Holy Cross Hospital in Silver Spring, Maryland, was known locally as an excellent “baby” hospital at a time when the community population was aging. Deciding to broaden its scope to better serve the community, leaders at Holy Cross decided to expand the hospital’s expertise in gerontology, opening its Seniors Emergency Center in 2008 followed by the Seniors Ambulatory Surgery Center (SASC) in 2009.

Both centers target adults 65 and older. “That is such a fragile population, just like pediatrics,” says Bonnie Mahon, RN, BSN, MSM, senior director for medical, surgical, and senior services. “We wanted to do what we could to make surgery easier for older adults.”

Designing for older adults
Holy Cross used its seniors’ ED as a model when designing the SASC. The center has 6 recovery bays that contain recliners and stretchers with upgraded mattresses. Soft lighting, noise-absorbing materials, inviting colors, and slip-proof floors create a safe, welcoming environment for older adults. The surgery is performed in the main OR.

“We wanted a calming environment,” says Mahon. Patients have ready access to gowns with warming devices to combat hypothermia.

Creating this specialized environment was the main financial outlay for the project, says Gary Ward, RN, BSN, MA, senior director for perioperative services. Some additional equipment, such as gel pads for protecting the patients’ skin and joints was a priority.

During winter and periods of inclement weather, older adults are more susceptible to falls. “This required purchasing additional power equipment and a fracture table to ensure we had the capability to expedite their care after they had been diagnosed in our seniors emergency center,” says Ward. The Holy Cross Hospital Foundation provided funding for upgrading equipment.

Because these patients used to be cared for in the standard ambulatory surgery department (ASD), staff could be redeployed, avoiding the need for new hires. A minimum of 2 nurses and a technician staff the area. The SASC has about 130 outpatient senior cases per month.

Tailoring processes to older adults
Holy Cross staff revised processes to make them easier for older adults. Preop calls are kept to a minimum, says Alida McDonald, BSN, CAPA, director of peri-anesthesia nursing. Preadmission nurses register the patient and obtain information such as medications to avoid multiple phone calls.

“If the patient is on multiple medications, we have a pharmacist review the list before the patient is admitted to check for appropriate
doses and any interactions,” says McDonald. If there is a problem, the pharmacist calls the nurse, who then contacts the patient’s physician.

**Space for families**

Spacious cubicles in the SASC make it easier for family members to stay with the patient before surgery. “Besides the environment, the biggest satisfier for patients is having their family there,” says McDonald.

Recliners help give older adults the extra time they need to recover while freeing space for patients who need stretchers. Although the unit was created for ambulatory surgery patients, seniors who will be admitted after surgery also come to the SASC on a space-available basis.

During the preadmission process and postoperatively, nurses provide the patient and family with information about resources in the community. Resources such as home care and private home services can be arranged before the patient arrives for surgery. Patients and family members are told they can call ambulatory surgery nurses with questions that might arise after discharge.

**The people factor**

As with most large projects, teamwork is key to success. “Bring everyone to the table,” says Mahon. “We thought of every person who would interact with seniors from the surgeon’s office to their discharge after surgery. Gathering all of the right people, including surgeons’ office managers, allowed us to address all aspects of the surgical experience for our seniors population.”

Mahon adds it’s important to get surgeons involved, keep them informed, and “get their feedback because they are the main customers of the center.”
One major task was staff education. “We wanted the staff to understand how to meet the needs of elderly patients,” says Katharin Allard, RN, BSN, MSN, CNOR, OR nurse educator. That included positioning techniques and how older adults metabolize medications. Allard provided inservices and created online modules accessible to staff. Allard and McDonald also tapped into resources such as the gerontology advocacy groups that are part of AORN and the American Society of PeriAnesthesia Nurses.

Mahon says the chief anesthesiologist, Welby Wu, MD, “embraced the idea of the center from the start. He immediately jumped in and started looking at the research.” The anesthesiologists educated themselves on the special needs of older adults.

Outcomes and future plans

The SASC held a grand opening for staff and the community and posted a video on YouTube (www.youtube.com/user/HolyCrossHospitalMd#p/u/29/J8tGBxQxy0A).

At first, patient volume was slightly less than expected, but since external marketing started 2 months ago, the numbers are “increasing nicely,” says Ward.

Marketing has included TV and radio ads and an article in the community newsletter Holy Cross publishes. The SASC is featured on the Holy Cross website, where consumers can request the free guide, “Surgery for Seniors: What to Ask, What to Know.”

Follow-up calls to patients using the center have been positive, according to McDonald, noting patient satisfaction scores are good. McDonald notes that at first surgeons were “less than happy,” as often happens with change, but “now they ask if their patients are going to be in the center.”

Holy Cross plans to expand the senior-friendly environment to the nursing units with a high percentage of older adults, such as orthopedics.

“It’s creating a brand,” says Ward, who adds the senior experience begins with the preop surgery call and continues on the day of admission in the SASC. Inpatient units will be modified to further support older adults and expand the brand.

Words of advice

When creating an environment for older adults, Ward says, “You have to know the literature and the science. It’s not just putting in some flooring so no one slips. Do your homework.”

Mahon agrees, saying, “We’ve put a lot of effort into understanding the process of aging. Anything you do to improve the care of seniors will help improve the care of everyone else.”

—Cynthia Saver, RN, MS

Cynthia Saver is president of CLS Development, Inc, in Columbia, Maryland.