Patients' Association of Canada
Association des Patients du Canada

Hearing the Voice of Seniors in a Seniors Friendly Hospital

Annual General Meeting
Regional Geriatric Program

To be Posted on www.patientsassociation.ca
November 17 2011

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What I will talk about

- RGP's efforts to create a seniors friendly hospital
- How our system became unfriendly
- How it is trying to become more friendly
- Some ways to make that even better

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(from an RGP Presentation)

Seniors and Acute Care

- Seniors are high users of acute care services
  - 63% of all hospital days in Ontario
- Their health needs are different
  - Atypical presentation of illness
  - Multiple co-morbidities
  - Most staff have little training in care of the elderly
- Seniors are more vulnerable to adverse events and iatrogenic complications
  - Two-fold risk of adverse events
  - Hospital –acquired delirium is a disease of the elderly
  - Common geriatric syndromes associated with increased mortality are preventable
- An Acute hospitalisation is often a crucial and pivotal event in a senior's life
  - 1/3 of frail seniors lose independent function as a result of hospital practices
- Loss of functional ability as a result of acute hospitalization increases the likelihood of placement post discharge

(from the RGP Brochure)

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A Framework for Positive Change

- Organizational Support
  - Relevant policies/procedures
  - Inclusion into program development
  - Recruitment, orientation, ongoing education
  - Membership/TOR for committees dealing with patient outcome
- Process of care
  - Assessment and diagnosis with special emphasis on age related changes (RNAO BPGs)
  - 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
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- Physical Environment
  - Visual aspects
  - Physical space: external surfaces/cross walks, speed bumps, sidewalks/grounds•
  - Sensory Comfort• and Furniture

Population Health 1800-1850

- Longevity at Birth ≈ 36 years (Britain)
- Longevity at 20 years ≈ 70 years
- Everyone @ 40 had at least one Chronic NCD
- Vast majority of deaths due to infectious diseases at all ages
- Hospitals were for the indigent

Birth of Current Health Care Systems

- 1865 – Joseph Lister and modern sterile surgery
  - Anaesthetic plus asepsis makes modern surgery possible
- 1880 - Louis Pasteur (1822-95) & Robert Koch (1843-1910)
  - Anthrax, Tuberculosis etc. caused by identifiable micro-organisms.
    - Vaccines were developed
  - Identify microbes causing infection after surgery
    - Sterile operating rooms and procedures begin
    - Modern laboratories are built everywhere
- 1880 – Prosperous times: New Hospitals are built
  New housing, New sanitation etc.
- 1910 – Flexner Report on medical education
    - In US and Canada
    - Drs Professionalize

Success of the System by 1950

- 1850-1950 Rapid decline of death by infectious diseases: The Mortality Shift More deaths due to NCDs like heart disease, COPD and cancer \
- Longevity & birth Canada: 66-M 71-F
- Minority deaths from infectious diseases
- Hospital were for everyone
- Mortality shift attributed to success of scientific medicine

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Acute Scientific Health Care 1960

- The "Big C" and Heart Attacks are acute diseases that science will cure
- Body is separated from the person
- Expert based, acute hospital focused
- The scientific health care system grows
- Science will ID cause & cure of diseases
- Patient has little or no role in system

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Population Health 2008

- Life expectancy at birth 2008:
  - Canada 79-Male 83-Female
- 90% of deaths due to Chronic NCDs
- Less than 5% deaths due to IDs (WHO)
- 40% of people with chronic NCDs have more than one – good reason for speaking of complex chronic NCDs
- Hospitals take even more of the HC $

From United Nations Volume on NCDs: Canada

NCD mortality

2008 estimates	***males***	***females***
Total NCD deaths (000s)	103.1	105.1
NCD deaths under age 60 (percent of all NCD deaths)	15.5	10.9
Age-standardized death rate per 100 000		
All NCDs	386.5	265.0
Cancers	142.2	106.6
Chronic respiratory diseases	26.9	16.0
Cardiovascular diseases and diabetes	151.6	90.1

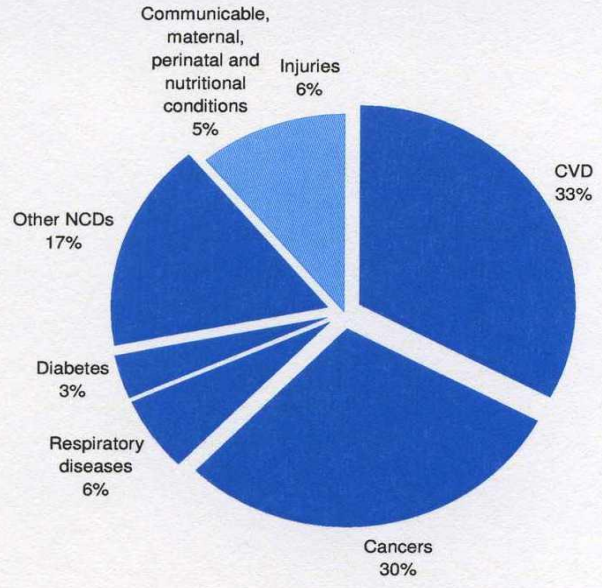
Behavioural risk factors

2008 estimated prevalence (%)	***males***	***females***	***total***
Current daily tobacco smoking	15.4	11.6	13.5
Physical inactivity	34.0	37.4	35.7

Metabolic risk factors

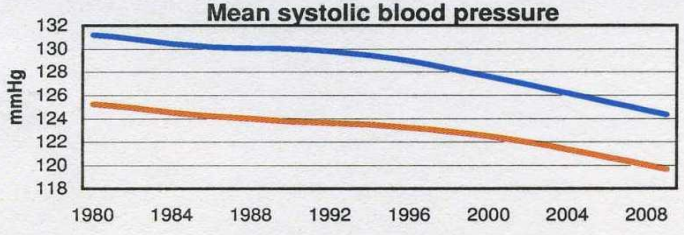
2008 estimated prevalence (%)	***males***	***females***	***total***
Raised blood pressure	35.8	31.6	33.6
Raised blood glucose	...	...	...
Overweight	67.8	58.7	63.2
Obesity	26.0	26.4	26.2
Raised cholesterol	54.8	57.6	56.2

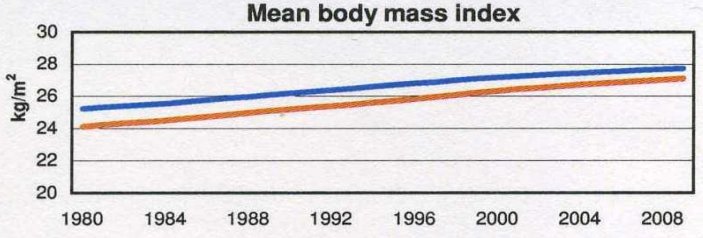
Proportional mortality (% of total deaths, all ages)

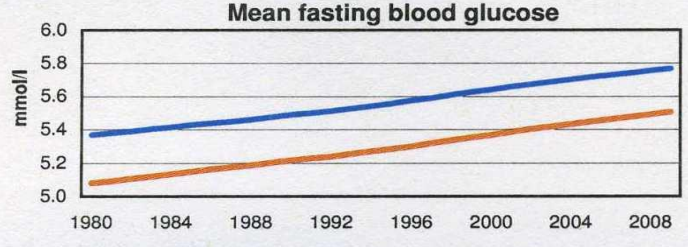


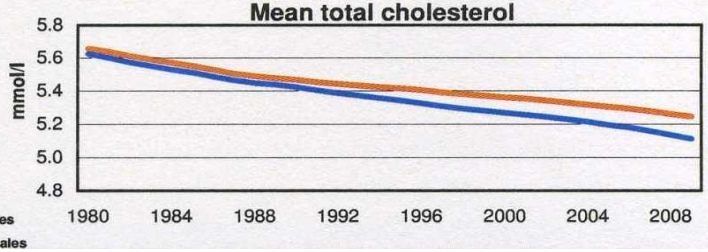
NCDs are estimated to account for 89% of all deaths.

Metabolic risk factor trends









Males
Females

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The Shift from Acute to Complex

Variable	1850	1950	2008
Longevity at Birth Male	35	66	79
Longevity at Birth Female	32	71	83
% Infectious Diseases Deaths	70%+	40%+	5%-
Age of Population with at least 1 NCD	40	?	65
% with Complex NCDs (2 or more)	?	?	40-50%
Reasons for Mortality Shift		Science	Complex

System is Slow to Catch Up

- This way of thinking is deeply ingrained in us
- Continued emphasis on acute episodes
  - Hospitals continue to grow in size and cost
- Constant expansion of body categorization
  - More than 100 specialties and subspecialties
  - Increased drive for protocol based care
- Overall little inclusion of patients as people
- Why it's hard for hospitals to be patient centred

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How Cancer is Becoming Recognized as a Chronic Disease

- NY Times Oct 29 Article questions screening and early detection
  - "P.S.A. screening test for prostate cancer does not save lives and causes enormous harm"
  - "many, if not most, cancers are indolent. They grow very slowly or stop growing altogether. Some even regress and do not need to be treated — they are harmless."

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Simple

Following a Recipe

- The recipe is critical to success
- Recipes are tested to assure replicability of later efforts
- No particular expertise; knowing how to cook increases success
- Recipes produce standard products
- Certainty of same results every time
- Optimism re results

Complicated

A Rocket to the Moon

- Formulae are critical and necessary
- Sending one rocket increases assurance that next will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways
- High degree of certainty of outcome
- Optimism re results

Complex

Raising a Second Child

- Formulae have a use. But not alone
- Raising one child gives no assurance of success with the next
- Expertise however multi-disciplined can help but is not sufficient
- Every child is unique in critical ways
- Uncertainty of outcome remains
- Optimism re results

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Complicated Acute Diseases

- Abrupt onset
- Often all causes can be identified and measured
- Diagnosis and prognosis are often accurate
- Specific therapy or treatment is often available
- Protocol-based intervention is usually effective: cure is likely with return to normal health
- Profession is knowledgeable while laity is inexperienced and dependent
- Patient's contribution largely unnecessary

Complex Chronic NCDs

- Gradual onset over time
- Multivariate cause, changing over time
- Diagnosis is uncertain and prognosis obscure
- Specific treatment is available but also requires judgment
- No cure, pervasive uncertainty: support & self care over time is needed to maintain health
- Professionals & patients must share knowledge to maintain or improve health
- Patient's contribution critical

Adapted from: Halstead Holman, MD (Stanford)

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What is an Older Patient?

Complicated Acute Disease

- A diseased body to be diagnosed and treated
- An autonomous individual with no relevant links to others
- Focus on the disease or organ

- Prescribed treatment
- The person named on the OHIP card

Complex Chronic Condition

- A person with a particular history and personality
- A group of people including the person and those close
- Broad interest in history and lifestyle
- n of 1 trials
- Anyone who has had a significant health care experience themselves or as a companion

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Increasing Attempts to Respond

- ECFA in Ontario
- CMA in Canada
- Patients' Associations in Canada
  - PAC
  - Person Centred Care
  - Patient Comando
  - Patient Destiny, etc.
- Patients' Charter in UK
- Participatory Medicine in USA

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Health Care Transformation

Selections from CMA and CNA PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

- Improving the patient experience and the health of Canadians must be at the heart of any reforms...
- Improved health literacy (the ability to access, understand and act on information for health) to help mitigate inequalities
- Patients, families and providers must be partners in the governance of the system.

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A System Friendly to Older People

- Responds to the morbidity of the population
- Increases the ability of older people and their families to participate in the system
- Provides a medical home to everyone
- Averts acute episodes of chronic conditions
  - Life style support to avert acute episodes
  - Self-monitoring signs of acute onset
  - Easier access to mutual & professional support
  - Rapid response to indications before hospital

(from the RGP Brochure)

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Positive Change in Hospitals

- Organizational Support
  - Relevant policies/procedures developed with patient and family participation
  - Patients and Families partners in program development
  - Recruitment, orientation, ongoing education on anxiety with patient and family participation
  - Patient and family membership/TOR for committees dealing with patient outcome
- Process of Care
  - Outreach to people's homes to extend medical home
  - Special changes in the ER to avert hospitalization and reduce time in ER before hospitalization if necessary
  - Special emphasis on age related changes and multiple chronic conditions(RNAO BPGs)
  - Evaluation -consider response to hospitalization, impact of treatment
- Emotional and Behavioural Environment
  - Respect/courtesy of staff with special training to deal with patient and family anxiety
  - Information sharing/listening/hearing
  - Individualized approach to patient (not protocol driven)
  - Culturally/gender and age sensitive
- Ethics in Clinical Care and Research
  - Ethical considerations about patient and family experience
  - Confirm patient's understanding of informed consent and advanced directives
  - Thoughtful discussion of treatment options/palliative care options
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Patients' Association of Canada Mission Statement

As a patient led and patient governed organization, the Patients' Association of Canada promotes the patient voice and the patient perspective in health care in order to improve everyone's health care experience.

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Some of our activities

- At the Clinical Level
  - User Guide How to Navigate the System
  - Patients' Choice Awards (with OMA)
- At the Service Delivery Level
  - Training front line ER staff to deal with patient anxiety
  - Redesigning the day of moving in at Baycrest
- At the Policy Level
  - Supporting board members who want to assume the patient perspective: A Trillium project

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To Join Us

- Look at the web site
  - www.patientsassociation.ca
  - If you find good reason to,
  - Sign up for the newsletter
- To contribute
  - Write to communications@patientsassociation.ca
  - Or donate on our web site