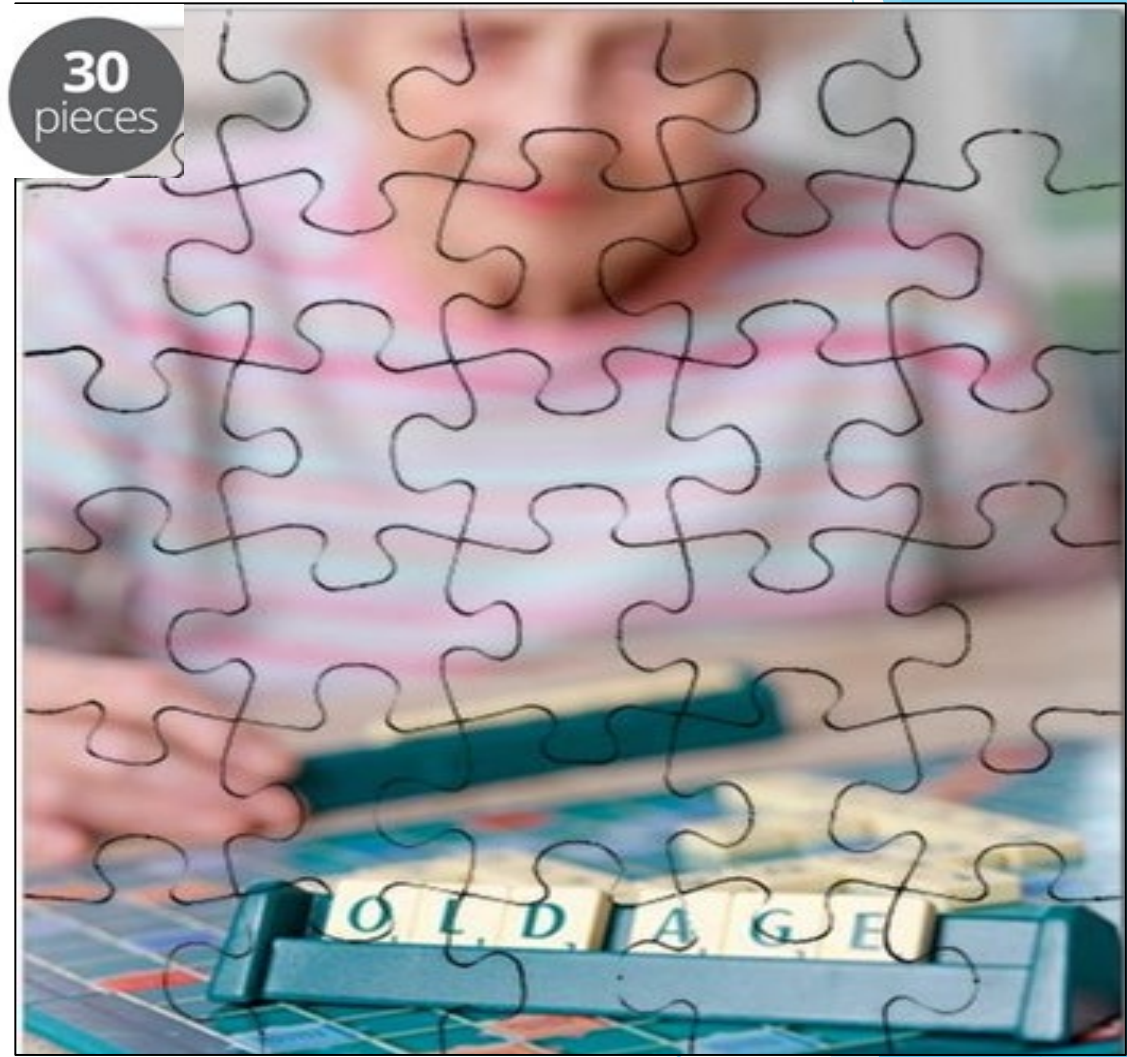


**“An Important
Piece of the
Healthcare
Puzzle:
Better Care of
Older Adults”**



Presenter:

**Brenda Bergman-Evans,
PhD, APRN-NP/CNS, FAANP**

Conflict of Interest:

None



Objectives



- ▶ Describe intrinsic and extrinsic factors affecting healthcare for older adults
- ▶ Discuss nursing's role in leading healthcare of older adults
- ▶ Explore models for improving successful aging and health care delivery for older adults

Life Expectancy

U.S. Life Expectancy

- ▶ 2019: 78.86
- ▶ 2020: 76.99
- ▶ 2021: 76.60

- ▶ 2019: Other industrialized countries - 80.7



US High Spending But Not The Best Outcomes

Highest

- ▶ Obesity rates
- ▶ Chronic disease burden
- ▶ MRI scan rates
- ▶ Hip replacements

Fewest Doctors and Doctor Visits

Excel

- ▶ Flu vaccinations
- ▶ Breast cancer screening

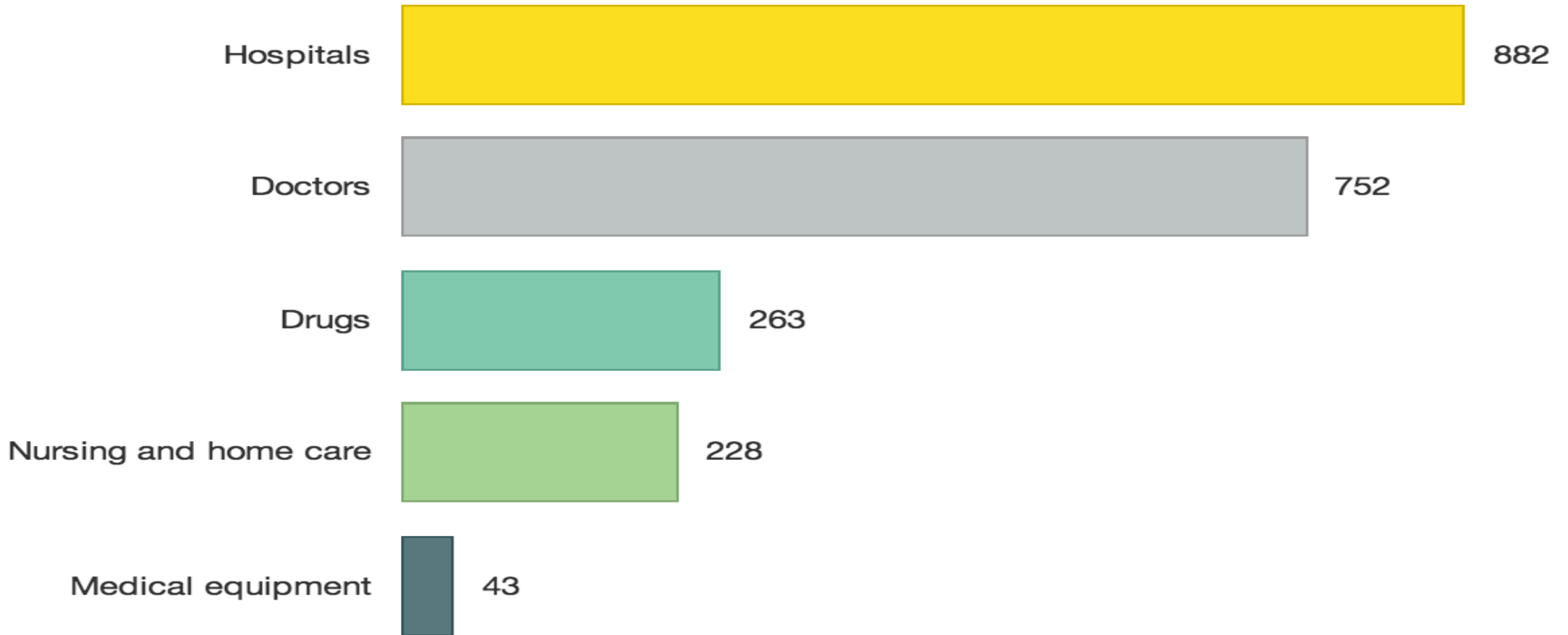
Highest rates

- ▶ Avoidable deaths
- ▶ Hospitalizations from preventable causes

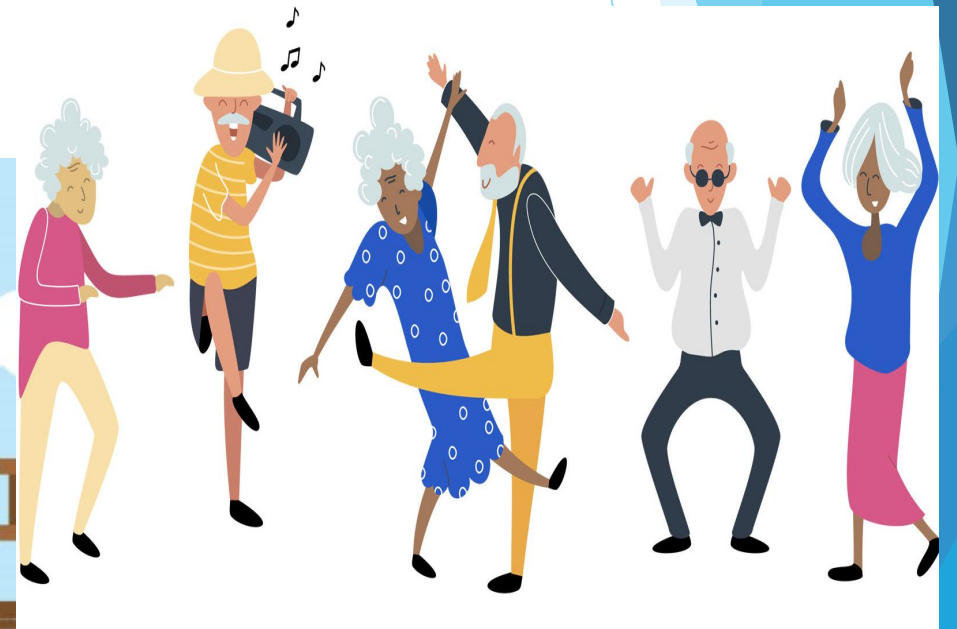


\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

Where health care dollars go (in billions)



The Positive Influence of Nursing Every Age - Every Place



Nurses Rank Most Honest Profession



Largest healthcare occupations

- Registered Nurses
 - over 2.4 million workers,
- Aides: Nursing, Psychiatric and Home Health
 - 1.2 million

COVID and Nursing



The Future of Nursing (IOM)

2010

- ▶ Nurses should practice to the full extent of training and education
- ▶ Nurses should be full partners in redesigning healthcare in the U.S.

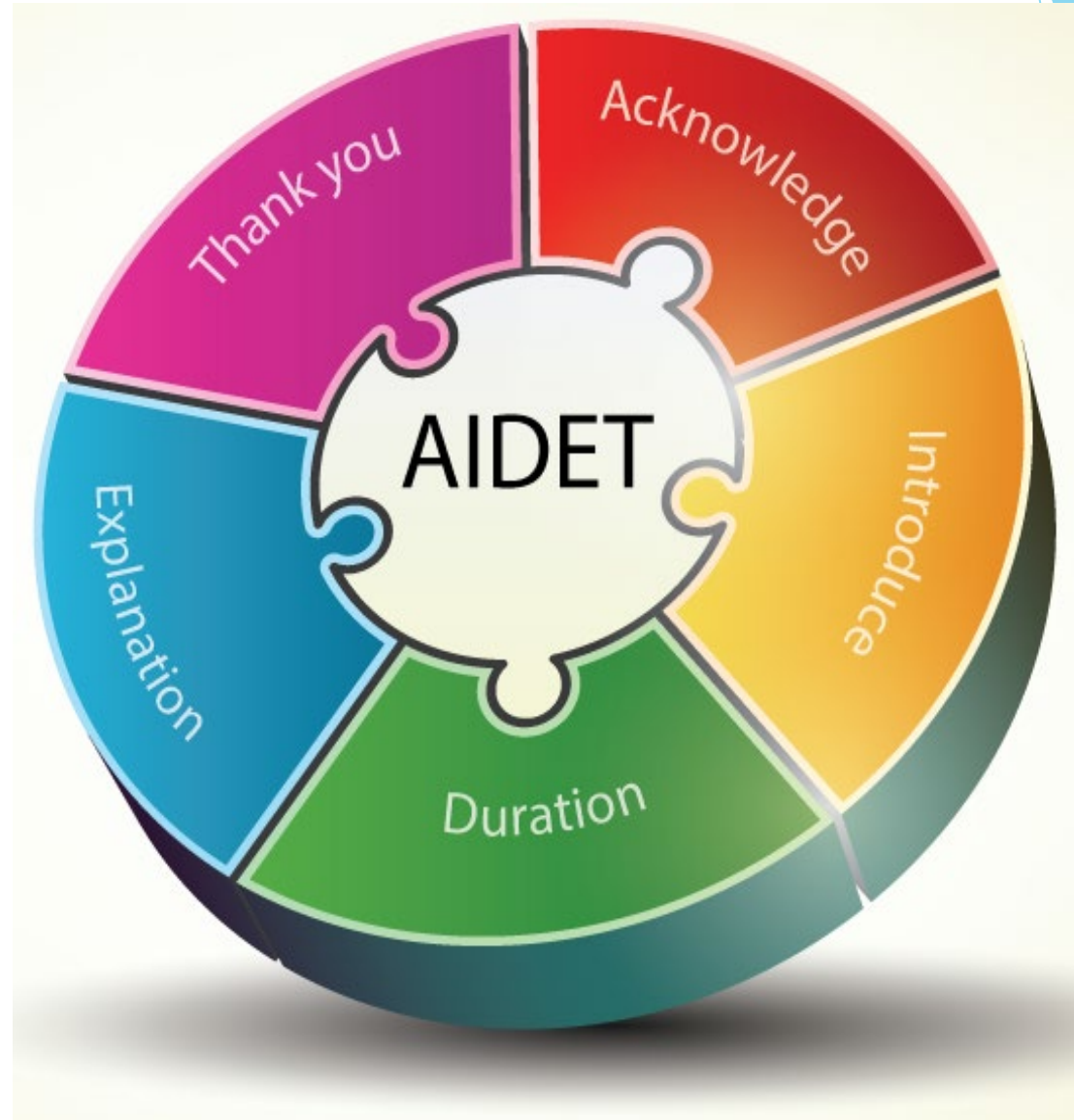
2020-2030

- ▶ Need for preparation of the nursing workforce to have knowledge and skills related to social determinants of health including **the aging population**
- ▶ Prepared to act individually, through teams, and across sectors to meet challenges associated with an **aging population**, access to primary care, mental and behavioral health problems, structural racism...



AIDET

- ▶ Acknowledge
- ▶ Introduce
- ▶ Duration
- ▶ Explanation
- ▶ Thank You



Take Care of Yourself as a Professional



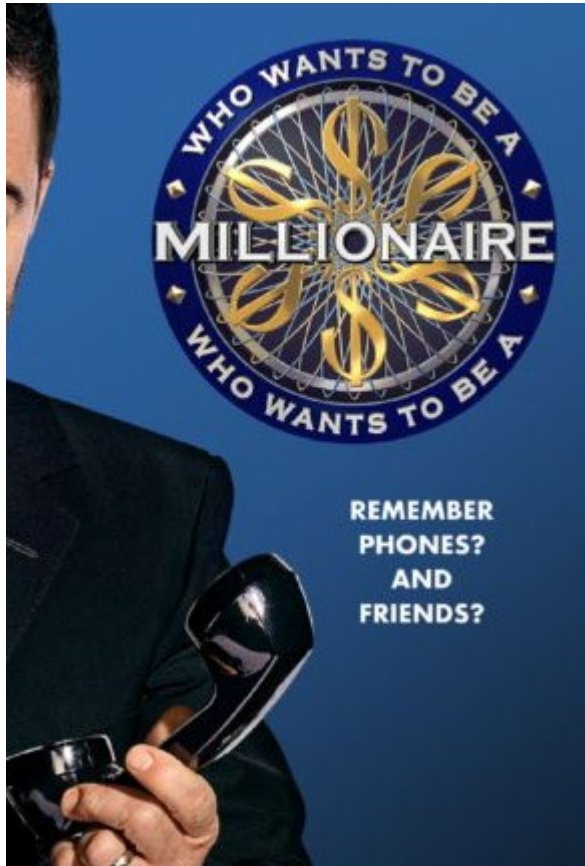
- ❖ People will forgive you for making a mistake, but not for lying
 - Admit errors
 - Tell the truth
- ❖ There is only one name on a nursing and advanced practice license
- ❖ Scope of practice

Self Knowledge

- ▶ Recognizing overload
- ▶ Asking for help



Delegation



The " Five Rights of Delegation " (NCLEX)

- The "Right"
 - ▶ Person
 - ▶ Task
 - ▶ Circumstances
 - ▶ Directions and communication
 - ▶ Supervision and evaluation
- Documentation and the EMR - trust colleagues

Nursing Assistants: Needed on Healthcare Team

CMS Quality Strategy

1. Make care safer
2. Strengthen patient and family engagement
3. Promote communication and coordination of care
4. Support chronic disease prevention and treatment
5. Promote healthy living in communities
6. Make care affordable





Seems different than usual

- Talks or communicates less
- Ate less
- Drank less
- Agitated or nervous more than usual
- Tired, weak, confused, or drowsy
- Participated less in activities

Overall needs more help

More than usual with:

- Walking
- Transferring
- Toileting

Signs of Change

- Pain – new or worsening
- Weight
- Skin color
- Condition
- Bowel movement:
none in 3 days or diarrhea

(Adapted from INTERACT III; **STOP** and **WATCH**)

Familiar Communication Resident Transfer To Hospital ER

- CNA
 - ▶ “I knew something was not right”
- Nurse
 - ▶ “I got report something was up...but...”
 - a. “I’m not usually on this floor”
 - b. “I just got here”
 - c. “I have not seen the patient yet”
- MD/NP
 - ▶ “This is not my patient”
 - ▶ “Just send them”
- NH/Hospital
 - ▶ “Doesn’t that nursing home know what they are doing?”



Call-Worthy



- ▶ Emergency situations after initial stabilization care has been started
- ▶ Acute Illness
 - New treatment
 - Wait and see
- ▶ Conditions that fail to respond to the POC
- ▶ Uncommon, unfamiliar or unstable patient conditions
- ▶ Unexplained physical examination or assessment findings
- ▶ Patient or family requests

SBAR – COMMUNICATION TOOL

- ▶ Original intent: To report a critical situation to the provider
- ▶ Concise - Similar format to SOAP documentation
- ▶ Focused information
- ▶ Reduced need for repetition
- ▶ Maximizes the interaction time
- ▶ Prevents the hit and miss process of “hinting and hoping”



Universal Goals of Aging (Bergman-Evans)

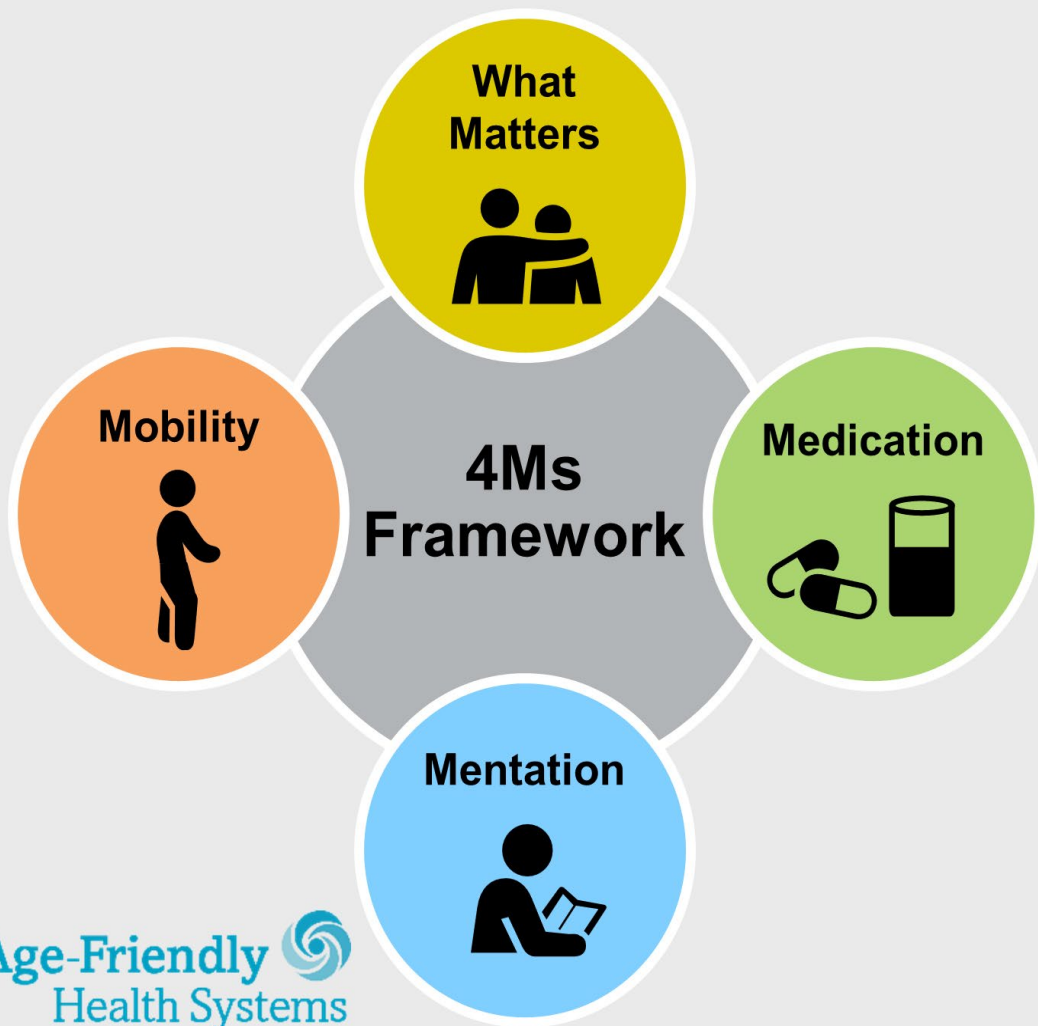
- Able to care for self – ADLs
 - ▶ Feeding
 - ▶ Toileting/Incontinence
 - ▶ Grooming
 - ▶ Physical Ambulation
 - ▶ Dressing
 - ▶ Bathing
- Understand and be understood
- Stay in own home
- A relationship with family and friends



Function is Everything

- Affect of functional decline
 - ↑ Mortality (increases with # of ADL deficits)
 - ↑ SNF placement
 - ↑ LOS
 - ↑ Readmission
- Impact on independence, quality of life
- Costly
- Optimal hospital care includes promotion or maintenance of independent function and preparing for discharge





Age-Friendly
Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Not “If I Die,” but “When I Die.”

Linking Old Age to Cause of Death

- ▶ In Europe death is inevitable
- ▶ In Canada, death is imminent
- ▶ In America death is optional – ~~NOT~~
 - Despair is optional
 - Discomfort is optional
- ▶ Need to be comfortable with discussing the final journey

Life Issues Review

1. Patient/Family Goal for Treatment
2. CPR
3. Hospital Transfer
4. Medications
5. Antibiotics
6. Nutrition/Fluids
7. Respiratory Support
8. Lab Studies
9. Palliative Referral
10. Hospice Referral

Life Issues Review

Patient Name _____ Facility _____
Advanced Directive: Yes No
POA for Health care: Yes No
POA Name: _____ Phone # _____

1. Patient/Family Goal for Treatment: _____

Comfort Measures Only Disease treatment for symptom control Aggressive disease treatment

2. CPR: Yes, attempt resuscitation (CPR)
 No, Allow Natural Death (No CPR)

3. Hospital Transfer No transfer
 Transfer if comfort measures cannot be met in place
 Transfer if condition unstable or warranted by symptoms

4. Medications: Oral medications for relief of symptoms only
 Continue medications for chronic disease therapy

5. Antibiotics None Oral IV/Injection

6. Nutrition/Fluids By mouth only
 Consider medications to enhance appetite
 Feeding tube for specified condition _____ or time period _____
 Permanent feeding tube
 IV/Clysis

7. Respiratory Support: No intubation or ventilator Oxygen therapy
 Intubation with ventilation if indicated Suction for comfort only

8. Laboratory Studies: Diagnostic and routine lab draws
 No invasive lab draws or procedures

9. Palliative referral Yes No Unsure

10. Hospice referral Yes No Unsure

Patient/proxy Signature _____ Date: _____

Revision Date/Patient/Proxy Signature _____

Provider Signature _____ Date _____

Revision Date/Provider Signature _____

Mentation

Confusion

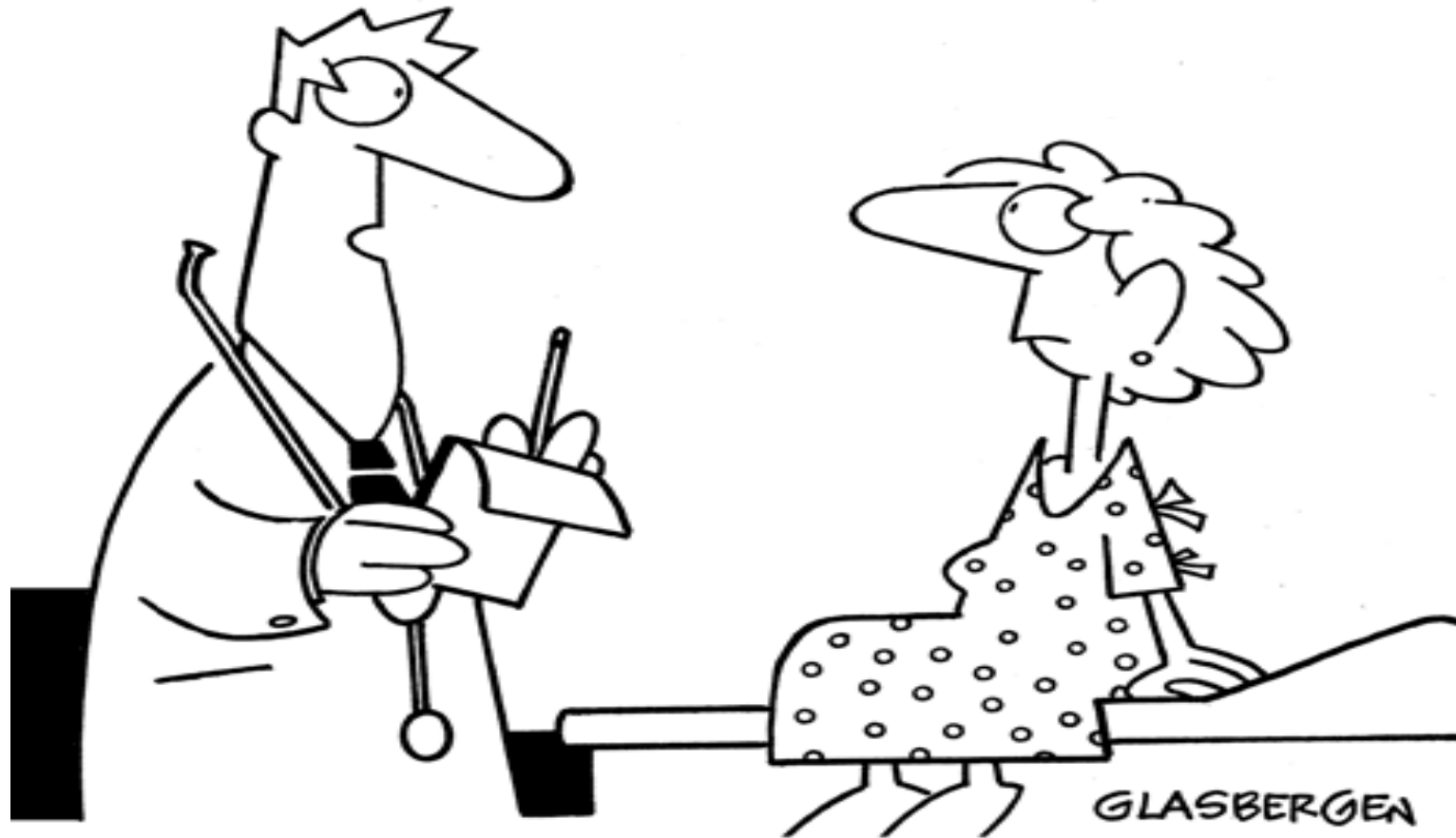
- ❖ Is **not** a normal part of aging
- ❖ Delirium and Depression **are treatable**
- ❖ Dementia is **manageable**

- ▶ Comorbid sensory and cognitive impairments are interrelated
- ▶ Hearing loss – 70+
2/3 interferes with communication – often accepted as normal
(Swenor et al., 2020, Whitson et al., 2019)
- ▶ Glasses: Appropriate prescription and daily cleaning

- Old patients have old doctors.
- Old doctors use old drugs.
- Old drugs are toxic to old people.



(William Osler)



“You need strong medicine to relieve your stress. I’m prescribing a puppy.”

Medications

The AIDES method for improving adherence.

(Bergman-Evans)

A	Assessment	Assess all medications
I	Individualization	Individualize the regimen
D	Documentation	Accurate, understandable lists
E	Education	Tailored to the needs of the individual
S	Supervision	Continued monitoring of the regimen

“Stand up straight, eat your fruits and vegetables, and go outside and play.” (My Mother)



▶ Our Parents:

- Genes account for at most 10 to 20% of risk

▶ Four lifestyle factors

- Not smoking
- Not being obese
- Exercising half an hour a day
- Eating healthier (Eliminate Most of Your Chronic Disease Risk in Four Steps. Nutritionfacts.org)



5 M's

Accreditation Council for Graduate Medical Education (ACGME)



- ▶ Mobility
- ▶ Medications
- ▶ Mind
- ▶ **Multicomplexity**
- ▶ Matters Most



Multicomplexity

- ▶ The experience of our patients
- ▶ Need to accommodate not discriminate (Penson et al 2004)
- ▶ Balance
 - Optimizing treatment and avoiding anticipated harms
 - Life prolonging with symptom relief

Importance of Attending to Social Determinants of Health

- ▶ ***“Patients can undo a month’s worth of expensive and intensive care just going home and going about their normal routines.”***

John Charde, MD
VP Strategic Development,
Enhanced Care Initiatives, Inc
(April 2006)



Nursing Research/Evidence Based Practice

“Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.”



- ▶ Nursing is a practice profession
 - Decisions need to be data-driven
 - “Nursing” care needs to be defined
- ▶ Research
 - Validates improvements in practice
 - Helps to quantify the high-quality work nurses do
 - Needs to be directed at systematic problem solving
- ▶ Requires dissemination

The end for today!

