

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

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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

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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)

PART ONE

THREE CONVERGING MYTHS

- 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

Study One

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.

Parke, B., Hunter, K., Strain, L., Marck, P. B., Waugh, E. R., & McClelland, A., J. (2013). Facilitators and barriers to safe emergency department transitions for community dwelling older people with dementia and their caregivers: a social ecological study. *International Journal of Nursing Studies*, 50(9), 1206-1218.

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

Be Ready for an Emergency Department Visit

OAHR
Older Adult Hospital Readiness

Dementia Series

Emergency Department

The information you provide on these forms will help those who support you to better understand what will help you during your emergency visit stay.

Once you have filled out these forms, bring a copy with you to the hospital.

You can find the tools at:
www.alzheimer.ca

Being in a hospital can be an upsetting experience for anyone. To help make a trip to the hospital less stressful, we have created a series of handy checklists and forms for you—a person with dementia—to fill out with your family, friend, or caregiver.

coming to the hospital



being in the hospital



going home



Tools to help you

Start with the checklist on the next page. As you do the checklist, you will use other tools in the series:

- ▶ [About Me and Who Knows Me Best](#)
- ▶ [My Medications](#)
- ▶ [My Wishes](#)
- ▶ [My Ready-to-Go Bag](#)
- ▶ [Plan Ahead for Going Home](#)

- 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

OAHR Be Ready for an Emergency Department Visit

Older Adult Hospital Readiness

Name _____ 

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.

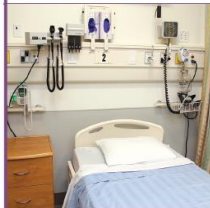


Keep the bag handy — where you and ambulance attendants can find it easily.



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.



treatment room

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

OAHR Be Ready for an Emergency Department Visit
Older Adult Hospital Readiness

Name _____

About Me

Last updated: _____
month day year

Give this sheet to the nurse.

I like to be called _____
This caregiver knows me best _____
My address is _____
I have a ready-to-go bag. Yes No
My bag has important information about me. It has items I need.
I am registered with the MedicAlert® Safely Home® program.
 Yes No
My ID number is _____.
My information can be accessed by calling Hotline 1-800-407-7717

My doctor says that I have dementia or Alzheimer's disease.
I get confused easily, and I can't always remember things.
I might feel overwhelmed, worried, or upset. What helps me?

I might feel restless, agitated, or panicky. What helps me?

I have problems describing my medical history. Who can help you?

I might ask the same question again and again. What helps me?

I might walk away. What can help you and 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

Older Adult Alert!

These things may be hard for me:

- ▶ being in a noisy waiting room
- ▶ lying in bed for a long time
- ▶ using a call button
- ▶ being alone
- ▶ any medical devices placed on me

Older Adult Alert!

When I am sick, and there is a change in what I can do, consider:

- ▶ delirium
- ▶ untreated pain
- ▶ effects of medication
- ▶ a new medical problem
- ▶ an unrecognized infection

What can help me be my best?

- Not being alone
- Being with the caregiver who knows me best
- Having a quiet place to wait
- Sitting in a comfortable chair
- Having a blanket
- Taking care of my basic needs
- Reassuring me
- Including me

Before I came to the emergency department, I could do these things.

Before I was sick: Talking

Items with checkmarks (✓) apply to me. 

- I talk easily.
- I don't talk very much.
- I don't understand English well. I understand this language: _____
Who can help you? _____
- I don't hear very well. Look at me when you talk to me.

Before I was sick: Getting around

- I can walk by myself.
- I can get around on my own. I use: a cane a walker a wheelchair
- I like to have someone's arm for help.

Before I was sick: Using the bathroom

- I need help: getting to the bathroom using the bathroom
- I use incontinence products:
 pads pull ons adult briefs (like Attends®, Depend®, TENA®)


More →

- 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

OAHR Be Ready for an Emergency Department Visit
Older Adult Hospital Readiness

Name _____ 

Last updated: _____
month day year

Give this sheet to the nurse.


My Medications

I am taking these medications now. This list includes prescriptions from my doctor, over-the-counter medications, and natural products.

I am registered with the MedicAlert® Safely Home® program.
 My ID number is _____.
 My medical information can be accessed by calling Hotline 1-800-407-7717

Name of medication or natural product	How much I take Example: 2 pills, 1 teaspoon.	When I take it Examples: once a day, with lunch, at bedtime.	How I take it Example: swallow with water.

More medications →


 Tips to help me take my 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

OAHR Be Ready for an Emergency Department Visit
Older Adult Hospital Readiness

Name _____ 

Last updated: _____
month day year

My Wishes

Give this sheet to the nurse. I want the hospital staff to know about my wishes if I cannot express them, or make decisions for myself.

Advance directive

I have an advance directive. Yes No

Where do I keep copies of my advance directive?

Who makes decisions for me when I can't? _____

Who knows about my wishes?

These people know about my wishes:

For help with advance planning visit:
www.alzheimer.ca/en/Living-with-dementia/Planning-for-the-future

Alzheimer Society 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

OAHR Be Ready for an Emergency Department Visit
Older Adult Hospital Readiness

Last updated: _____
month day year

Name _____ 

Who Knows Me Best

If I need help, call these people.

Give this sheet to the nurse.

1st

Name	Phone	Address
_____	hm _____	_____
This person is my	wk _____	_____
_____	cell _____	_____

2nd

Name	Phone	Address
_____	hm _____	_____
This person is my	wk _____	_____
_____	cell _____	_____

3rd

Name	Phone	Address
_____	hm _____	_____
This person is my	wk _____	_____
_____	cell _____	_____

- 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

PART TWO

PLANNING AHEAD FOR GOING HOME



Name _____

Plan Ahead for Going Home

You will want to go back home after your visit to the emergency department. It might be late at night when you can go home. You might be tired.

The doctors and nurses might be very busy. They might not have time to give you detailed instructions or to answer all your questions.

What can make your trip home easier, faster and safer? You can plan ahead. You will need:

- ✓ information about your health problem
- ✓ transportation home and keys to your home
- ✓ health supplies and personal supplies

I hope I have the keys to the house.



Make sure hospital staff answer your questions before you go home.
Make sure you have all of your personal items.



Checklist →

- 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 tool 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

PART THREE

KNOWLEDGE EXCHANGE DISCUSSION

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?

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THANK YOU!