are unable to live at home because of a lack of formal or informal carers, will continue to need long-term residential care (NCAOP 2000). 5.5% of people over the age of 65 years are resident in long-term residential care facilities in Ireland (CSO 2007) and are among the most vulnerable in our society by reason of their multifaceted complex needs, special supports and the continuing care assistance they need (Age and Opportunity 2003; O'Connor *et al* 1986). Institutional continuing care of the older person may be provided in a number of settings: Health Service Executive (HSE) publicly-owned and financed institutions, i.e., welfare homes, continuing care units/hospitals and community nursing units, or in privately-owned and voluntary nursing homes.

Guiding Principles and Beliefs for Nursing Care of the Older Person

The core beliefs of person, environment, health and nursing were identified by Fawcett (1984) as being of the greatest importance to nursing. These beliefs, together with the *Code of Professional Conduct for each Nurse and Midwife* (An Bord Altranais 2000) and identified factors which facilitate quality care of the older person (Murphy 2007), provide the basis for a framework for the nursing care of the older person in all care settings.

Person

The nurse who cares for the older person supports the belief that:

- Each older person is of worth and value
- The older person possesses a broad range of abilities and needs
- Each older person has unique physical, psychological, social and spiritual needs
- The older person and his/her family/representative are the unit of care
- The older person and family have the right to make informed decisions about all aspects of their care and the nurse respects the level of participation desired by the older person and/or family.

Environment

The nurse who cares for the older person supports the belief that:

- A flexible, caring environment is established wherever the older person is cared for, whether in the acute hospital, private or public continuing care facility or in the community
- Care of the older person refers to a continuum of care that addresses the physical, psychological, social, and spiritual needs of the older person
- Care is best provided through collaboration and teamwork
- The older person is protected from all forms of abuse (physical, psychological, social, sexual, financial, violation of person's rights, neglect).

Health

The nurse who cares for the older person supports the belief that:

- Health includes physical, psychological, social, cultural, developmental, environmental and spiritual well-being
- Quality of life involves assisting the older person achieve their optimum state of health and well-being
- Each older person and/or family, if appropriate, define their quality of life
- Health for a number of older people is a relative and dynamic process due to their multifaceted complex needs, special supports and the continuing care assistance they require.

Nursing the Older Person

The nurse who cares for the older person supports the belief that:

- Fundamental to nursing practice is the relationship which is based on trust, understanding, compassion and support and serves to empower the older person to make informed choices

- Care is provided in a non-ageist and non-discriminatory manner that is sensitive to the older person and their family
- The goal of each nurse-patient interaction is to establish the conditions that promote healthy living; compensate for disease-related losses and impairments; prevent further disease-related losses; promote comfort and facilitate the diagnosis, palliation and treatment of disease
- Nursing practice involves advocating for and with the older person and/or family to maintain their quality of life and, at the end of their lives, to experience a peaceful and dignified death
- Nursing practice is person-centred and is based on best available evidence
- Nursing care respects the privacy, dignity and integrity of the older person and family
- The central role that families/friends play in the life of the older person is acknowledged and actively supported
- The ethical principles of autonomy, beneficence, non-maleficience, justice, fairness, truth-telling and confidentiality are all integrated into the provision of nursing care
- There is a need to commit to actively participate in updating and maintaining knowledge through continuous professional development and ongoing education programmes.

Standards for Nurses Working with Older People

Standards are developed to guide evidence-based nursing practice for older people. They provide a framework and outline the essential elements and competencies required by nurses who care for older people in all healthcare settings. They are designed and are intended to complement other national standards and guidelines including the *National Quality Standards for Residential Care Settings for Older People in Ireland* (HIQA 2007).

The standards are generic in nature and aim to capture the diverse settings and roles in which the nurse practices. While factors unique to particular care environments will impact on a nurse's practice, the standards ultimately reflect the expected levels of performance. Each standard is accompanied by a supporting rationale. Competencies for the standards are supported by indicators. The indicators are not intended to be complete or all-inclusive but should be interpreted in the context of the specific practice setting of the individual nurse and may be further developed to address specific contexts of practice and required competencies. Competence is a complex multidimensional phenomenon. It is defined as the ability of the registered nurse to practice safely and effectively, fulfilling her/his professional responsibility within her/his scope of practice. **The standards are clustered around the two themes of nursing practice and nursing quality.**

The moral principles (An Bord Altranais 2000a) underpinning the guidance standards for care of the older person include:

- The right to quality nursing care
- Respect for the dignity of the older person
- The principle of beneficence
- The principle of autonomy and control
- Justice
- Truth

STANDARDS OF NURSING PRACTICE

These standards describe nursing activities, including those that are demonstrated using a nursing framework.

STANDARD 1: PERSON-CENTRED HOLISTIC CARE

Comprehensive person-centred nursing care is provided within the organising framework of assessment, identification of needs, planning, implementation and evaluation

Rationale

Older people are a diverse group who possess a broad range of life stories, experiences and abilities and have complex and multifaceted needs. They are affected in unique ways by the combined effects of the ageing process, the disease process and the environment, which challenge their sense of self and influence their perception of their quality of life.

Alleviating vulnerabilities experienced by the older person is the central organising perspective of person-centred care (Hobbs 2009). Vulnerabilities include both compromised physiological states and threats to a person's identity. Therefore, wherever the older person is cared for, whether in hospital, community setting or continuing care facility, comprehensive person-centred nursing care is required which is provided by the nurse who is knowledgeable, skilled, vigilant, proactive and is positively motivated about caring for the older person (McCormack *et al* 2006). Person-centred care is 'knowing' the person, their values, and who the person is (Murphy 2007; McCormack 2006). It includes care aimed at preventing untoward events and negative experiences for the older person. Knowing the person enables the nurse to see behind the 'mask' of ageing, illness or disability (Clarke 2003). As well as providing ongoing support and education to the family in their caring role, person-centred care is about offering choice, and encouraging and empowering the older person in all decisions of care.

The organising framework through which the nurse delivers care involves assessing, identification of needs, planning, implementing and evaluating nursing care. This framework is the foundation of clinical decision-making and encompasses all significant actions taken by the nurse in providing nursing care.

STANDARD 2: THERAPEUTIC RELATIONSHIP

A therapeutic relationship is developed with the older person that maximises the older person's self-esteem and quality of life

Rationale

Providing a suitable psychological and social care environment assists the older person to maintain dignity, integrity and achieve his/her potential. Relationship-centred care is central to this (Nolan *et al* 2006).

It is important to know the older person and to understand his/her viewpoint (Berglund and Ericsson 2003). This demands skills in verbal and non-verbal communication, listening and presence. Even if their capacity for understanding language is severely impaired, the non-verbal behaviour that accompanies being asked for an opinion and seeking permission will do much to convey to older people that they are valued.

As well as being an effective communicator, the nurse needs to have an appreciation and knowledge of the barriers and difficulties in communicating by the older person due to culture, intellectual disability, or a change in physical, sensory or cognitive status, and employ strategies to help overcome these difficulties. Behaviour that challenges may be an attempt to communicate based on need and/or can be an indicator of, for example, medical illness, including delirium, mental health problems or organic brain disease.

Vulnerability, anxiety, loneliness and alienation increase when the familiar touchstones of the older person's identity are missing, for example, when they are out of their own environment.

Achieving quality of life for the older person is contingent upon knowledgeable and competent person-centred holistic care (Murphy 2007), which is delivered in a way that embodies compassion, respect for dignity and an appreciation of the whole person and family.

STANDARD 3: CARE ENVIRONMENT

A therapeutic safe care environment is promoted and maintained which supports dignity, respect, privacy and independence for the older person

Rationale

Older people can be profoundly affected by their environment, which can be as large as a community, a neighbourhood or a hospital or as small as a ward, a home, an individual room or a bed space area. The concept of environment is an essential element in the nursing care of the older person and the aim should be to provide an 'enriched' environment wherever the older person is cared for (Nolan 2006). As well as impacting positively or negatively on the person's sense of health and wellbeing (Weiss and Lonnquist 2000), the environment also conveys messages of caring and belonging. A change in environment can mean moving from an older person's own residence to another residence or institution, or moving from the person's own bed space or room/unit to another within an institution.

Care settings with familiar and home-like physical environments can ease psychological stress and positively affect health outcomes for the older person (Murphy 2007b; Teaghlach Project).

Regimentation and institutionalisation contribute to loss of control by the older person and must be guarded against. Institutionalisation has been compared to a syndrome. It portrays certain rules and rituals that occur on a daily basis. Activities of the day are fixed, with one activity being tightly secured by the next (O'Neill 2006). The nurse can counter this through collaborating with the older person regarding their care environment, including the patterning of their day, thereby ensuring choice, dignity and respect.

Environment also impacts on the performance of tasks by the older person, from the simple to the complex. A sense of control is fundamental to wellbeing. Though people with delirium and dementia may require extra assistance, they have the right to dignity and respect (UN 1991).

Care environment and social dimensions of care are central to the older person's quality of life (Murphy *et al* 2008). The ideal residential facility is a place where 'people live their lives with as little physical or psychosocial discomfort as possible … with dignity and a good quality of life' (Sander and Walden 1985).

STANDARD 4: END OF LIFE CARE

The older person receives comprehensive, compassionate end of life care that is person-centred and responds to the older person's unique needs and respect for his/her wishes.

Rationale

Many older people have an advanced, progressive, life-limiting illness whose condition deteriorates over an extended period of time with a long lead time to death (O'Shea *et al* 2008). Adopting a palliative approach to care throughout the older person's illness trajectory (O'Shea *et al* 2008) enables staff to move away from viewing palliative care as restricted to care of the dying person only (Phillips *et al* 2008). End of life care is a vital and integral part of all clinical practice, whatever the illness or its stage, informed by a knowledge and practice of palliative care principles (DoHC 2001; O'Shea *et al* 2008).

When older people are at the end of their lives, nurses can make a difference to them and their families by creating and facilitating a therapeutic milieu that addresses their physical, psychological, social, cultural and spiritual needs. This includes collaboration with other healthcare professionals in providing evidence-based/best practice and establishing mechanisms for consultation regarding practice and referral. Older people may feel disempowered in their decision-making at this time. In order to protect their rights, it is important to be guided by, and work within, a legal framework (Keys 2008).

Providing relief from distress will facilitate a comfortable death, and one that is remembered with peace and comfort by family and friends.

STANDARDS OF NURSING QUALITY

These standards describe nursing quality in caring for older people, including activities related to performance appraisal, education, use of theory and ethics.

STANDARD 5: QUALITY OF CARE

The nurse caring for the older person evaluates and enhances the quality and effectiveness of his/her nursing care and practice

Rationale

The older person requires comprehensive, evidence-based, person centred nursing care which focuses on enhancing their quality of life.

Quality of life is a complex and multidimensional concept. Its meaning changes over time and is perceived differently in different contexts and care settings. When measuring quality of life, health, physical function, social and psychological factors should be included (O'Shea *et al* 2008), from both a subjective and objective point of view (Davies and Higginson 2004; Corner and Bond 2004). Therefore, every person experiences a unique quality of life (Haas 1999).

Murphy (2007) identified six factors that facilitate quality care of the older person in continuing care settings in Ireland, and three factors that hinder such care. The six facilitating factors are:

1. Promoting independence and autonomy.
2. A home like environment.
3. Person centred holistic care.
4. Knowledgeable skilled staff.
5. Knowing the person.
6. Multidisciplinary resources.

The factors that hinder quality nursing care being delivered are:

1. Lack of time and/or restrictions on patient choice and involvement (with an emphasis on the physical aspects of care).
2. Resistance to change.
3. Being bound by routine, which includes a focus on task allocation. Routinised care is an important hindering factor to providing quality care

Quality of care for the older person is an integral part of healthcare provision and quality issues are of importance to the provision of excellent nursing care (Kitson 1997).

STANDARD 6: PROFESSIONAL DEVELOPMENT

The nurse acquires and maintains current knowledge to improve the quality of life and nursing care of the older person

Rationale

Care of the older person is a rewarding and dynamic area of nursing.

The challenge for nurses caring for the older person is to embrace evidence-based practice as it evolves, while sustaining and nurturing core fundamental skills and values (NCNM 2007). The growing body of knowledge, and the intensity of quality of care required to meet the older person's complex needs, reinforces the need for nurses in all settings to commit to, and engage in, reflective practice, continuing professional development and education programmes (NCMN 2003) on an ongoing basis and increase their scope of practice.

Acknowledging the central role that families and friends play in the lives of the older person, the goal of each nurse-patient interaction is to assist older people live to the maximum of their ability; cope with their physical, psychological, social, sensory, cognitive or spiritual deficits and losses; prevent further disease-related losses; and promote and maintain comfort and dignity through healthy living and the dying phase. This demands that the nurse builds a relationship with the person, and has a sound knowledge base, together with a wide variety of skills, on which to develop clinical expertise and implement best-practice guidelines.

Outcomes of care improve when older people are cared for by nurses with demonstrated competence in older person nursing and in environments that structure nursing care around the needs of the older person (O'Neill 2006; Harrington *et al* 2001).

Competencies for Nurses in the Care of the Older Person

Competencies are supported by indicators. The indicators are not intended to be complete or all-inclusive but should be interpreted in the context of the specific practice setting of the individual nurse and may be further developed to address specific contexts of practice and required competencies. The competencies encompass five domains:

1. Professional/Ethical Practice.

2. Holistic Approaches to Care and the Integration of Knowledge

3. Interpersonal Relationships

4. Organisation and Management of Care

5. Personal and Professional Development

DOMAIN 1: PROFESSIONAL/ETHICAL PRACTICE

Performance Criteria:	Indicators:
1.1 Practices within a framework of professional accountability and responsibility.	• Practices within the legislation, professional regulation and guidelines relevant to his/her scope of practice and care setting. • Integrates accurate and comprehensive knowledge of ethical principles and the *Code of Professional Conduct* within the scope of professional practice in the delivery of nursing care of the older person. • Integrates knowledge of and respects and protects the rights, beliefs and cultural practices of the older person. • Advocates with and on behalf of the older person to protect their rights. • Supports the right of the older person to lead an independent life based on self-determination and choice, ensuring adequate protection for those older people who are unable to make their own decisions and/or protect themselves, their mental and physical integrity and material assets. • Demonstrates knowledge of, and implements, the philosophies, policies, protocols and clinical guidelines of the healthcare institution. • Responds to, and reports, all incidences of elder abuse (Appendix 2), incompetence, deviations from best practice, and unethical and illegal practices.

Performance Criteria:	Indicators:
1.2 Practices within the limits of own competence and ensures that he/she takes measures to develop own competence.	• Determines own scope of practice using the principles in the *Scope of Nursing and Midwifery Practice Framework* document. • Recognises own abilities and level of professional competence. • Critically evaluates and bases practice on best available evidence. • Accepts responsibility and accountability for consequences of own actions or omissions in caring for the older person. • Assumes personal responsibility for maintaining current knowledge to provide evidence-based, best practice nursing care of the older person. • Identifies a mechanism to support continuing professional development to ensure continued competence.

DOMAIN 2: HOLISTIC APPROACHES TO CARE AND INTEGRATION OF KNOWLEDGE

Performance Criteria:	Indicators:
2.1 Conducts a systematic holistic assessment of the older person's needs, based on nursing theory and evidence-based practice.	• Performs a comprehensive assessment of the older person, which encompasses comprehensive history taking, physical examination and identification of health risk factors (Appendix 3). • Involves the older person and their family as active partners to identify needs, perspectives and expectations. • Selects and administers valid, reliable and age-appropriate assessment and screening tools. • Integrates and applies knowledge of age-related changes, based on an understanding of physiological, cognitive, psychological, social, and spiritual functioning. • Assesses family's knowledge and skills, needs and level of stress in providing care to the older person.

Performance Criteria:	Indicators:
2.2 Identifies the needs of the older person for nursing care.	• Using a nursing diagnosis classification system, for example NANDA (1994), critically interprets and utilises assessment data with clinical decision-making skills to identify the older person's goals, needs and problems. • Identifies potential and actual health issues and risks, including stress, and their resultant consequences for the older person/family. • Collaborates with older people in the identification of their needs. • Documents diagnosis in a way that facilitates the determination of expected outcomes and the development of a plan of care.

Performance Criteria:	Indicators:
2.3 Plans care with the older person and, where appropriate, the family, taking into consideration the therapeutic regimes of all members of the interdisciplinary team.	• Formulates with the older person/family a plan of care based on their needs and best/evidence-based practice. • Ensures that the older person's long-held routines and preferences are incorporated into the plan of care. • Plans adequate protection for those who are unable to make their own decisions and/or protect themselves and their integrity. • Involves the older person as an active participant in the decision-making process and plans care that is mutually agreed. • Documents plan of care in a clear, concise way, using consistent terminology that is understood by all healthcare staff. • Establishes a process for discharge/transfer planning, if appropriate, ensuring sufficient information and decision-making time for the older person/family carer to allow smooth transfer. • Plans for appropriate and timely consultation and/or referral when the older person's need or problem exceeds the nurse's scope of practice and expertise.

Performance Criteria:	Indicators:
2.4 Implements planned nursing care and interventions to achieve identified outcomes.	• Provides quality person-centred nursing care within his/her scope of practice and as agreed with the older person/family carer. • Creates a safe and comfortable environment. • Fosters self-care and assists the older person to achieve the best quality of life as defined by the older person. • Familiarises the older person with the physical environment and activities and allows flexibility in the patterning of their day. • Maintains the older person's independence, dignity and sense of security by providing for example, familiar foods, drinks, routines, clothes, possessions, clear signage and ease of access to toileting and bathroom facilities. • Adapts elements in the environment that immediately surround the older person and uses adaptive equipment to maintain the older person's independence, control, dignity and privacy. • Adheres to professional practice guidelines in the management and administration of all medications, including non-prescription/over-the-counter medications. • Ensures the older person and or family carer are given sufficient time and information to make decisions. • Anticipates, prevents or reduces risk factors that contribute to a decline in function and a reduction in quality of life. • Supports and educates the family/informal carers in their caring and assist them to identify strategies for dealing with stress. • Maintains dignity, comfort and privacy for the older person throughout the end of life/dying process.

	• Follows best practice national guidelines in caring for a person with cognitive or physical impairment, in consultation with the family. • Initiates risk-reducing activities, while carefully considering the use of all restrictions/restraints (physical and chemical) in line with national guidelines (HSE 2007). • Provides support and protection and implements measures in accordance with national guidelines to protect the older person from incidences of elder abuse (Appendix 2). • Provides support and protection for older people who experience difficulty in protecting themselves. • In consultation with the older person, provides a range of meaningful activities (group and individual) relevant to their interests, dependency level and appropriate to the care environment. • Collaborates with other healthcare team members in providing best practice and establishes mechanisms for consultation regarding practice and referral. • Ensures that a discharge summary accompanies the older person when/if they are being transferred from/to hospital, home or continuing care unit.
Performance Criteria:	**Indicators:**
2.5 Evaluates progress toward expected outcomes and reviews plans in accordance with evaluation data and in consultation with the older person/family.	• Monitors with the older person in relation to expected outcomes. • Continually evaluates the effectiveness of nursing interventions and compares actual with anticipated outcomes. • Provides an evidence-based rationale to modify and individualise the care plan according to evaluation findings. • Documents all elements of nursing care.

DOMAIN 3: INTERPERSONAL RELATIONSHIPS

Performance Criteria:	**Indicators:**
3.1 Establishes and maintains caring therapeutic interpersonal relationships with the older person/family. .	• Promotes collaborative communication with the older person and their carers. • Creates and ensures a calm environment that is conducive to communication, caring and 'knowing the person'. • Communicates meaningfully and sensitively supports the older person in the expression of their feelings, fears and expectations. Allows grieving for loss of roles, capacities and relationships. • Provides emotional and social support to older person and family. • Ensures the older person and family receive and understand relevant and current information concerning their health care/needs on a regular basis and are involved in decisions of care.

	• Appreciates the barriers to communication due for example, to culture, a change in sensory or cognitive status and employs strategies to overcome these. • Recognises that all behaviour has meaning. • Safeguards and ensures confidentiality, privacy and informed consent. • Accommodates and is respectful and sensitive to the older person and their family's cultural and spiritual diversities. • Following the death of the older person provides support for the family and facilitates transition into bereavement/support services if required. • Maintains dignity and privacy following death, accommodating and being respectful and sensitive to the older person's wishes and families' cultural and spiritual diversities.
Performance Criteria:	**Indicators:**
3.2 Actively encourages the empowerment and well-being of older people.	• Encourages and facilitates the older person to express their preferences with regard to personal environment for care and the patterning of their day, ensuring flexibility. • Elicits the views of the older person. • Encourages and provides opportunities for the older person to exercise their rights and responsibilities, ensuring adequate protection for those people who are unable to make their own decisions and/or protect themselves. • Negotiates with the older person ways of attaining realistic levels of independence.
Performance Criteria:	**Indicators:**
3.3 Collaborates with all members of the healthcare team and documents relevant information.	• Establishes relationships with other team members, based on understanding and mutual respect. • Collaborates with other healthcare team members in providing best practice. • Establishes mechanisms for consultation regarding practice and referral. • Maintains comprehensive, accurate, clear, concise and current nursing records within a legal and ethical framework.

DOMAIN 4: ORGANISATION AND MANAGEMENT OF CARE

Performance Criteria:	Indicators:
4.1 Effectively manages nursing care of the older person within the multi-disciplinary team	• Contributes to the overall mission and goal of the healthcare facility/service. • Collaborates with other healthcare team members in providing best practice and establishes mechanisms for consultation regarding practice and referral. • Organises the environment in such a way as to be sensitive to and respectful of the needs of the older person and their family including their cultural/spiritual/religious values and traditions. • Identifies aspects of care important for quality monitoring, for example, functional status, skin integrity, nutritional status, medication management and safety practices. • Uses available resources to systematically evaluate the quality, effectiveness and efficiency of care of the older person nursing practices, including the relationship between outcomes and care interventions. • Initiates measures to improve nursing care based on evaluation findings. • Implements written policies and procedures in line with national standards addressing environmental and safety issues for the older person including the use of restrictions, seclusion and elder abuse. • Maintains systems to manage clinical information ensuring confidentiality. • Follows and adheres to Hygiene; Health and Safety; Infection Prevention and Control standards and guidelines
Performance Criteria:	**Indicators:**
4.2 Leads and empowers nursing team within their scope of practice.	• Enables nursing team to deliver high quality, patient-centred evidence-based care.
Performance Criteria:	**Indicators:**
4.3 Delegates to other nurses and team members activities commensurate with their competence and within their scope of practice.	• Identifies the most appropriate person to deliver care and gives directions for care activities delegated to other team members, including support staff within their scope of practice.
Performance Criteria:	**Indicators:**
4.4 Facilitates the co-ordination of care, embracing the older person's choices and involvement.	• Involves the older person/family in decision-making in the organisation and delivery of their care. • Works with team members to ensure that care is appropriate, effective, safe and consistent. • Collaborates with healthcare team members in providing best practice and establishes mechanisms for consultation regarding practice, consultation and referral. • Liaises and works with agencies providing care for the older person.

DOMAIN 5: PERSONAL AND PROFESSIONAL DEVELOPMENT

Performance Criteria:	Indicators:
5.1 Acts to enhance the personal and professional development of self and others.	• Demonstrates a commitment to ongoing professional education and life-long learning in care of the older person. • Recognises own and others attitudes, values and expectations about ageing and their impact on nursing care of the older person and their family. • Demonstrates clarity of beliefs and values in caring for the older person. • Contributes to the learning experience of colleagues through a supportive and collaborative framework. • Participates in quality of care and quality of life activities. • Uses the outcomes of audit and education initiatives to improve nursing care of the older person. • Develops professional links with others practising in the same area of caring for the older person. • Develops a culture of change to advocate for, and improve, care of the older person. • Acknowledges the need for, and practices, self-care.
Performance Criteria:	**Indicators:**
5.2 Participates in education and professional development programmes in care of the older person.	• Participates in and accepts personal responsibility for ongoing professional development and education on care of the older person. • Acknowledges and values the existence and uniqueness of a specialised body of knowledge relating to the care of the older person. • Assumes responsibility for having current knowledge in care of the older person (physical, psychological, cognitive, social and spiritual) and shares this knowledge. • Practices and develops professional competence and scope of practice on the basis of this specialised knowledge. • Collaborates with other healthcare team members who have a higher knowledge in providing best practice and establishes mechanisms for consultation regarding practice and referral.
Performance Criteria:	**Indicators:**
5.3 Develops and integrates a framework to reflect on practice, implementing evidence-based nursing practices to improve care of the older person.	• Values and establishes reflective practice as an integral part of nursing care of the older person. • Develops and integrates a framework to reflect on, and explore, nursing practice in care of the older person. • Acts to develop an environment of enquiry and change in providing best practice in care of the older person. • Objectively evaluates nursing practice. • Integrates evidence-based practices to improve nursing care of the older person.

Appendices

APPENDIX 1. LOCAL POLICIES AND GUIDELINES

To guide nursing practice, local policies, guidelines and education based on national guidelines, evidence-based and current best practice are required to be developed, implemented and reviewed regularly and should include among others:

- Admission/discharge/transfer planning
- Care of the older person with behaviour that challenges
- Care of the older person with delirium
- Care of the older person with dementia
- Communication (including those with cognitive impairment and/or deficits in hearing or sight)
- Confidentiality
- Continence and elimination
- Continuing professional education
- Elder abuse
- End-of-life care
- Health and safety policies including safe handling/manual handling
- Hydration
- Hygiene services and facilities
- Infection prevention and control
- Management of falls and fall prevention
- Medication management, including self-medication
- Nutrition (including the use of feeding tubes)
- Oral care
- Pain management
- Pronouncement, verification and certification of death
- Resuscitation
- Skin Care (including pressure ulcer prevention and wound management)
- Statement outlining values and objectives of nursing service
- Use of adaptive equipment
- Use of restrictions (physical and chemical)
- Wills

APPENDIX 2. ELDER ABUSE

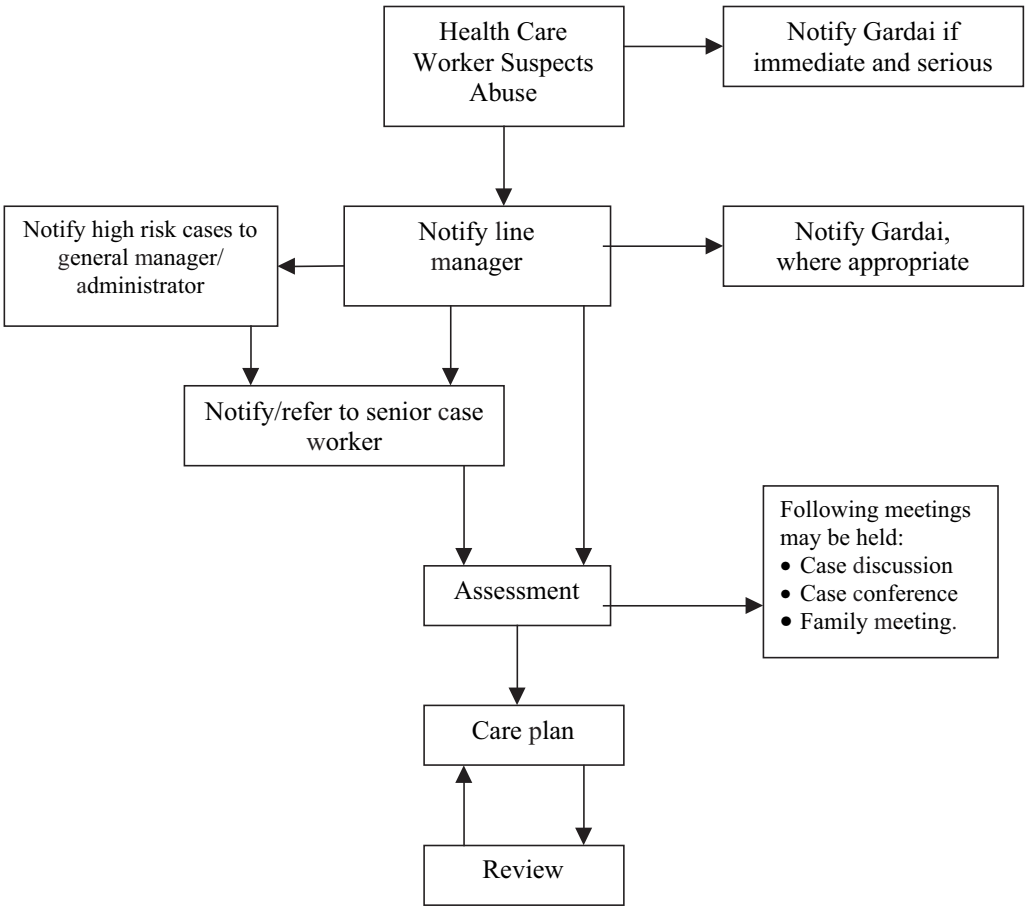
Elder abuse is a single or repeated act, or lack of inappropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human and civil rights (DoHC 2002).

Categories of Elder Abuse (DoHC 2008)

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Neglect and acts of omission
- Discriminatory abuse.

Nursing staff have a duty of care to intervene in circumstances where an older person is being abused or is suspected of being abused.

Reporting Allegations of Elder Abuse (HSE 2007)



APPENDIX 3. NURSING ASSESSMENT

Nursing assessment requires knowledge, linguistically and culturally effective communication skills, behavioural observation and comprehensive holistic assessment of older people and their environment. This enables the nurse to make sound clinical judgements and plan appropriate care with older people and their families. The assessment process may include other healthcare providers and agencies, with consideration of maintaining confidentiality. An effective nursing assessment is key to establishing a nursing care plan for the older person and forms the basis for nursing care.

Without ongoing, documented assessment that allows older people to express their values and wishes, nursing care is fragmented and does not reflect their needs and preferences. Carrying out a comprehensive assessment takes time and cannot be done in one encounter. Reasons for this include: the importance of building up rapport and trust, the wealth of information to be gathered and the wish of the older person to reminisce. The goals of the care plan that evolve from initial and ongoing nursing assessments focus on enhancing quality of life.

McConnell E.S. (1997) identified the following key aspects of which to be mindful when carrying out an assessment:

Pacing: in order to obtain an accurate history and measure of the older person's abilities and needs, sufficient time must be allowed for the person to interpret questions and directives, with time allowed for rest in between.

Multifaceted problems: each problem/need an older person encounters is likely to have several contributory factors which, in turn, influence other aspects of their lives. Therefore, it is important to assess a problem/need from each dimension of a person's life. For example, the impact of urinary incontinence may be caused by infection, pharmacological agents used to treat other conditions, musculoskeletal problems, neurological dysfunction, access to or distance from toilet, or psychological or social factors.

Functional changes: ageing results in many changes in a person's body and in their functional capacity. It is important to assess the impact of these changes; for example, in older people who are diabetic and who have had an above-knee amputation. It is insufficient to just note that they have had an amputation. It is important to note the person's ability to perform the functions of moving, dressing, bathing and social activities, as well as maintaining observation of circulation to the other limb.

Comprehensive assessment is about getting to know the older person, who the person is and is not confined to a review or checklist of symptoms, problems or systems. Assessment will vary according to the setting the older person is being cared in and will include but is not limited to the following:

Biographical information including recent significant life events.

Physical health and illness conditions include oral/nutritional/hydration status and those patients who have difficulty swallowing; skin condition, pressure area prevention and damage; wound care; continence and elimination patterns; pain management.

Sensory includes visual and hearing abilities and limitations, including aids used.

Functional ability includes mobility, strengths and activities.

Environment with particular reference to the physical, functional, safety (actual and potential), cognitive, psychological, social and spiritual needs of the older person.

Cognitive ability includes level of comprehension and understanding.

Psychological and Mental Health includes mood and behaviour patterns; communication patterns; individual coping styles; older person's values, beliefs and perceptions of their quality of life; suicide risk, information needs.

Social includes level of personal support required, likes and dislikes, past and current life-style, preferences, habits, and patterning of day.

Spiritual/Religious needs as well as religious/faith beliefs includes identifying aspects of meaning and worth in person's life.

Difficulties and needs as perceived by older person

Family includes family roles and needs including support and education.

Elder Abuse actual or suspected incidences.

Community and home support services includes the knowledge, skills and resources available and /or required to care for the older person at home.

Ongoing support/treatments provided by other healthcare professionals.

Assessing the older person's needs and taking a nursing history is one of the most skilled nursing functions. Lekan-Rutledge (1998) identified four levels when assessing the older person:

First-level Assessment is the 'first impression' phase of the encounter, where the nurse observes the older person's overall appearance and physical status, sensory function, environment and their ability to understand and communicate. Key issues and concerns are also elicited.

Second-level Assessment involves the use of screening techniques/tools to detect, for example, the ability of the older person to feed or dress themselves. This level also includes screening for risk factors, such as pressure ulcers, nutritional status, cognitive status, depression, mobility and falls, living alone and caregiver stress.

Third-level Assessment involves using a comprehensive nursing assessment framework to collect specific data systematically in the physical, psychological, social and spiritual domains of care.

Fourth-level Assessment is problem-focussed and elicits more detailed, in-depth information to rule in or rule out a nursing diagnosis. It also facilitates the nurse in obtaining knowledge and understanding of the older person; for example, when doing an in-depth assessment of the contributory factors to delirium, urinary incontinence or when assessing pressure area risk or functional status.

Using validated assessment tools minimises the conflict that can occur as a result of differing perceptions (Flacker *et al* 2001). They also enable other members of the healthcare team to report clinical observations in a systematic manner and, in effect, give them a voice (Froggatt 2000).

Glossary of Terms

Carers refers to informal carers of the older person, their relatives and other people who are significant in the older person's life.

Delirium is an acute or sudden onset of mental confusion and rapid changes in brain function as a result of a medical, social and/or environmental condition. Though it is caused by pathophysiology, it presents as a disorder of cognition. It can be a transient phenomenon and full recovery is common once the underlying cause has been diagnosed and treated (Schofield 2008).

Dementia refers to a group of illnesses. It is characterised by a gradual and progressive impairment in memory, intellect, judgement, language, insight and deterioration in social skills. The individual diagnosed with dementia may also demonstrate an acute sensitivity to his/her social environment and a high level of stress. Alzheimer's Disease is the most common cause of dementia (Dementia Services Information and Development Centre 2007).

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship, where there is an expectation of trust that causes harm or distress to an older person or violates their human or civil rights (DoHC 2002).

Evidence-based practice is based on successful strategies that improve outcomes of care and are derived from a variety of sources of evidence, for example, the older person's perspective, research, national guidelines, policies, expert opinion and quality improvement data.

Family refers to those closest to the older person and may be the biological family and/or those related through marriage and/or significant others as determined by the older person.

Health care team includes the older person, family, health care professionals, health care assistants and others who may be involved in providing care.

Health promotion is helping people to have an optimum state of health. This involves identifying risk factors, providing education and fostering lifestyle adjustments and changes.

Multidisciplinary team is the main mechanism to ensure truly holistic care and a seamless service for the older person throughout their disease trajectory and across boundaries of primary, secondary and tertiary care (Jeffers and Chan 2004).

Nurse is a person registered in the Live Register of Nurses, as provided for in Section 27 of the Nurses Act, 1985 and includes a midwife.

Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is the achievement of the best quality of life for patients and families (WHO 2002).

Palliative care approach aims to promote both physical and psychosocial wellbeing. It is a vital and integral part of all clinical practice, whatever the disease or its stage, informed by a knowledge and practice of palliative care principles (Field *et al* 1999) and is applicable in all care settings (DoHC 2001).

Principles of palliative care affirm life and regard dying as a normal process; seeks to neither hasten nor postpone death; provide relief from pain and other distressing symptoms; integrate the psychological and spiritual aspects of care; offer a support system to help patients live as actively as possible until death; and offer a support system to help the family cope during the patient's illness and in their bereavement (DoHC 2001).

Quality of life is a complex and multidimensional concept and is difficult to define or measure. Its meaning changes over time and is perceived differently in different contexts and care settings. For each person, the definition of quality of life is different and deeply personal. Every person has a

unique standard of what has value and what gives quality to his/her life. When measuring quality of life, health, physical function, social and psychological factors should be included (O'Shea *et al* 2008), from both a subjective and objective point of view (Davies and Higginson 2004; Corner *et al* 2004). In providing high quality nursing care and a good quality of life, it is important to understand the older person's viewpoint (Berglund and Ericsson 2003).

Quality of care refers to professional standards based on evidence, by which the best outcomes are achieved, balanced against the older person's satisfaction and organisational efficiency (NESF 2005).

Restraint/Restriction is "any physical, chemical or environmental intervention used specifically to restrict the freedom of movement – or behaviour perceived by others to be antisocial.... It does not refer to equipment requested by the individual for their safety, mobility or comfort. Neither does it refer to drugs used – with informed consent – to treat specific, appropriately diagnosed conditions where drug use is clinically indicated to be the most appropriate treatment. Thus restraint, by definition, may be seen to be a human rights issue rather than a medical issue" (Nay *et al* 2006).

Scope of Practice is the range of roles, functions, responsibilities and activities which a registered nurse/midwife is educated, competent and has authority to perform (An Bord Altranais 2000b).

Standards are broad authoritative statements that are used to judge the quality of nursing practice and describe expectations of competent nursing care (Cowan *et al* 2008). A standard relates to the scope of nursing practice, including both standards of care and standards of professional performance. Standards reflect best practice.

Teaghlach model (HSE) refers to respect and creating a homelike environment. Its objective is to move from a task-oriented model of care to one which supports older people to continue to direct their own lives, supported by consistent and valued teams of health care staff in an environment reflective as much as possible of the older person's own home.

Team is a group of people with complementary skills who are committed to a common purpose, performance goals and approach, for which they hold themselves mutually accountable (Carrier and Kendall 1995).

Resources

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Royal College of Nursing: **www.rcn.org.uk**

Senior Help Line: **www.seniorhelpline.ie**

Teaghlach Model

Further information available on: **www.myhomelife.co.uk and/or www.culturechangenow.com**

The Irish Hospice Foundation: **www.hospice-foundation.ie**

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