

Clinical Excellence Supports Optimal Outcomes When Addressing the Unique Needs of a Patient Population at Risk for Delirium, Dementia and Depression: the West Park Healthcare Centre experience.

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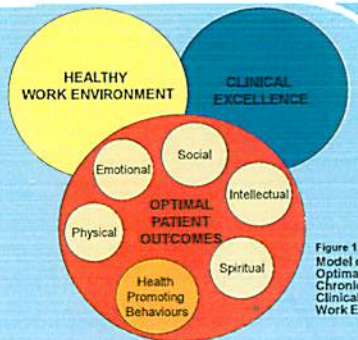


Figure 1 Model of Interdependence of Optimal Patient Outcomes for Chronic Disabling Conditions, Clinical Excellence and Healthy Work Environment

Background

- Caregiving strategies for persons with delirium, dementia and depression require specialized support and services, the need to honour uniqueness, preferences, values and beliefs, and the need to involve the individuals in decision-making (RNAO, 2004)
- Quality of life refers to sense of well-being, perception of health, and satisfaction with life and will provide evidence upon which to base best practice (Phillips, 2005)
- Support for acquisition and maintenance of health-promotion behaviours with persons with chronic illness is related to quality of life (QOL) (Stuitbergen et al. 2000)

Objectives

- To present caregiving strategies, based on health promotion concepts, which enhance both cognitive and affective mental functioning when addressing the unique needs of a patient and resident population at risk for delirium, dementia and depression
- To identify the impact of a pulmonary rehabilitation program for patients at risk for depression and anxiety
- To identify how health-promoting behaviours link with quality of life (QOL) in persons with chronic illnesses

Pender's Model of Health Promotion (Pender, 1987)

- cognitive/perceptual factors
 - perceived self-efficacy
 - perceived health
 - definition of health
 - perceived barriers and benefits
- modifying factors
 - demographic characteristics,
 - biological characteristics
 - interpersonal influences
 - perceived barriers
- cues to action
 - internal or
 - external

Quality of Life (Stuitbergen et al., 2000)

Definition

- sense of well-being
- perception of health
- satisfaction with life

Variables

- Severity of illness acceptance
- Acceptance
- Barriers
- Self-efficacy
- Resources
- Health promoting behaviour



DELIRIUM

Definition

- An acute complex disorder that requires immediate intervention to prevent permanent brain damage and health risks including death

Outcomes

- Identified need to address acute changes in patients with complex disorders with immediate intervention
- Rapid Response Team (RRT) brings critical care expertise to the bedside
- ACLS certified Physicians, Registered Respiratory Therapists and Registered Nurses assist with prompt assessment and care

DEMENTIA

Definition

- Multiple cognitive deficits which are severe enough to cause impairment in an individual's social or occupational functioning, and present a decline from a previous level of functioning

Outcomes

- Addresses determinants of health such as equity and social skills by manipulating the social environment and personal lifestyle
- All disciplines create the environment that develops personal skills in order to improve quality of life, support optimum cognitive functioning, improve social / interpersonal functioning and with respect to activities of daily living.
- Unit councils allow input into unit decision-making and support an active social life within and without the organization
- Health promotion activities impact and preserve optimum cognitive functioning and improve social / interpersonal functioning for the patient at risk for developing cognitive decline



DEPRESSION

Definition

- A multifaceted syndrome, comprises of a constellation of affective, cognitive, somatic and physiological manifestations, in varying degrees from mild to severe (Kurlowicz & NICHE Faculty, 1997)

Results

- Support for multi-component, non-pharmacological caregiving strategies
- Effectively delivery of a comprehensive rehabilitation program to increase activity and reduce and gain control of symptoms, thereby achieving a higher level of independence and functioning
- Established therapeutic relationships, based on empathetic understanding, effective communication, collaboration, and realistic goal setting attain results

DELIRIUM

Table 1. Reasons for Rapid Response

Infection	1
Injury	2
Intoxication	0
Cerebral vascular accident	1
Congestive heart failure	0
Cerebral anoxia	6
Medications	0
Metabolic derangement	1
Myocardial infarction	5

DEMENTIA

Table 2. Best Practice Concepts Support Individualized Patient-focused Programs Aimed at Maintaining Cognitive / Mental / Physical Functioning

Assessment	-Cognitive / perceptual factors -Modifying factors -Cues to action	
Treatment / Rehabilitation	-Restore or support primary or secondary functional independence -Enable change through intervention -Patient empowerment toward goal achievement	-Collaborative Team
Education	-Stress management -Importance of Healthy lifestyle	Quiz Show -Music Therapy -Library
Health Prevention / Promotion	Develop, improve, sustain or restore the highest possible level of independence -Promote and encourage fitness, health and wellness	-Resident's Council -Gardening -Pub Night / Disco -Sunday Church -Sandwich Samaritans



- "They just don't treat your COPD, they treat all of you. I even went to the sleep lab".
- "There is no comparison as to how I feel before admission and now. I feel good mentally and physically".
- "You are like a kid who's just started kindergarten. You can't wait to get here to see what you will learn".

DEPRESSION

Conclusions

- Patients at risk for developing delirium, dementia or depression require a collaborative effort from all health disciplines to provide clinical excellence
- Interventions need to honour individual uniqueness, preferences, values and beliefs, and need to involve the individual in the decision-making
- Self-report of patients with COPD indicate that pulmonary rehabilitation programs increase perceived health and health promotion activities, and decrease perceived barriers to health

More research is needed:

- additional studies focusing on persons with chronic illnesses at risk for developing delirium, dementia and depression to understand casual relationships to assist to design primary prevention programs
- results may also provide secondary prevention strategies to provide positive impact on QOL for persons with chronic illnesses

Level of Cognition for COPD Patients in the Period of Jan 1- May 31, 2007

