Get ready for an Emergency Department Visit: Older Adult Hospital Readiness

Kathleen F. Hunter, PhD, RN, NP, GNC(C)
Belinda Parke RN, MScN, PhD GNC(C)
Mary Schulz, MSW, RSW
February 3rd 2016
ACKNOWLEDGMENTS

- Funding: Canadian Institute of Health Research; Alzheimer Society of Canada
- National Collaborators:
  - Arlene Huhn, Manager, Client Services and Programs, Alzheimer Society of Alberta and Northwest Territories
  - Jennifer Stewart, Manager, Advocacy and Education, Alzheimer Society of B.C.
  - Emily Pridham, M.A. - First Link Coordinator, Alzheimer Society of B.C.
  - Lillia Jouanne, Bilingual Content and Proposal Writer, ASC
  - Risa Kim, Project Support Coordinator, ASC
  - Josée-Lisa Lefrançois, Director of Programs and Services, La Fédération québécoise des Sociétés Alzheimer
- Relevance of our backgrounds
DISCLOSURE

We have no relationship that could be perceived as a real or apparent conflict of interest in the context of this presentation.

Work represents a partnership between ASC and OAHR Team.

Copyright is held on all materials.
OBJECTIVES OF THE WEBINAR

This webinar has three parts:

**Part One:** Present the research and concepts behind the communication tools

**Part Two:** Present the communication tools

**Part Three:** Discuss how these tools can be used to promote self-advocacy for people living with dementia and their care partners
PART ONE
BACKGROUND CONCEPTS

- Self – Advocacy
- Clinical Partnership
- Knowledge to practice cycle of improving quality ED care
  - Knowledge Translation (Graham et al. 2006)

Knowledge to Action Cycle

1. Knowledge creation addresses a particular problem - our research
2. Knowledge adaption – barriers, select – understand local context
3. Knowledge intervention application – tailor to your hospital
4. Knowledge monitoring use and outcomes – add new knowledge
PART ONE
BACKGROUND EVIDENCE

- 1.5% of the Canadian population has dementia (Alzheimer Society of Canada, 2010)
- Dementia is a leading cause of disability in older adults (Alzheimer’s Association, 2013)
- Older adults are more likely to seek medical attention in the ED (Clevenger et al., 2012)
- ED visit is a stressful, disorientating experience (Clevenger et al., 2012)
- Caregivers can mitigate harms (Parke et al., 2013; Schnitker et al., 2013)
- Self advocacy and communication aids can improve care (Feldman et al 2012; Hoppa & Porter 2011; McBride et al 2014; Picket et al 2011)
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)
PART ONE

BACKGROUND RESEARCH

To understand how the ED environment impedes or facilitates safe transitional care for community dwelling older adults with dementia, and to determine how this affects the Registered Nurses' role and what would make this better for OA, CG, RN.


Study One

Study Two

To determine the feasibility of the structure, format and content of the seven hospital readiness communication tools from Study 1

- Be Ready for an Emergency Department visit
- My Ready-to-go-bag
  - About Me
  - My Medication
- Who Knows Me Best
  - My Wishes
- Plan Ahead for Going Home
PART TWO
THE COMMUNICATION TOOLS

English: www.alzheimer.ca/hospitalvisits
French: www.alzheimer.ca/visiteshopital
PART TWO
ORIENTING CHECK-LIST

A useful guide to orientate individuals on how to use the tools

Key message is “be prepared” – it is anticipatory, and aids in preventing additional problem at a time when people are in crisis.
PART TWO
MY-READY-TO-GO BAG, PREPAREDNESS

My Ready-to-Go Bag

Every year, many older adults go to the emergency department. In an emergency, everyone is in a hurry. It is easy to forget important things.

Are you an older adult or a caregiver? Plan ahead. Pack a ready-to-go bag for a future hospital visit. This should contain items needed by both the caregiver and older adult living with dementia.

Waiting in the hospital

It is very busy in a hospital emergency department. Most patients have to wait in waiting rooms and in treatment rooms.

Keep the bag handy—where you and ambulance attendants can find it easily.

Waiting is hard. Items in your bag can make a visit to emergency better.

Checklist ➔

Items for the older adult with dementia

- set of clothes
  - underwear
  - socks
  - slippers
  - pants
  - shirt
- adult pull ups
  Note: A hospital will have adult briefs and pads, but it may not

Items for the caregiver and family members

- snacks, bottled water, juice boxes
- list of people and their contact information who can come and help
- things to read or use while you wait
  - books, magazines, crosswords, games, cards
  - knitting
  - sketch book and pencils
- pad of paper to write down notes, questions, instructions
- money (change) for parking, vending machines, pay phones
- a copy of the older adult’s advance directive
- health care card
- MedicAlert® Safely Home® ID number and Hotline number
- family physician contact information
- other: ____________________________

Items to give to nurses and doctors at the hospital

- older adult’s advance directive, My Wishes tool, health benefit card, and family doctor’s contact information.
- important information in these tools
  - About Me tool
  - Who Knows Me Best tool
  - My Medications tool
- other: ____________________________
Part Two
About Me

- Takes the guess work out of the assessment process
- HCP are cued to dementia
- Care strategies can be adopted that avoid use of powerful medications that can unintentionally harm frail older people
PART TWO
ABOUT ME, PAGE 2

- Aids in understanding history and background before the illness and coming to the ED
- Increases the HCP repertoire of options
- Can potentially enhance behavioral care
PART TWO
MEDICATIONS

- More than the list of what is prescribed
- MedicAlert and Safely Home program information
- The patient-centeredness approach can be seen in, Tips to help me take my medication or on page 2, “Important things to know about me”
PART TWO
MY WISHES

- Not just about advance planning
- Sometimes the person who knows the older person best is not the person with the advance directive – we make a distinction here because our participants said access to timely information is key fact at ED assessment and triage
PART TWO
WHO KNOWS ME BEST

- This tool works with the My Wishes tool best
- Being safer is aided as is patient-centeredness when information comes from the person who knows the older person best and this might not be who has brought them into the ED.
- MedicAlert and Safely Home are also tied to this issues as noted earlier

<table>
<thead>
<tr>
<th>OAHR</th>
<th>Be Ready for an Emergency Department Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last updated:</td>
<td>[missing]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who Knows Me Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I need help, call these people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>This person is my</td>
</tr>
<tr>
<td>hm</td>
</tr>
<tr>
<td>wk</td>
</tr>
<tr>
<td>cell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>This person is my</td>
</tr>
<tr>
<td>hm</td>
</tr>
<tr>
<td>wk</td>
</tr>
<tr>
<td>cell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>This person is my</td>
</tr>
<tr>
<td>hm</td>
</tr>
<tr>
<td>wk</td>
</tr>
<tr>
<td>cell</td>
</tr>
</tbody>
</table>
**Part Two**

**Planning Ahead for Going Home**

- Going home planning begins before arrival
- Our participants said they going home has to be planned and shouldn’t occur in the middle of the night
- This tools promotes questions that help older people succeed with their care partners when they go home
PART TWO
FUTURE DIRECTIONS

- Tool access in French and English at: www.alzheimer.ca/hospitalvisits
- Develop educational courses and additional materials
- Research on the efficacy of the communication tools - now they must be evaluated: Do they help? How and Why?
- Research on the male caregiver perspective
First your questions to us … ?

Our question to you …?

*How can these tools be used to promote self-advocacy for people living with dementia and their care partners in your EDs?*

*What are the implications for HCP in your areas?*
REFERENCES


REFERENCES


REFERENCES


References


THANK YOU!