

Managing Risk: Senior Friendly Hospitals and The Ottawa Model for Research Utilization as a Framework for Change

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The Challenge

- **Ottawa Regional Geriatric Advisory Council “Vision for Care” strategic plan**
- **SFH Task Force established**
- **Mandate:**
 - **Improve patient outcomes**
 - **Reduce suboptimal use of resources**
 - **Improve patient/family satisfaction**

Biggest Users of Services

Seniors are disproportionately high users of medical services

- **12.3% of population is over 65**
- **63% of the total patient population**
- **1/3 of all hospital admissions and 2/3 of all hospital days**
- **average length of stay is twice that of the general population**
- **the frailest elderly (3%) are using 30% of health care resources**
- **25% of ED visits and 48-53% of admissions through ED.**

Hospitalization is a Pivotal Event

An acute hospitalization is often a crucial and pivotal event in a senior's life.

- 34-50% of all seniors admitted to hospital will experience a loss of functional ability for reasons other than their primary diagnosis.**
- By discharge 1/3 of older patients lose independent function in one or more activities of daily living (ADL).**
- Loss of functional ability is often directly related to hospital practices.**
- Loss of functional ability as a result of acute hospitalization increases the likelihood of placement post discharge.**

A Patient is a Patient...

Seniors are different

- multiple co-morbidities**
- limited compensatory reserves**
- they stay longer, often having multiple
invasive procedures**

Vulnerability

Seniors are more vulnerable to adverse events and iatrogenic complications than the general patient population

- highest users of prescription medications**
- highest risk of falls and injury due to falls**
- 77% of pressure ulcer population**
- 2x surgical complication rates, 1/2 of all surgical emergencies and 3/4 of all operative deaths**
- being 65+ places patients at a 2 fold risk of adverse events.**

Implementing a Senior Friendly Hospital Strategy

Rationale

Seniors are:

- **Biggest users of services**
- **Different**
- **Hospitalization is more likely a pivotal event**
- **More vulnerable**

Safety

- **Current focus not specific to seniors**
- **Aging and medical errors are associated**
- **Adverse events in seniors include drugs, falls, procedure related events**
- **Reasons for vulnerability**
 - **More diseases**
 - **Reduced reserves and resistance to stressors**

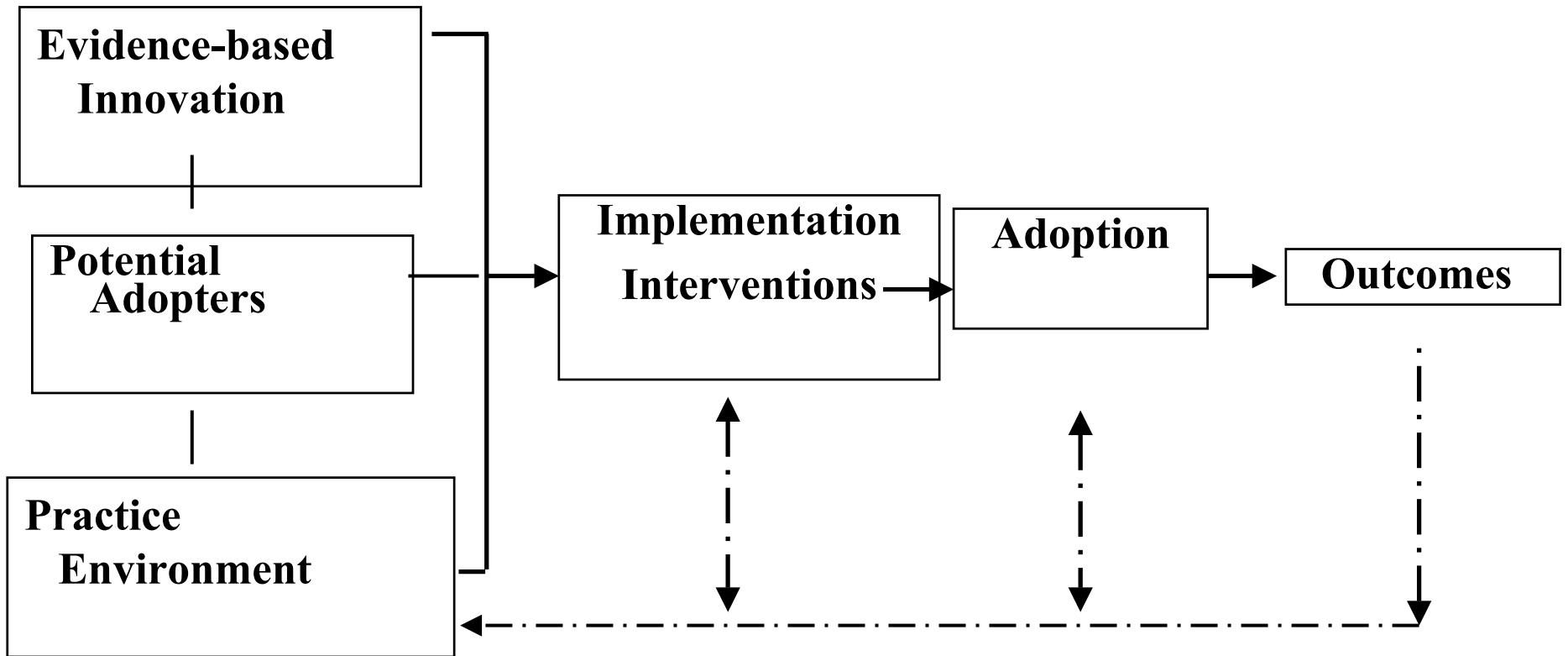
Geriatric Syndromes as Medical Errors

- **Tsiliminigras et al, 2003**

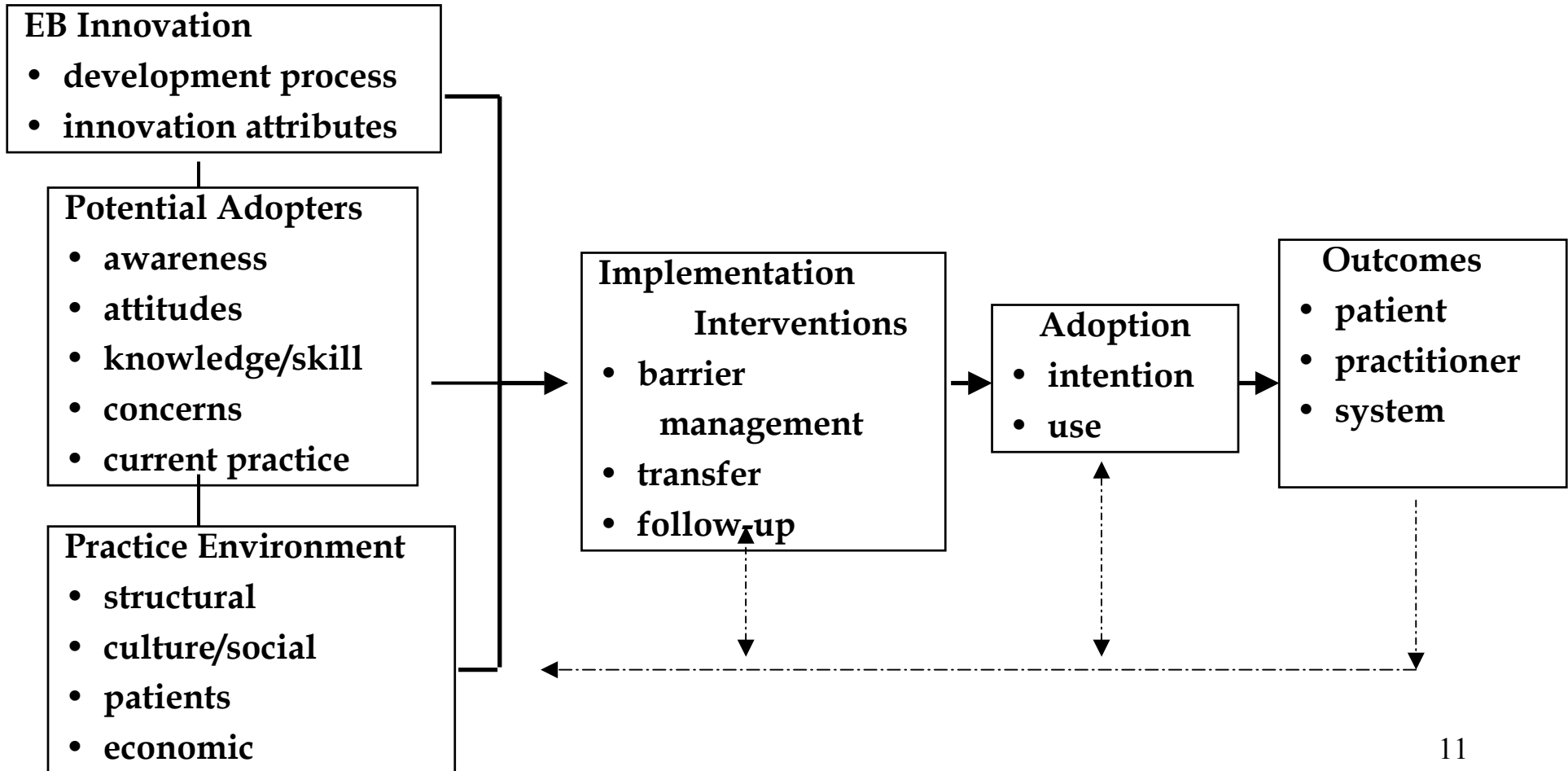
Rationale:

- **Increased mortality**
- **Often preventable**
- **Solutions require systems approach**
- **Syndromes: falls, delirium, pressure ulcers, underfeeding**

Ottawa Model Of Research Use



Ottawa Model of Research Use



The OMRU is..

A practical framework that provides a checklist of important elements to consider to increase likelihood of successful sustained implementation.

INNOVATION: Development Process

- **Not reinventing the wheel**
- **Not a university research project**
- **Use what is available and harness a “can do” attitude**
- **Synergy: Senior Friendly Hospital Framework**
- **Breaking into manageable pieces 5 vs. 1**
- **Credible developers**



The Innovation Building Blocks for SFH

- 1. Physical environment**
- 2. Emotional/behavioural environment**
- 3. Processes of care**
- 4. Ethics in care and research**
- 5. Organizational support**

Senior Friendly Hospital

Process of Care

- Assessment and diagnosis with special emphasis on age related changes
- Planning emphasis on avoiding hazards of hospitalization
- Implementation-use of aids to compensate for sensory losses
- Evaluation - consider response to hospitalization, impact of treatment

Emotional and Behavioural Environment

- Respect/courtesy of staff
- Information sharing/listening
- Individualized approach to patient
- Culturally/gender sensitive

Ethics in Clinical Care and Research

- Confirm patient's understanding of informed consent
- Use of Advanced Directives
- Thoughtful discussion of treatment options/palliative care options

Organizational Support

- Relevant policies/procedures
- Inclusion into program development
- Recruitment, orientation, ongoing education
- Membership/TOR for committees dealing with patient outcomes

Physical Environment

- Visual aspects
- Physical space: external surfaces/crosswalks, speed bumps, sidewalks/grounds
- Sensory Comfort
- Furniture

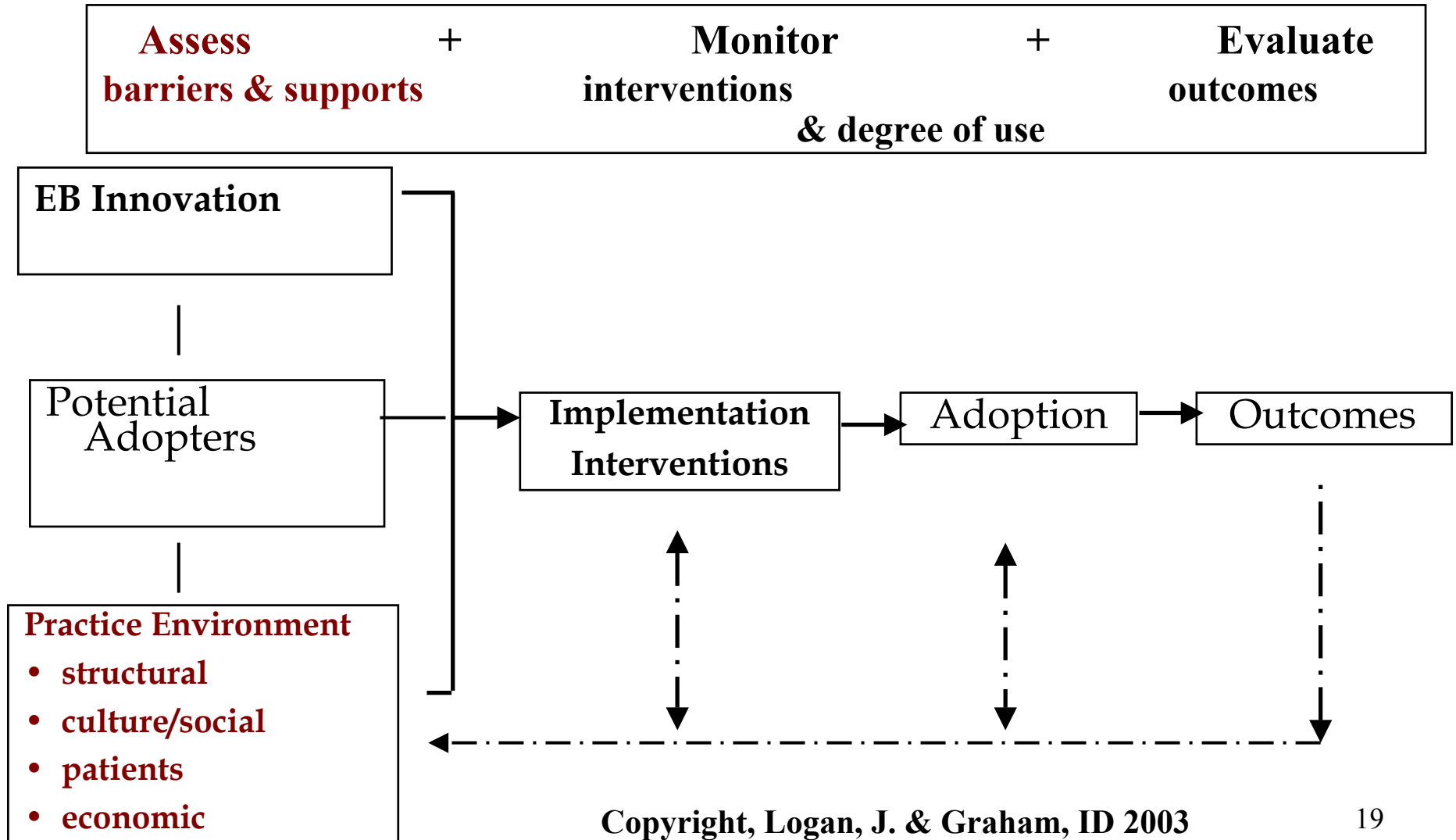
Innovation: Intended Attributes of the SFH Initiative

- **Explicit**
- **Easy to learn and remember**
- **Quick, no extra work**
- **Nothing fancy (training or equipment)**
- **Not expensive**
- **Offers potential solutions to their problems**
- **Credible**

The Threads

- **Five themes evolving into initiatives that may be interconnected but can be individual projects.**
- **OMRU might be used for each theme individually or for the whole project of 5 themes.**

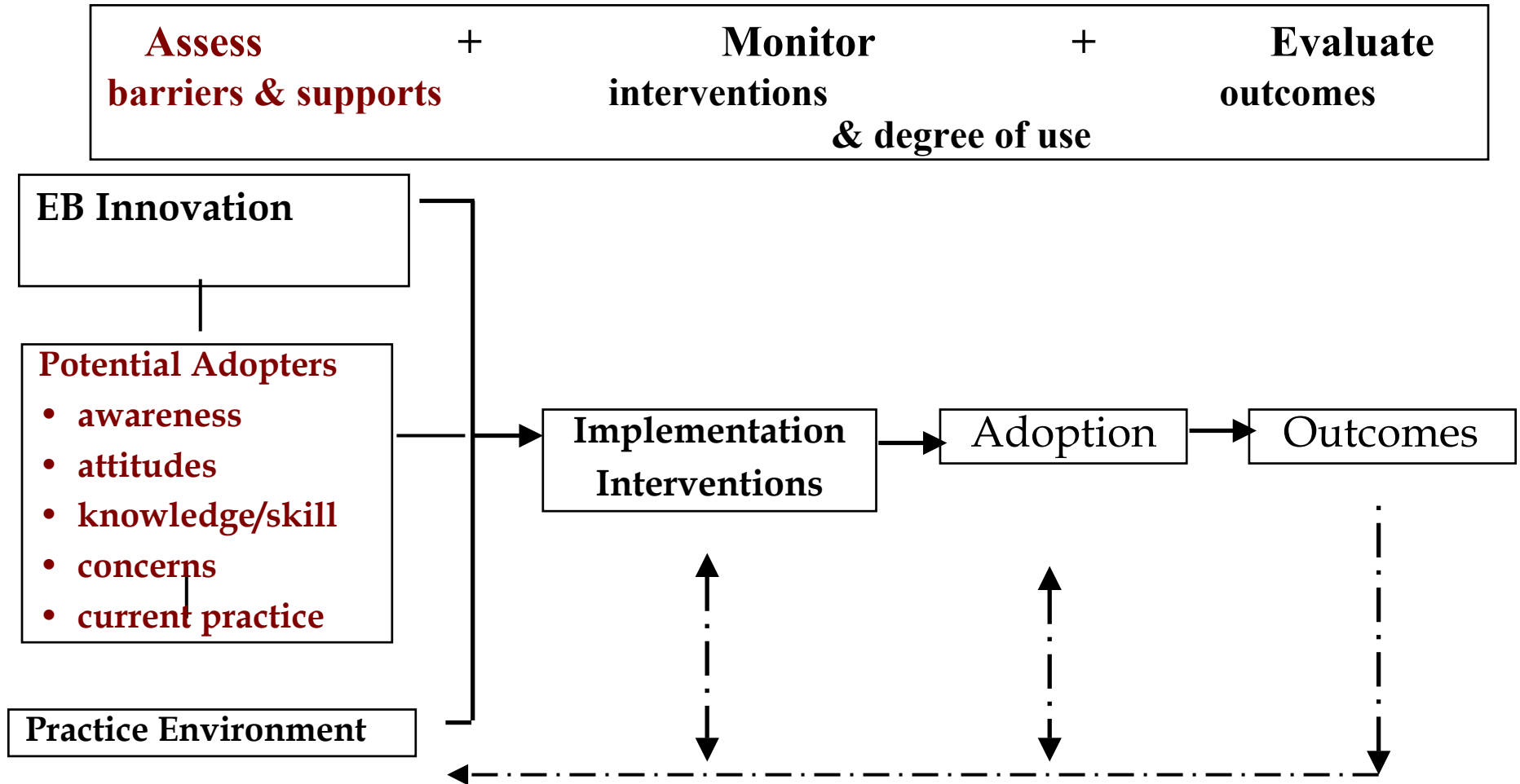
Ottawa Model Of Research Use



Practice Environment: Assessment

- **Structural Factors:** RGAC, variety of organizations/ interests; leveraged events: Accessibility Act; major building planned/underway; revised Patient Satisfaction Survey; timing of Accreditations; champion
- **Social:** post restructuring; bilingualism
- **Patients:** Council on Aging support
- **Economic:** RGAC had admin \$ support

Ottawa Model Of Research Use



Potential Adopters

A large, multi-story brick building with many windows, partially obscured by green bushes in the foreground. The building has a curved facade and a prominent entrance area. The text 'Potential Adopters' is overlaid on the top part of the image.

- **Health care providers**
- **Administrators**

Potential Adopters

- **Health care providers**
 - Nurses
 - Physicians
 - Physiotherapists
 - Occupational Therapists
 - Social Workers
 - Recreation Therapists

Potential Adopters

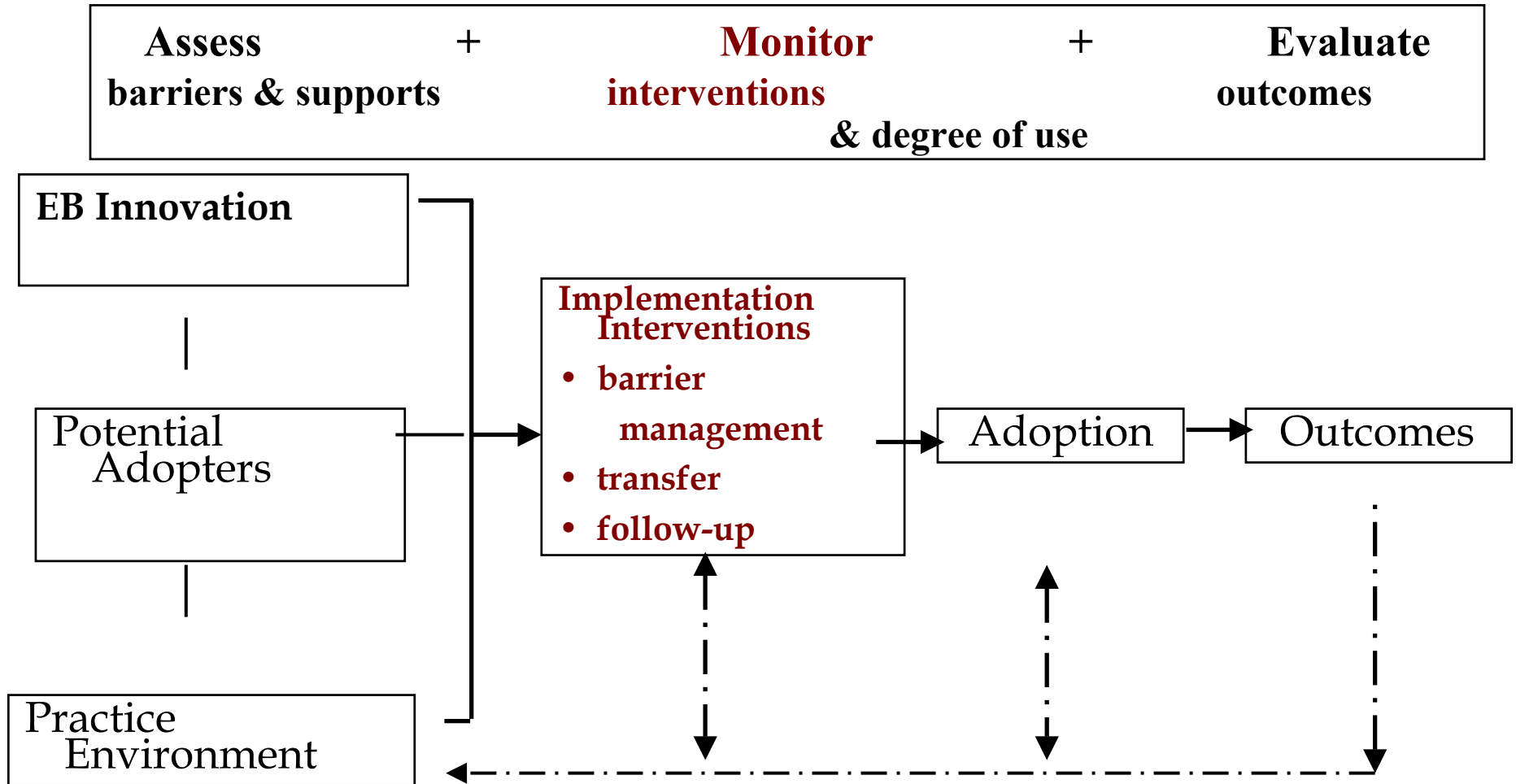
- Administrators
 - Competing priorities
 - Economic “can’t do” attitude with \$\$\$
 - Risk Management
 - Accreditation

Don't overlook administrators!

Potential Adopters- Health Care Providers (general vs geriatric): Assessment

- Awareness of best practice: do they know what needs to be done or will you have to educate them?
- Attitudes: ageism, busy, clinicians want to do their best
- Knowledge/skill: intended audience of clinicians not geriatric focused
- Current practice: do they see room for improvement?
- Patients: vulnerable

Ottawa Model Of Research Use



Implementation Interventions

- **Easy methods that suit people and environment**
- **Build on quality/QI bias for action**
- **Publish/ publicize (Website (www.rgapottawa.com))**
- **Build in local expert consultation/ champions**
- **Offer peer consultation service to implement and follow up**

Implementation Interventions: Monitor

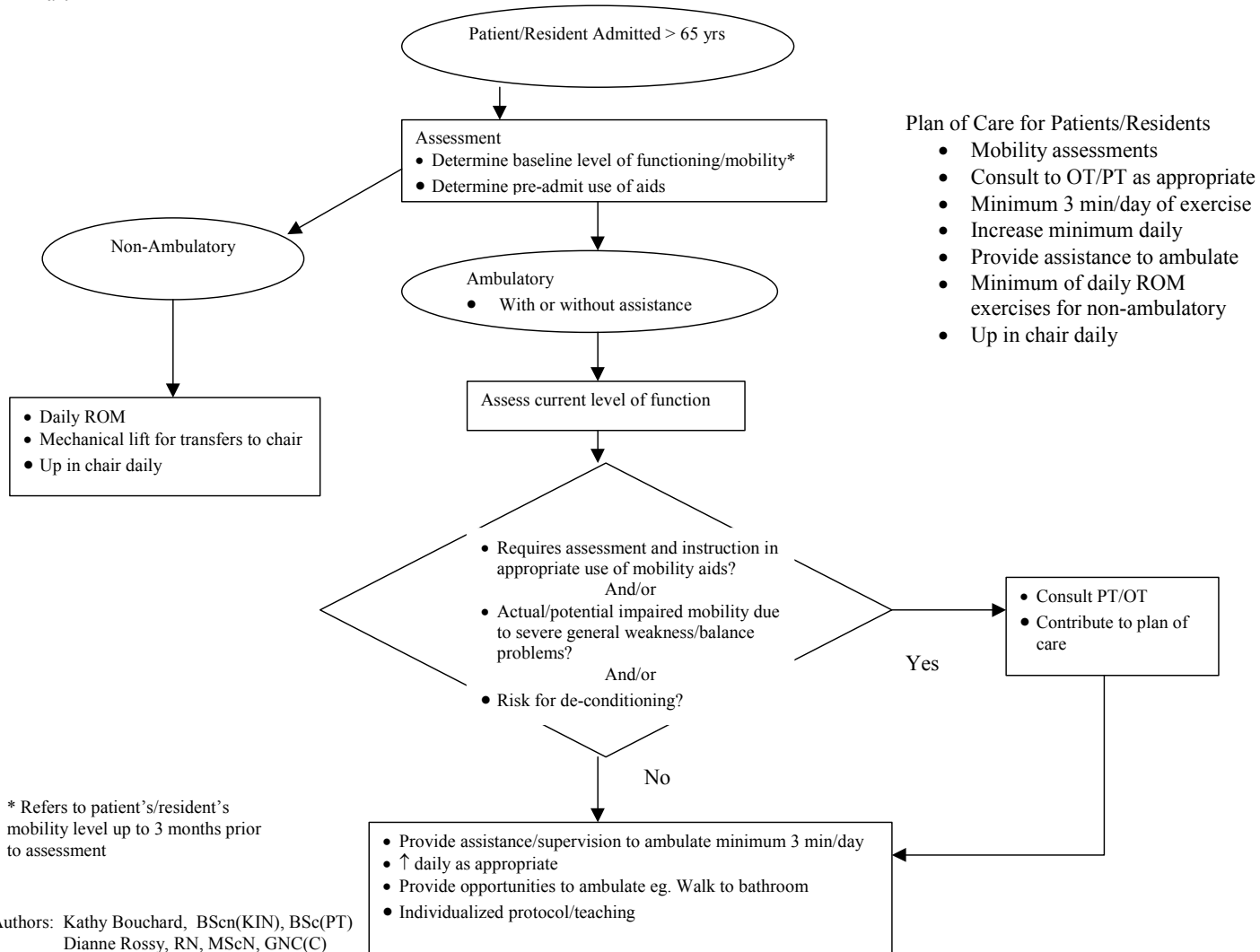
Barrier Management & Follow up

- Barrier Management:

1. Environment: accessibility act— letter to CEOs; mtg at Residence St. Louis; face validity check by Council on Aging
2. OHA pt satisfaction try to get senior friendly report...
 - accreditation
 - report to board (VP level interest)
 - respond to scores (team level interest)
3. RNAO practice guidelines...volumes!
4. Benchmarking

Decision Tree for Mobilization of Geriatric Patients/Residents

Draft 4



- Plan of Care for Patients/Residents**
- Mobility assessments
 - Consult to OT/PT as appropriate
 - Minimum 3 min/day of exercise
 - Increase minimum daily
 - Provide assistance to ambulate
 - Minimum of daily ROM exercises for non-ambulatory
 - Up in chair daily

* Refers to patient's/resident's mobility level up to 3 months prior to assessment

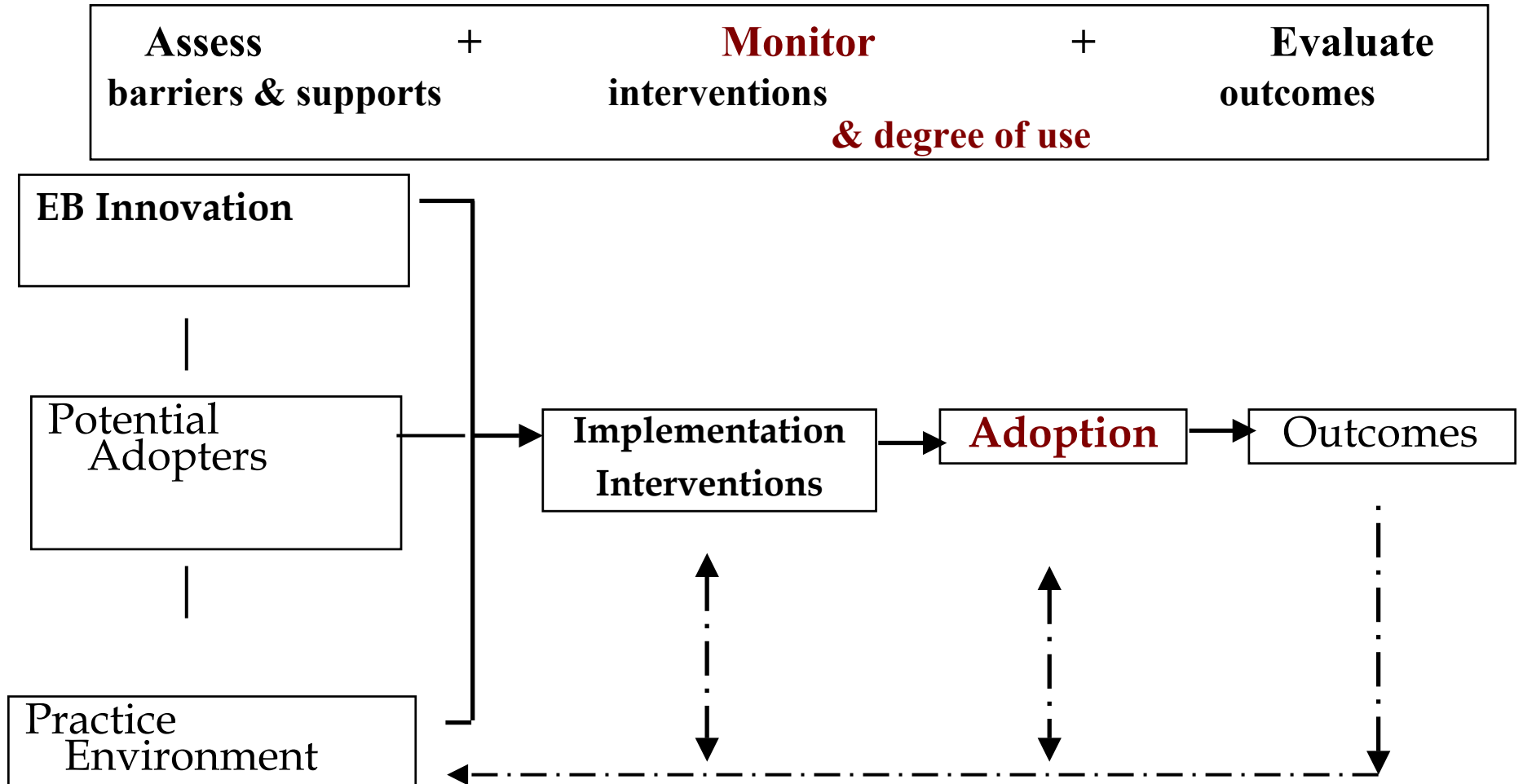
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Implementation Interventions: Monitor - Cnt'd

- Follow up:
 1. Written email copied to world
 2. Process of care visits with lead staff to get feedback
 3. Problem solve
 4. Move forward on other initiatives of interest

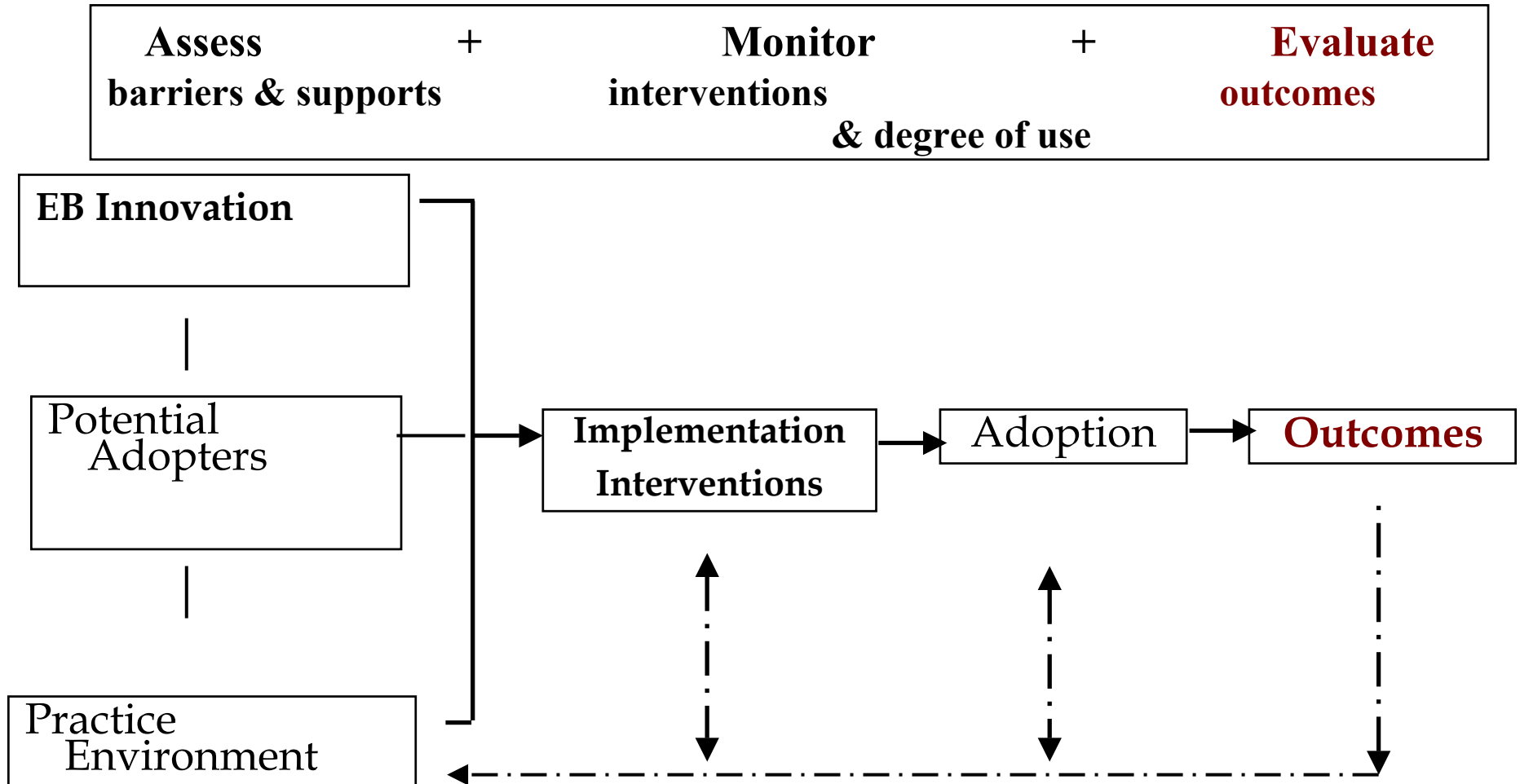
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ADOPTION: Monitor

- Intention: set standards for physical environment; develop easy way for busy clinicians to provide senior sensitive care
- Use: consult on design plans, publish/ disseminate, teach at local college; implement processes of care tools; inclusion of measures Balanced Scorecard (BSC) or strategic plan.

Ottawa Model Of Research Use



OUTCOMES: Evaluate

- Patient: falls, delirium, pain, satisfaction
- Practitioner: uptake of information and improved practice (self report, consultant visits, chart abstraction, regional falls prevalence survey, incident reports)
- System: environmental audits

Current Status

- Environment: development complete; offer free audits
- Processes of Care: RGAP province wide interest and support to roll out (pain, mobility, delirium)
- Emotional/Behavioural Environment: under development for senior sensitive indicator(s) from patient satisfaction survey.

Waiting....

- Ethics in Clinical Care and Research
- Organizational Support
- On the Radar Screen....
 - Succession
 - Sustainability

The Pitch To Boards and Administration

- Seniors are 1/3 of hospital admissions but 2/3 of days
- ER Readmission rates are 42% in patients >75 years
- Frail elderly experience further functional decline not related to acute episode but to hospital practices (even when adjusted for age/co morbidity)
- Frailest elderly ~3% of population use 30% of health-care resources
- Supports Accreditation Process
- Seniors are the largest group of foundation donors

Benefits of Being Senior Friendly

- **W.H.O. recommends senior friendly health-care centers**
- **Patients receive targeted approaches and best practice care**
- **Care providers note increased job satisfaction and morale**
- **Impacts on patient safety and functional level (quality and risk)**
- **Decreases LOS and cost- in human and financial terms**

In Closing.....

- System changes are too complex, costly and important to be left to chance.
- OMRU is one roadmap to guide change.
- Senior friendly care is important. SFH initiative has a set of tools that can help you and your organization

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