Innovations in North Carolina Skilled Nursing Care: New Uses of Technology and Approaches to the Routines of Care

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Many changes are underway in the structure and operations of skilled nursing care facilities in North Carolina. Not only are facilities across our state making changes in their physical structures through renovation and new construction, but many changes are taking place in the role they play in the larger spectrum of health care services in the communities they serve. For example, as a result of the trend toward more rapid discharge from hospitals following acute care episodes, many skilled nursing care facilities have expanded their post-acute care and rehabilitation services. At the same time, modern medicine’s ability to manage chronic disease and increase life expectancy have greatly impacted the need for skilled nursing services, as well as the need for expertise in the care of residents who reflect the increasing prevalence of certain forms of dementia.

As these facilities have grappled with these changes in the need and demand for their services, there has been an increased interest and investment in various forms of technology that can make the care provided in these facilities both technically more effective and at the same time more likely to assure a high quality of residential life for those who reside in skilled facilities...

The Patient Care Simulator Project

Patient care simulators (PCSs) have become ubiquitous in American health care educational settings. These electronic and computerized mannequins have been used to train teams of EMS first-responder care personnel and medical and nursing students. Hospitals in several North Carolina communities have purchased simulators and established patient care simulation laboratories for the in-service education of multispecialty clinical teams. These simulators have also been used in conjunction with the North Carolina Area Health Education Centers (AHEC) program to train nursing personnel from multiple skilled nursing facilities who journey to regional AHEC training sites for these sessions.

Nursing homes in the state have found the centralized or regionalized structure of these training sessions somewhat difficult to incorporate into their normal patterns of staff development because of the necessity for the learner to leave the workplace for an extended period of one or more full days in order to take advantage of such training. Due to...
this scheduling difficulty, another model for the extension of this type of training within the long-term care field was called for: a facility-based approach to advanced team training in skilled nursing facilities.

To meet this need, the private, nonprofit educational and research foundation, FutureCare of North Carolina, sponsored by the North Carolina Health Care Facilities Association, designed a new program. This program enables an itinerant nurse educator to travel with a patient care simulator to individual nursing homes for three to five days, during which a high proportion of all nursing personnel on every shift (nurse aides, licensed practical nurses, and registered nurses) would interact with the PCS mannequin and work through one or more clinical modules of care. Through a generous grant from The Duke Endowment, this program was launched in the spring of 2009 and will eventually reach as many as 40 nursing homes in North Carolina.

Using a familiar respiratory problem scenario in the geriatric setting, staff interact, use assessment skills, communicate, and intervene to respond and collaborate within the interdisciplinary team. During the training, the focus for nursing aides is on confidence building and their place within a care team while development of leadership skills and awareness is targeted toward nurses. Positive behavioral changes and attitudes that create self-efficacy are goals for the nursing team.

Initial reaction to the instructional modules being used has been extremely positive, with multiple expressions of appreciation for what this experience has meant to nursing staff interactions in each participating facility. These facilities have each seen positive results from the use of this technology, and the logistical complexity of placing this technology in any particular facility appears to have been offset by the overwhelmingly positive response once it has been implemented.

It’s Never 2 Late (IN2L)

North Carolina skilled nursing facilities are well aware of the challenges of making long-term care a life-affirming and comforting experience for those who are dependent on the assistance of others for both medical/nursing care and for the accomplishment of normal activities of daily living. Facility staff, residents, and families know the intense need for personal fulfillment, enjoyment, sense of purpose, and connection to the people and interests they love. The search never ends for ways to combat loneliness, longing for the way life was before a long-term care admission, the boredom of physical limitation, and the innate wish to feel useful.

One of the most exciting applications of information technology in long-term care is a software development called “It’s Never 2 Late,” pioneered by a company of the same name located in Centennial, Colorado. Presented to the White House Conference on Aging, this exciting hardware and software system is based on an easy-to-use touch screen computer combined with a simple interface that offers a wide variety of customizable content appropriate to the interests and capacities of long-term care facility residents. The IN2L system includes continually updated content for cognitive/brain fitness, education, virtual travel and experiential enjoyment, spirituality, music, games, and other content. The software makes it possible for nursing home residents, even those with significant physical and/or cognitive limitations, to engage in activities for fun and learning and to enjoy many of these in conjunction with friends and family members of multiple generations. Emphasis is on individualized and tailored content exposure, but it also allows for group interaction when desirable. These sorts of systems are now employed in some 25 nursing homes in North Carolina and many more have expressed interest in acquiring such technologies as IN2L.

The philosophical perspective of North Carolina skilled nursing care facilities that has embraced these technologies is one that gives emphasis to values such as engagement, enrichment, and energy enhancement. There is a strong value emphasis in the contemporary field of long-term care that stresses the enablement of long-term care residents rather than an emphasis on relative degrees of (dis)ablement. The underlying values are ones stressing capacity, interests, and attitudes, and the use of modern technologies for facilitating these important personal and social goals.

It is exciting to see the many ways that moderately expensive technologies, both for staff training and for enriching the lives of nursing home residents have become possible over such a short period of time. This part of the larger health care delivery system is ready and poised to take advantage of these technologies and to see them as yet another facet of the effort being made to make the experience of this level of care both professionally competent and personally satisfying to staff, residents, and their families.