



The Elder Friendly Hospital
The Rise of a New Era

The Greying Nation: Edmonton
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Seeing What Everyone is Seeing ...



Seeing Differently



The Literature ...

Risks that arise from being in hospital:

- Adverse medical outcomes
- Functional disabilities
- Unfavorable physical and/or social outcomes

(Baker et al., 2004; Inouye et al., 1993; Longino & Murphy, 1995; Marcl, Belanger, & Berthelot, 2003; Thomas & Brennan, 2000; Tsilimingras Rosen, & Berlowitz, 2003)

The Literature ..., continued

Five precipitating risk factors:

- Physical restraints,
- Malnutrition,
- Use of more than three medications,
- Use of urinary catheter,
- Any iatrogenic result from treatment were indicative of vulnerability during hospitalization.

(Inouye and Charpentier, 1996)

Relevant Variables

Older People - Hospital Environment

Older Person Factors	Hospital Environment Factors
<p>Chronic Health Needs</p> <ul style="list-style-type: none"> •More prominent over acute needs •Psycho-social interventions have greater importance 	<p>Acute Illness Paradigm</p> <ul style="list-style-type: none"> •Medical disease focus type intervention •Crisis model dominant with technological emphasis •Psycho-social interventions have diminished importance.
<p>Vulnerability</p> <ul style="list-style-type: none"> •Changing social circumstances •Age related physiological changes 	<p>Organizational Climate</p> <ul style="list-style-type: none"> •Variability of treatment settings •Expert intervention model •Bureaucratic system and processes to aid the professional
<p>Attitudes, Values, Beliefs</p> <ul style="list-style-type: none"> •Socialization influences 	<p>Relationships</p> <ul style="list-style-type: none"> •Professional dominance •Disempowering (power, control, choice and partnership)

Gaps in Attention to Needs and Expectations

- Information needs,
- Communication,
- Emotional support,
- Alleviation of fear and anxiety, and
- Pain management

Problems, Complaints, or Concerns

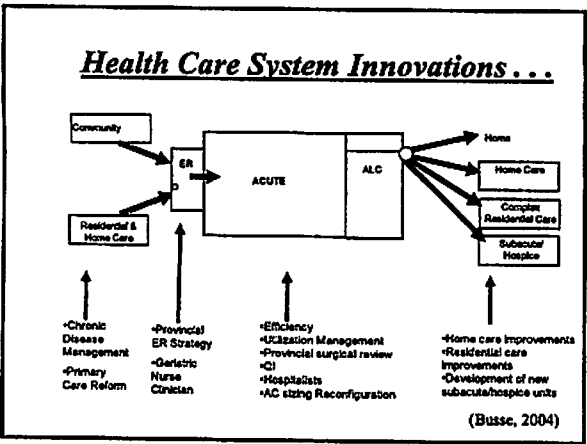
- care processes,
- communication,
- structure and treatment setting of the built environment

(Dady & Rugg, 2000; Douglas & Douglas, 2004; Forbes et al., 1997; Mistiaen et al., 1997; Shih & Shih, 1999; van der Smagt-Duijnsteek et al., 2000).

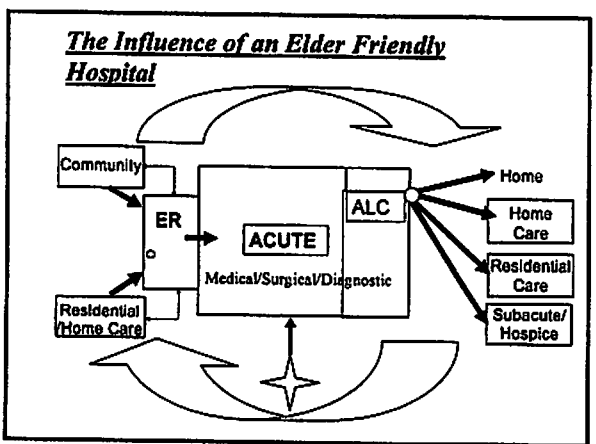
Excellence from the Older Adults' Perspective

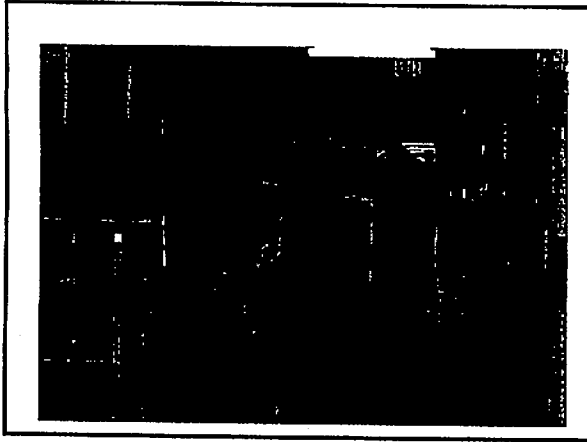
- 'good quality' was characterized as:
- individualized,
 - patient focused and related to need
 - it was provided humanistically
 - through a caring relationship by staff who demonstrated involvement, commitment and concern.
- 'not so good' was characterized as:
- routine
 - unrelated to need
 - delivered in an impersonal manner by distant staff who did not know or involve patients

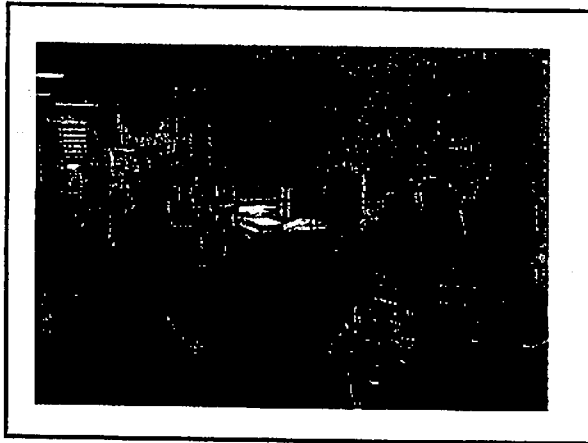
Altree (2001)

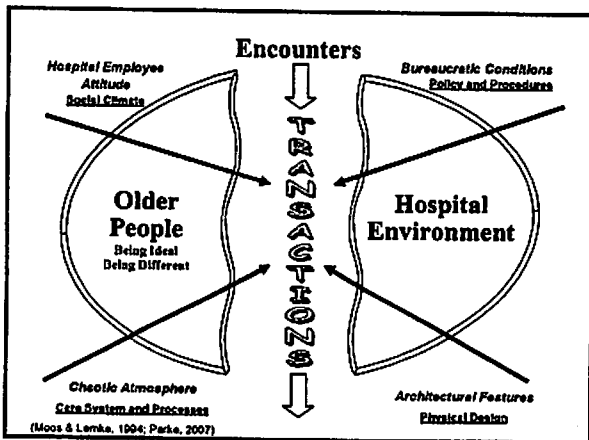


- ### Improvement Efforts:
- Geriatric Evaluation and Management (GEM) teams (Reuben et al., 1995)
 - Acute Care for the Elderly (ACE) units (Counsell et al., 2000; Covinsky et al., 1998)
 - In-patient geriatric consultation services (Hogan & Fox, 1990)
 - Hospital Elder Life Programs (Inouye et al., 2000)
 - Family-centered geriatric resource nurse (Fitzpatrick, Salinas, O'Connor, Callaban & White, 2003)
 - OASIS Program (Tucker, Quartana, Werner & Connelly, 2006)
 - Care Transition Programs (Colman, 2003; 2004)
 - NICHE – Nurses improving care for health system elders (www.hartfordign.org)
 - REVIVE – (Caplan, et al., 2007)







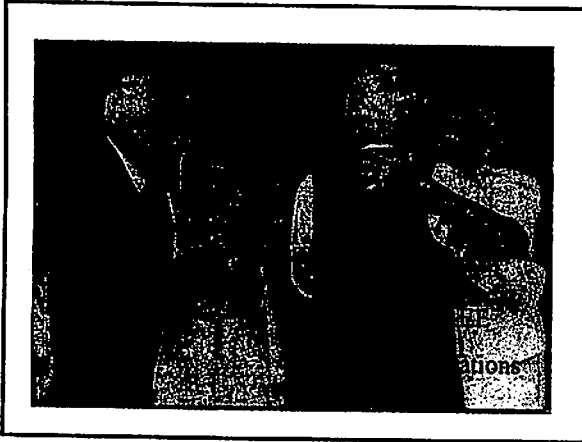


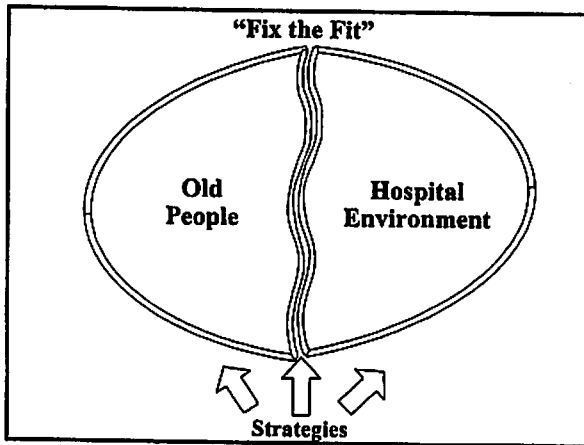
Social Climate

Policy & Procedures

Physical design:

Care System & Processes





- Principles of Hospital Care for Older Adults**
- Family involvement at all stages of care
 - Consistent, ongoing interdisciplinary assessment
 - A combined gerontological developmental and diagnostic approach
 - Recognition for life long patterns and developmental needs
 - Early identification of risk factors and problems to:
 - prevent the preventable
 - reverse the reversible
 - support and palliate
 - Respect for the older adult's ability to make choices about the services
 - An environment that supports abilities, recognizes the need for expertise and knowledgeable staff, assists the older adult and family with transitions needed to leave hospital.
- (Fraser Health Authority, 2005; Parke & Broad, 2004; Vancouver Island Health Authority 2004)

Evaluation – Measures of Success

- Blend qualitative and quantitative approaches
- Choose indicators relevant to older adults and hospital working groups
- Find ways to demonstrate the integrated impact of a multi-pronged approach

As a man Thinketh

James Allan 1864-1912

**The greatest achievements were
at first and for a time dreams.
The oak sleeps in the acorn –
Dreams are the seedlings of
realities**

Thank you
