TVN Improving care for the frail elderly

# Knowledge Translation in Acute Care

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# Changing demographics – Impact on Acute Care

- Canada's population is aging faster than elsewhere in the world
- Proportion ≥ 65 to go from 12% to 25% in 50 years

hrsdc.gc.ca

- 85% of Seniors have ≥1 chronic condition
- Seniors currently account for
  - 63% of acute inpatient days
  - 43% of provincial health expenditures
- This changing demographic will require adaptation of current acute care delivery models

# Frailty in Acute Care

- There is increasing need for evidence-informed practices targeted to frail older adults
- Frail older adults are particularly vulnerable
  - complex chronic medical problems
  - functional disabilities
  - overextended caregiver and social supports
  - increased need for health care resources
- Approximately 15-25% of older Canadians are frail

Rockwood *CMAJ* 1994

# Frailty in Acute Care

## What is the Problem in Acute Care?

- One-third of seniors develop new functional disabilities in hospital as result of:
  - delirium (acute confusion)
  - immobility
  - falls
  - hospital-related complications and infections
- Risk increases with diagnosis of dementia and age
- Result is:
  - longer hospital length of stay
  - discharges to higher level of care
  - loss of independence and reduced well-being

Creditor *Ann Intern* Med 1993; Rothschild *Arch Intern Med.* 2000; Covinsky *JAGS* 2003; Inouye *NEJM* 1996; Inouye *JAMA*1996

# Frailty in Acute Care

## What is the Evidence?

Multi-component Elder Friendly Care interventions have been shown to:

- Decrease Delirium rates
- Decrease injurious Falls
- Decrease LOS
- Increase rates of discharges home
- Decrease call bell usage
- Improve patient and provider satisfaction

Meade AJN 2006; Inouye NEJM 1999; Neufeld JAGS 1999; Park JGN 2007)

## Current State: Knowledge -to-Practice Gap

# Potential Barriers in Acute Care

## Health care system

- Financial disincentives
- Time and resource pressures
- Lack of an actual coordinated system

## Health care organization

- Sense of hierarchical organization that impacts/restricts roles and responsibilities
- State of perpetual change

## Health care teams

- Tensions between providers with conflicting goals and perspectives

## Individual health care providers

- Gaps in knowledge and skills

## Public

- Ageist society
- Real/perceived perceptions the system will fail the vulnerable frail adult

# Elder Friendly Care Initiative

- Holistic approach to the ill, frail patient
- Engagement of Stakeholders
- Adaptation to the local context
- Implementation interventions that address barriers
- Merge  overlapping evidence-informed care strategies for the common acute care issues
  - Delirium
  - Falls
  - Immobility/Functional decline
  - Malnutrition

# Discussion

How can we work together to:

- improve the care of seriously ill, frail elderly patients and their families
- support evidence-based decision making that ensures the right treatment in the right setting at the right time