



Becoming a Partner in Hospital Care

Belinda Parke RN, MScN, GNC(C), PhD

Associate Professor, University of Alberta
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Conflict of Interest

- I have no conflict of interest to report.
- I am a past Scholar in Residence in Island Health when this approach to dementia friendly hospital care was developed
- I have an academic appointment with the University of Alberta where my research program revolves around Elder Friendly Hospitals

No Photographs of slides please

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PRESENTED IN HONOR

To the people who believe in possibilities

To the older people who persist in helping us see what is hard to see

To the family members who have witnessed our good intentions and still have faith in our ability to make things better

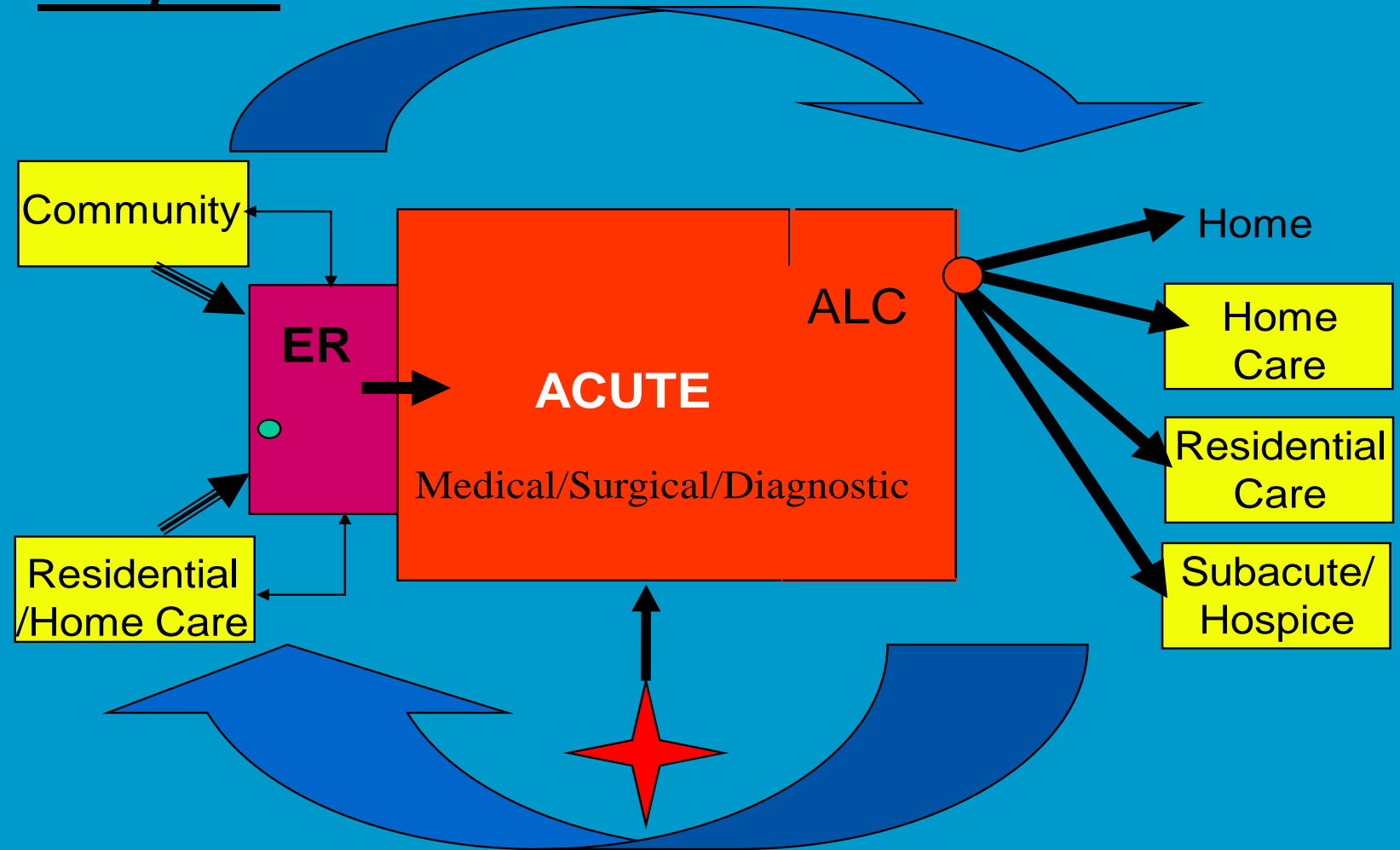
To the health care practitioners and administrators who haven't let-up in pursuit of the Elder Friendly Hospital

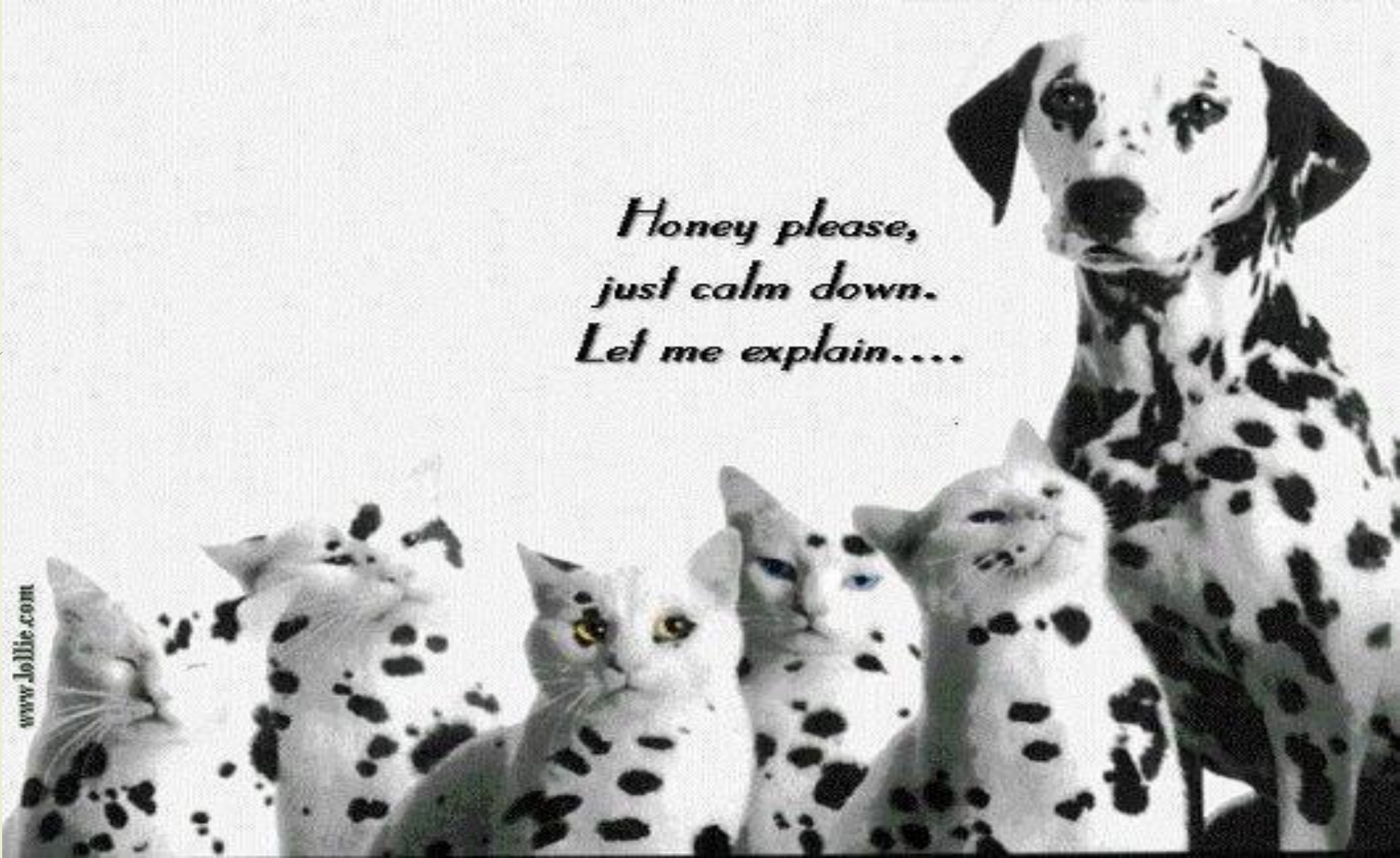
Context and Background

What makes dementia care in hospital clinically relevant for older people and their families important?

- Dementia Demographics
- Acute Care Utilization
- Hospital Environment
 - Quality Improvement and Safety
- Financial Imperatives

The Influence of an Elder Friendly Hospital




A black and white photograph of a Dalmatian dog and five Dalmatian kittens. The dog is sitting on the right side, looking towards the camera. The kittens are arranged in a row in front of the dog, also looking towards the camera. The background is a plain, light-colored surface.

*Honey please,
just calm down.
Let me explain....*

Three Converging Myths

- ▶ All older people in hospital have similar needs.
- ▶ The role of the acute care hospital is to only attend to acute medical conditions.
- ▶ Poor integration of functional assessment and intervention into nursing care is acceptable as long as the medical care is managed efficiently and appropriately.

(Parke & Hunter, 2014)



Hospitals are part of the a larger Healthcare system

“Perhaps one thing
that so many people dealing with
hospitals have not realized is that
. . . the patient has changed although
the hospital conditions have not.”

Cohen, 1964, p308

A Needed Reality Check

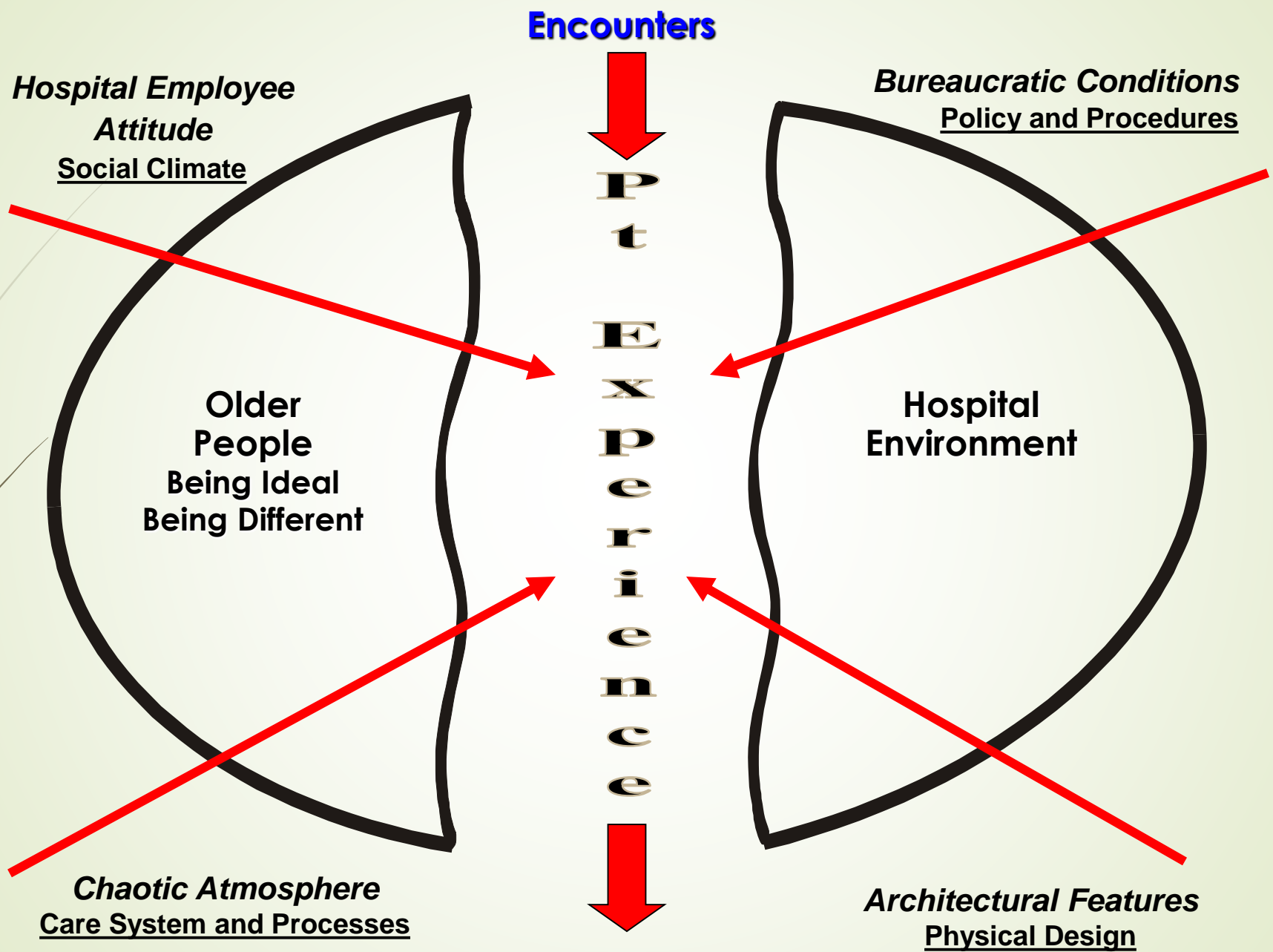
- ▶ Providing patient-centered care is challenging in hospital (Clissett et al. 2013; Shankar et al. 2014)
- ▶ Policy Framework to Guide National Seniors Strategy for Canada (Canadian Medical Association, 2015)
- ▶ Geriatric Emergency Department Guidelines (American College of Emergency Department Physicians, American Geriatric Society, Emergency Nurses Association; Society for Academic Emergency Medicine, 2013)
- ▶ Guidelines for an Elder Friendly Hospital (Parke, Lui, Juby, Jamieson, 2013 Enhancing Quality and Safety Standards for Older People in Canadian Hospitals: A National Collaboration)

Relevant Fit-Factors

Older People –Hospital Environment

10

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



Adjusted In-patient Hospital Care

ACE - Acute Care for the Elderly units (Asplund et al. 2000; Counsell et al. 2000; Covinsky et al. 1998)

Care Transition Programs (Coleman, 2003; Coleman et al., 2004)

Family-centered geriatric resource nurse (Fitzpatrick et al. 2003)

GEM - Geriatric Evaluation and Management teams
(Reuben et al. 1995)

REVIVE – Recruitment of volunteers to improve vitality in the elderly
(Caplan et al. 2007)

HAU – Health aging unit (Michael, Wichmann, Wheeler, Horner, & Downie, 2005)

Adjusted In-patient Hospital Care

HELP - Hospital Elder Life Programs (Inouye et al., 2000 , 2006;
Palmisano-Mills, 2007)

Hospitalist-ACE - Hospitalist run acute care unit of elders (Wald et al.
2011)

MACE - Mobile acute care unit for the elderly (Farber et al. 2011)

NICHE – Nurses improving care for health system elders (Boltz et al,
2008; Mezey, Kobayashi, & Grossman, 2004)

OASIS - Older adult services inpatient strategies (Tucker et al., 2006)

OPAL – Older persons' assessment and liaison team (Harari, et al.
2007)

Planetree Model Hospital Unit (Blank et al., 1995)

TWICE – Together we improve care for elders (Guthrie et al., 2002)

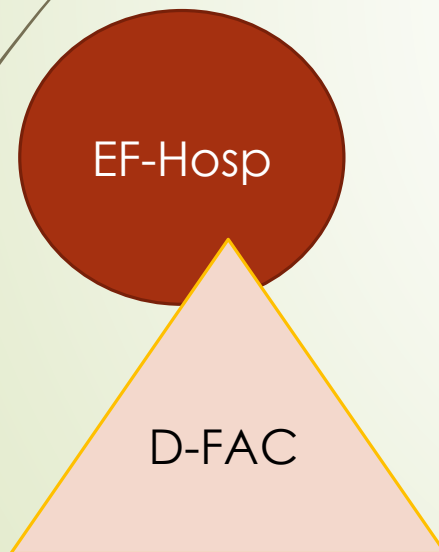
Elder-Friendly Hospital (EF-Hosp) Dimensions

Dementia-Friendly Care (D-FAC)

Older adult-hospital environment fit have been proposed in previous research:

1. Clinical Care Systems and Processes
2. Social Climate
3. Organizational Policies and procedures
4. Physical Environment

(Parke & Chappell, 2010)



Component of the Dementia Friendly Acute Care Framework (D-FAC)

Adapted from Parke & Chappell, 2010

Clinical Care Systems and Processes	The organization of care, provision of clinical acute care services. Formal and informal systems and processes. Direct interdisciplinary link to quality and safety.
Social Climate	The milieu of an acute care unit. Influences that affect the treatment of older people and their family caregivers. The experience of being valued, empowered.
Organizational Policies and Procedures	The bureaucratic rules and regulations that affect autonomous activity. Policies and procedures. A reflection of cultural pressure, conformity to fit in, meet the mandate of the hospital.
Physical Environment	The observable built environment. All architectural and interior design features. Enabling or disabling features of maximizing independent functioning.



Solutions to Reduce Incompatibilities

- ▶ Caregiver Empowerment Strategies

 - Advocates

 - Plan ahead

 - Get informed, knowledge is power, know the lingo

 - Organize – turn your knowledge into a political vote – demand more

 - Persist in asking for the “plan of care” – be unrelenting in your quest

- ▶ Healthcare Providers Integrate Your Implementation Plan

 - Across for dimension

 - Consistent leadership



Empowerment and Older Adults

- being able to take care of one's self;
- not being a burden to others-especially children;
- having resources such as income, appropriate housing and medical coverage;
- having friends and family members who care about them;
- having knowledge about services and programs and how to deal effectively with professionals;
- being able to be useful and give something of value to others; and
- being able to change the environment including professionals behaviors service delivery problems including content, access and amount

Cox & Dooley (1996)

Integrated Implementation Plan

Older Adult with Dementia-Hospital Environment fit By Dimension	Evidence Indicates the Need for the Following
Clinical Care Systems and Processes	Delirium protocols Sensory perception supports Nutrition and hydration monitoring and supports Prevention of functional decline Sleep protocols Communication strategies Standardized assessments Bowel bladder management Pain management




**Older Adult with Dementia -Hospital
Environment fit
By Dimension**

**Evidence Indicates the Need for the
Following**

Social Climate

Empowering milieu
Person-centered care plans
Eliminating stigma, ageism, abuse
and neglect
Inter-professional collaborative
practice



**Older Adult with Dementia -Hospital
Environment fit
By Dimension**

**Evidence Indicates the Need for the
Following**

Policies and Procedures

- Internal systems for:
- interdisciplinary monitoring and care planning
 - High risk screening
 - Transition planning processes



**Older Adult with Dementia -Hospital
Environment fit
By Dimension**

**Evidence Indicates the Need for the
Following**

Physical Design

Intergenerational age sensitive design (internal and external) – e.g., noise reduction, clocks, calendars, wayfinding



A large, stylized graphic of a compass rose is centered on the page. The compass rose has a central figure that appears to be a person or a stylized head, possibly representing a pilot or a navigator. The compass rose is surrounded by a grid of lines, and there are smaller compass roses in the corners. The text "PLEASE STAND BY" is overlaid in large, bold, white letters across the center of the compass rose. The background is a light green color with some faint, abstract lines on the left side.

PLEASE STAND BY

Going Forward into the Future: *This or That*

Delirium
Protocols

Nutrition

Empowering
milieu

Falls
Prevention

SIGNAGE

InTD
Careplanning

EQUIPMENT

Family as team
member

FURNITURE

PARKING

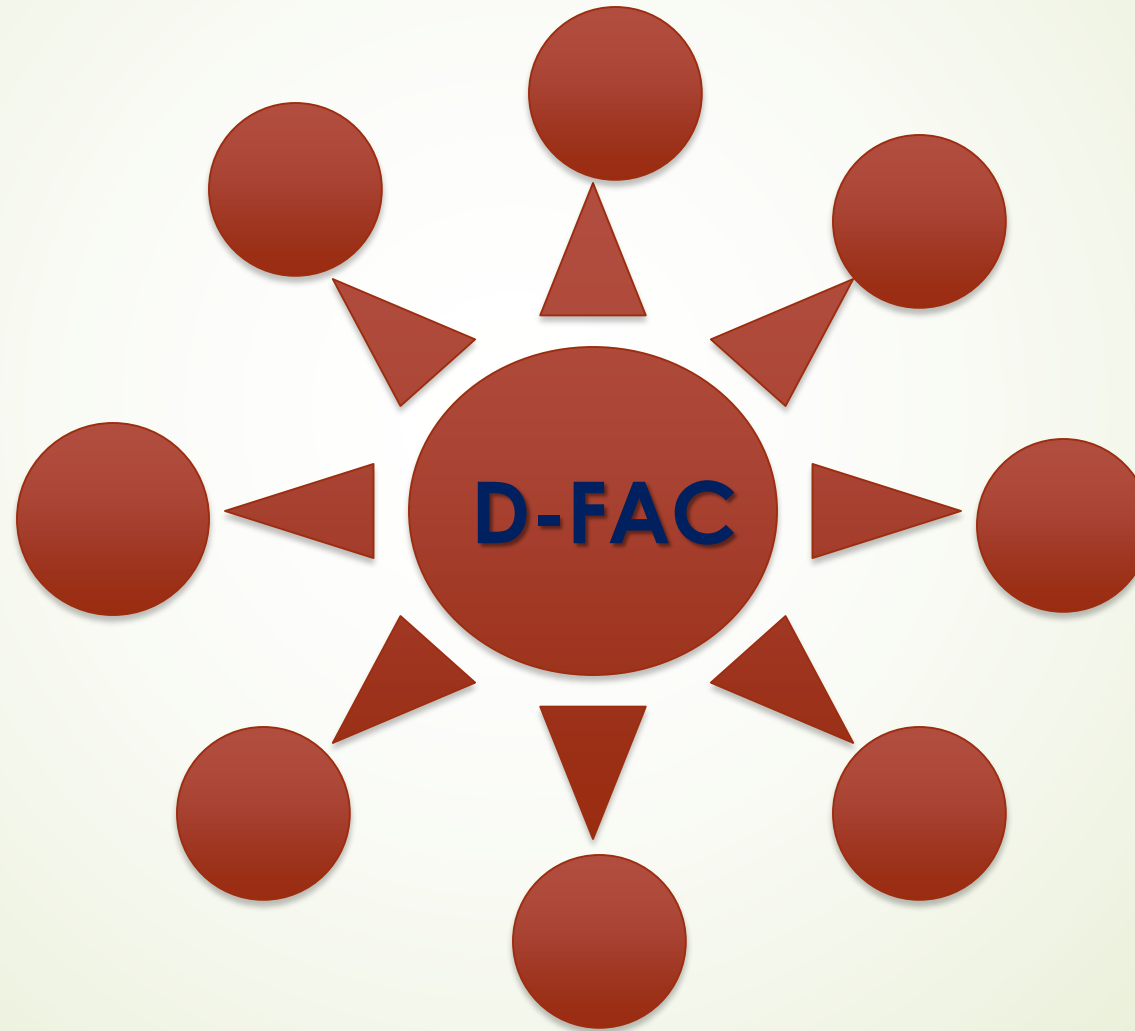
TECHNOLOGY

Standard
assessments

Education

Sleep
Protocols

Going Forward into the Future: from This or That to **INTEGRATED**





Concluding Comments

- Synergy between dimensions
- Gain leverage in building stronger community forces
- Alignment your efforts between strategic plans
- Persist in contacting hospital boards
- Figure out the “Market” and “Financial” benefits
- Safety occurs by preserving and maximizing independent function in hospital – you can influence this in all care plans by bring your special knowledge forward and demand it be included
- Get rest, Changing systems is really hard work

"You've got to think about big things while you're doing small things, so that all the small things go in the right direction."

Alvin Toffler



Thank you

Dr. Belinda Parke

belinda.parke@ualberta.ca

