

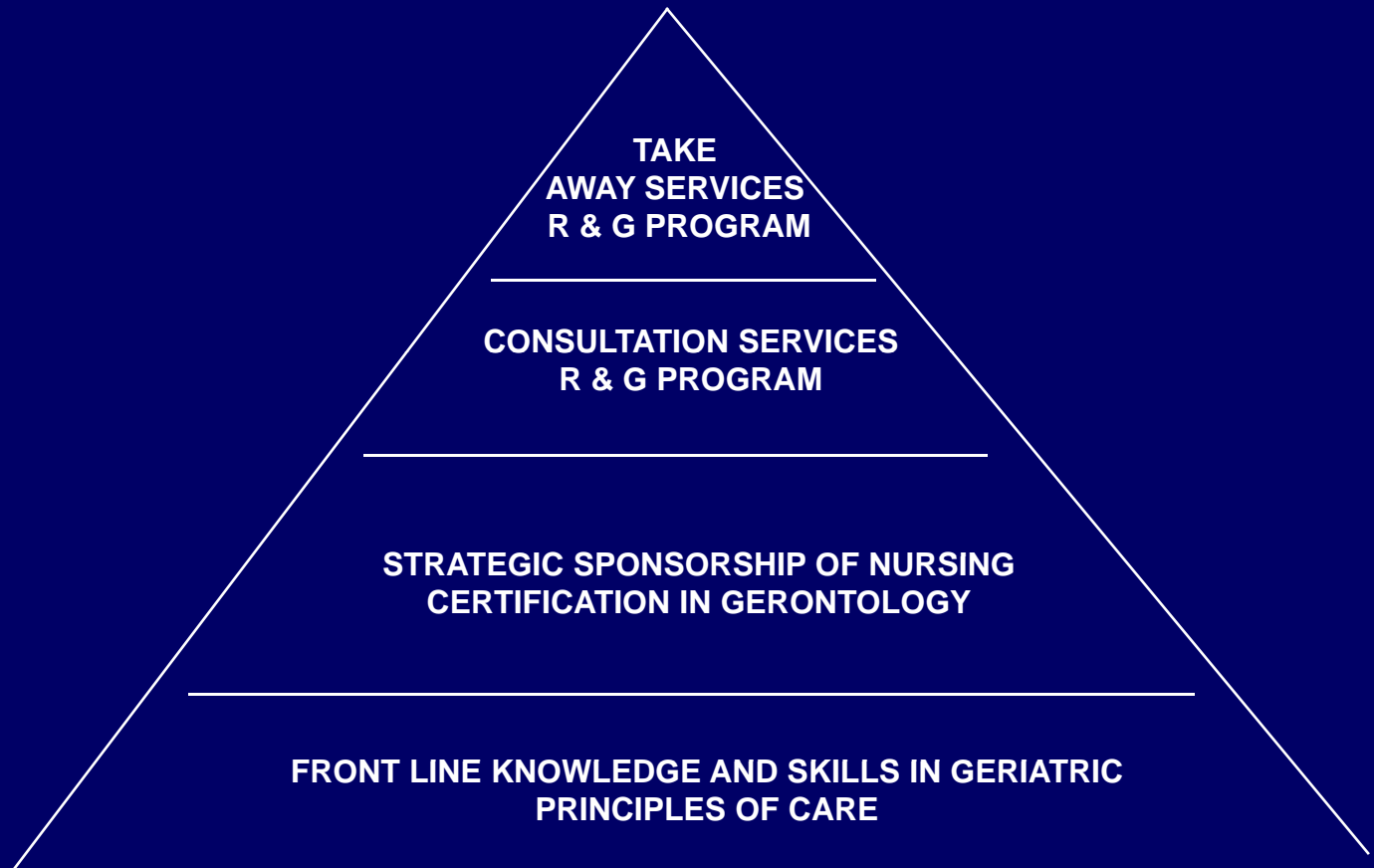
The image features a silhouette of an elderly couple standing on a beach at sunset. The man is on the left, and the woman is on the right, holding hands. The sun is low on the horizon, creating a warm orange glow that reflects on the wet sand. The sky transitions from a deep orange near the horizon to a dark blue at the top. The entire scene is framed by a thick blue border.

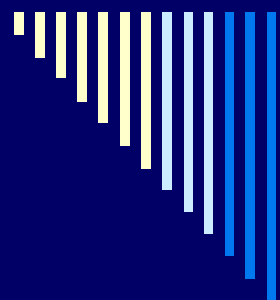
THERE'S NO PLACE LIKE HOME

Regional Advisory Committee for
Excellence in Care of Older Adults



Elements of the Program





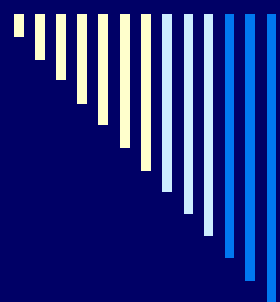
Education

- Standardized Curriculum
 - Taught by clinicians with Geriatric Expertise
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Research Based Guidelines:

- Delirium
 - Depression
 - Dementia
 - Falls
 - Medications
 - Pain
 - Functional Assessment
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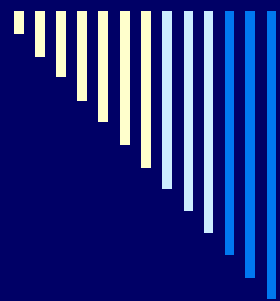
Consultation Support

- Geriatricians
- Rehab & Geriatric Clinicians
- Geriatric Program Assessment Teams (GPAT)
- Clinical Nurse Specialists



Strategic Sponsorship

- Nurses in Specialty areas not normally focused on geriatrics: e.g.. ICU, Surgery, Emergency to become certified in Gerontology through the Canadian Nurses Association
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Take Away Service

- Inpatient Geriatric Rehab Services
- Geriatric Day Hospitals
- Discharge Follow-up services



NICHE

- ❑ Program is linked with NICHE: Nurses Improving Care for Health System Elders
 - ❑ To achieve system improvement at institution, department and unit level.
 - ❑ Philosophy -- empower the health care team to be experts in their domains and manage areas of patient care using evidence-based approaches.
 - ❑ Tools and protocols developed by ongoing research.
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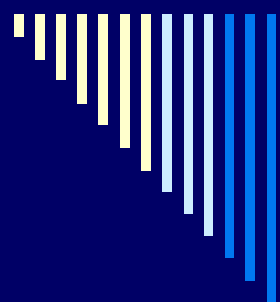
NICHE Outcomes

- ❑ Decreased length of stay
 - ❑ Reduced readmission rates
 - ❑ Increased length of time between admissions
 - ❑ Reduced hospital based costs
 - ❑ Enhanced knowledge and skills r/t common geriatric syndromes
 - ❑ Greater patient satisfaction
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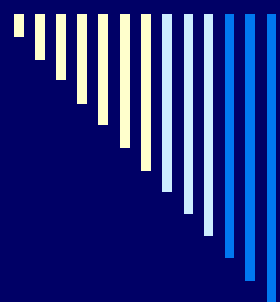
Survey

- ❑ Geriatric Institutional Assessment Profile (GIAP)
 - ❑ Seven Winnipeg sites completed the survey November 2005 through February 2006
 - ❑ Grace completed GIAP in spring 2005
 - ❑ Misericordia completed GIAP in Dec 06/Jan 07
 - ❑ Analysis by Manitoba Centre on Aging
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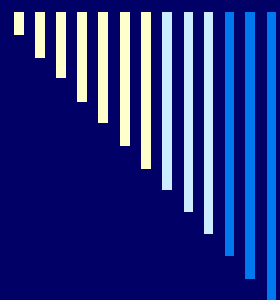
Project Structure

- Regional Advisory Committee
- Project Manager (to complete the GIAP surveys)
- Site Based Implementation Committees
- Education Materials and Teachers shared across the region



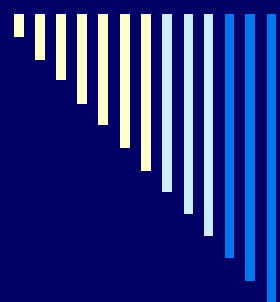
Highlights.....

- ❑ Incontinence is not a part of normal aging
- ❑ Kegel exercises are effective in treating incontinence
- ❑ Knowledge around incontinence differs significantly between nurses, nursing support staff and allied health in this area



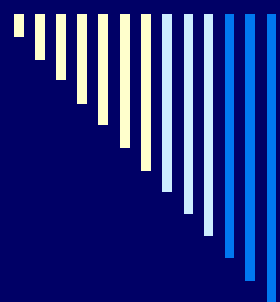
Highlights.....

- ❑ Staff know that restraints do not improve safety for older adults but the knowledge in this area differs from site to site across the region
- ❑ Restraints do not prevent falls
- ❑ Restraints may lead to confusion



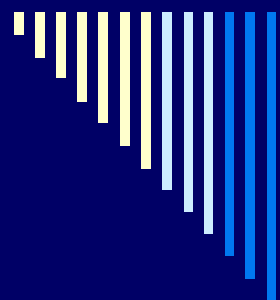
Highlights.....

- ❑ Sleep changes are a normal part of aging
- ❑ Sedatives can exacerbate agitation or hallucinations
- ❑ Sleep problems may be resolved without the use of sedatives
- ❑ Sleep problems do not always need to be aggressively treated



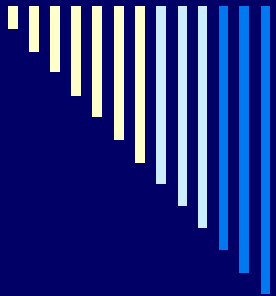
GIAP Results

- lots of helpful information
- helped target the activities of the site based teams



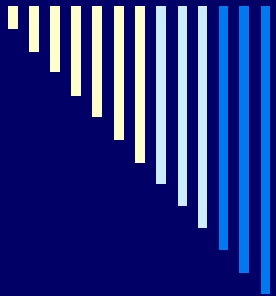
Project Activities

- Site based teams have set priorities
 - Education: topic focused; core curriculum in full day sessions and interval sessions
 - Pilot Projects: Delirium; Falls; HELP
 - Care Carts: Restraint Alternatives
 - GIAP Results Dissemination: tent cards



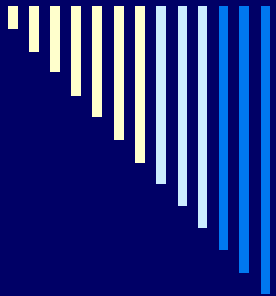
Site Activities

Concordia Hospital	Deer Lodge	Grace Hospital
Elder Friendly Care Committee	Elder Friendly Care Committee	
Workshops	Pain Management Protocol	Carts



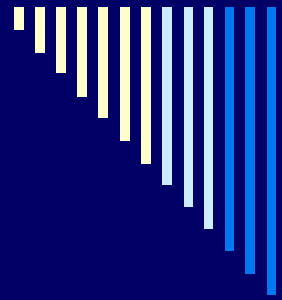
Sites

Health Sciences Centre	Misericordia Hospital	Riverview Health Centre
Older Adult Resource Committee	Misericordia Elder Sensitive Approach (MESA)	



Sites

St. Boniface General Hospital	Seven Oaks General Hospital	Victoria General Hospital



Patient Flow

- ❑ What was our past
 - ❑ What is our present
 - ❑ What is our future
-



Past Patient Scenario

- ❑ The 89 year old female, PTA was functionally independent, no home care
 - ❑ On admission presented with a history of a fall, presents with left hip pain
 - ❑ Hip x-ray showed no fracture
 - ❑ Waiting for bone scan, patient diagnosed with pneumonia
-



Past Patient Scenario – Con't

- ❑ Started on antibiotic known to cause delirium but no analgesic
 - ❑ Chaotic ER environment (delirium triggers: hallways, noise, lights, people talking to others)
 - ❑ Within 24 hours patient became confused, agitated, disrobing, decreased po intake, requiring constant care (classic unrecognized delirium)
-



Past Patient Scenario – Con't

- ❑ 48 hours MD ordered blood work – patient dehydrated by that time
 - ❑ IV started, blood work monitored
 - ❑ 24 hours later, patient alert and oriented, complaining of generalized aches
 - ❑ Bone scan done – fractured hip
-



Past Patient Scenario – Con't

- ❑ Surgery done 48-72 hours later
 - ❑ LOS extended beyond ideal
 - ❑ High Risk for placement but was returned to the community
 - ❑ Independent living with some HC services
-



Present Patient Scenario

- ❑ The 89 year old female who PTA was functionally independent, no home care
 - ❑ On admission presented with a history of a fall, presents with left hip pain
 - ❑ GPAT/Geriatrician advise hip & chest x-ray & blood work
 - ❑ Blood work identifies infection & dehydration
 - ❑ Scheduled analgesic & selection of elder friendly antibiotic
-



Present Patient Scenario – Con't

- ❑ First x-ray -- no fracture
 - ❑ GPAT/Geriatrician recommend second x-ray or bone scan
 - ❑ IV fluids maintained
 - ❑ Second x-ray shows fracture
-



Present Patient Scenario – Con't

- ❑ Patient admitted to surgical unit within 24 hours reducing time spent in the chaotic ER environment (decreasing risk for delirium)
 - ❑ Nurse completes pre-op delirium assessment (Confusion Assessment Method: CAM)
 - ❑ IV fluids maintained & Pain well controlled
 - ❑ Physio support for Pneumonia
 - ❑ Surgery scheduled
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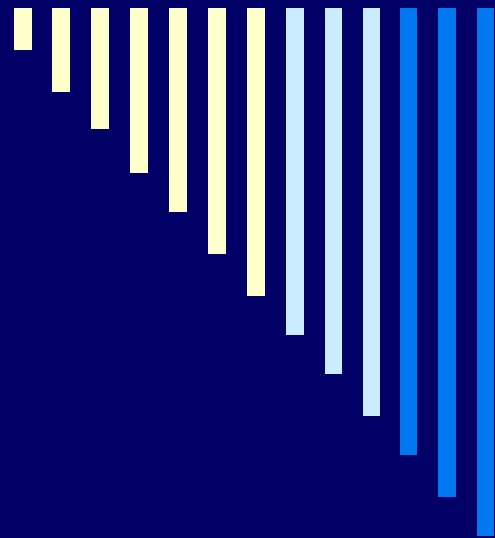
Present Patient Scenario cont.

- ❑ Interdisciplinary team involved early in rehab & discharge planning
 - ❑ Early mobilization Post –op
 - ❑ Normal Post-op Recovery
 - ❑ Discharge home with home Care & follow up in Geriatric Day Hospital
 - ❑ LOS was improved from past scenario
-



Future Patient Scenario

- ❑ Purpose built environment for older adults: appropriate level of environmental stimuli
 - ❑ Increased Geriatric Knowledge:
 - triage screens for at risk older adults TRST: Triage Risk Screening Tool
 - Awareness of appropriate diagnostic work up
 - ❑ Focus of care in the home and prevention of illness preferable: avoid admissions as much as possible
 - ❑ Early discharge planning
-



POEM . . .

*If, when I talk to you,
I repeat the same things a
thousand and one times*



*don't interrupt me to point out
that I've already told you that,
instead, please just listen to me*

*and remember a time when
you were a little girl when I
would read to you the same
story, night after night, until
you went to sleep.*





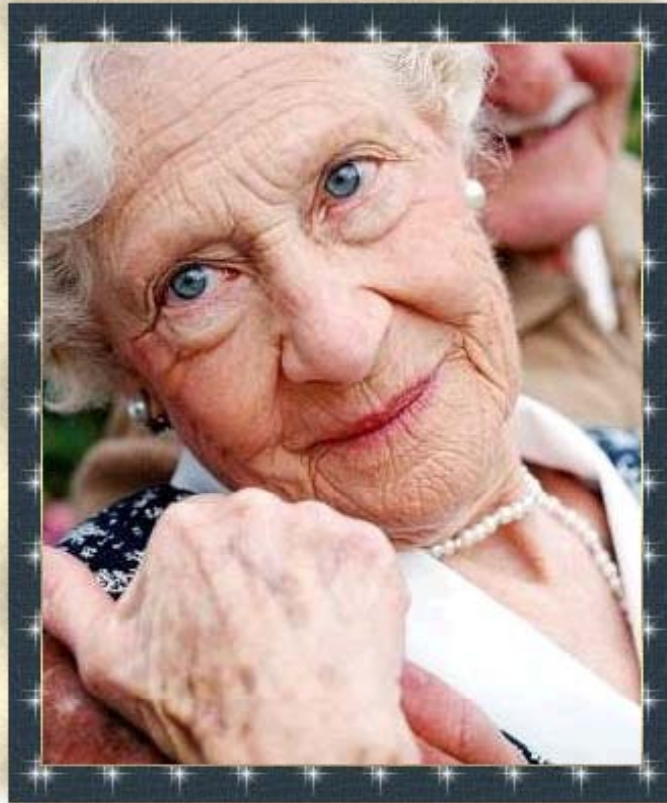
*When I do not want to have
a shower , dont' scold me*

*and please don't try to embarrass
me. Remember, instead, a time
when I had to chase you with a*



*thousand excuses I invented, in
order to get you to bathe, when
you were a little girl.*

*The day you notice I became old,
my dearest daughter, please*



*have patience and, above all,
please try to understand me.*

*When you see my ignorance
of new technologies,
give me the necessary
time to learn*



*and please don't roll your
eyes or look at me with a
mocking face.*

*Remember, my dearest, I
taught you how to do so
many things ...
to eat properly ...*



*to dress and groom yourself,
and how you can confront
and deal with life.*

*If, occasionally, I lose the
memory or the thread of our
conversation, let me have the
necessary time to remember ~*



*and if I cannot do it, don't
become nervous, or impatient,
or arrogant.*

*Instead, just know in your heart
that the most important thing for
me is to simply be with you and
have you listening to me.*





*And when my tired
old legs won't let me
walk as before ...*

*give me your hand ...
in much the same way I
did for you when you
made your first steps,*



*and when someday I tell
you that I do not want to
live any more ...*

*that I am ready to die ...
please do not get upset
or angry ...
because one day, my dearest
daughter, you will
understand.*





Until then, just try to understand that at my age, we reach a point where we do not live any more. We just exist.

When this day comes for me you must not feel sad, and or incompetent for seeing me like this.



Instead, I ask that you be with me, that you try to understand me and that you help me. Help me as I journey to the end of my life with love

and with a deep understanding of and appreciation for the gift of time and love we were blessed to share together.



I will thank you ...



... by a smile ...

and by the immense love I have always had for you!



*I love you ... my dearest daughter!
Your Mother*



Closing Comments
