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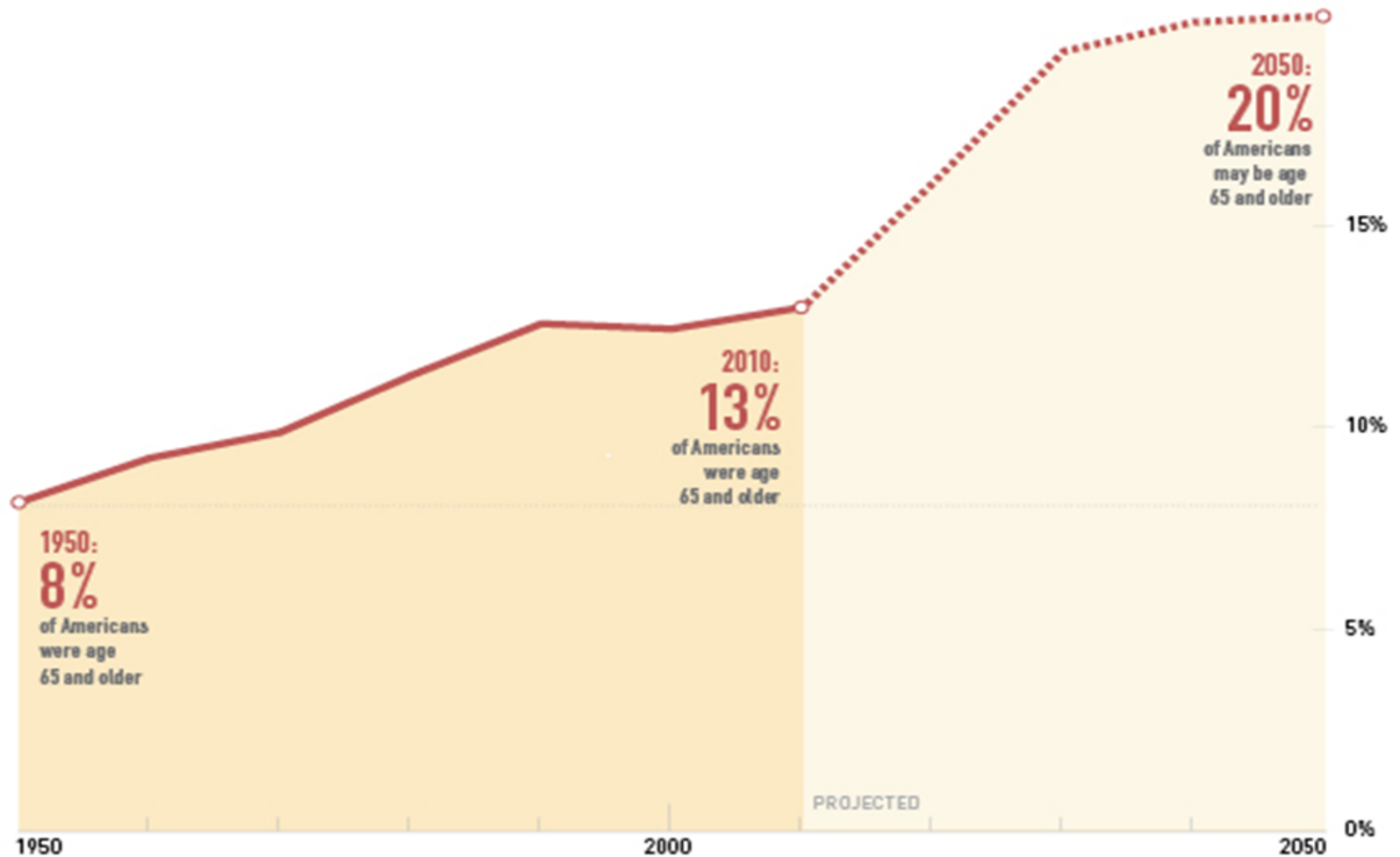
UnityPoint Health

The Perfect Storm:

A “Silver Tsunami” in the “Hospital Rapids”

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The “Silver Tsunami” is here...



What does this mean for HEALTH care?

- Increased need for health care services
- Increased use of health care facilities
- Increased health care costs
- Increased need for health care team to understand geriatric “uniqueness”
- Increased need for patient partnership in care provision

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The Older Adult Patient

- Not just “old adults”
- Very heterogeneous group
 - Driven by genetics, lifestyle choices, psycho-social experiences
- Medically complex
 - Normal aging changes
 - Chronic diseases
 - Atypical presentation of illness
 - Geriatric syndromes

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“Atypical Presentation”

- Non-specific symptoms occurring outside the “norm”
- Atypical presentation can include:
 - Vague presentation of illness
 - Altered presentation of illness
 - Non-presentation of illness

Example: UTI often presents as confusion and a fall, rather than the typical painful urination and bladder fullness

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Geriatric Syndromes –what are they?

- Conditions, not diseases
- Common in the elderly
- Typically:
 - Multifactorial
 - Share risk factors
 - Linked with functional decline, increasing frailty, and poor health outcomes

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The Complications (AEs)

- Delirium
- Adverse drug events
- Operative complications
- Functional decline
- Diagnostic or therapeutic mishaps
- Nosocomial infections
- Physical injury/falls
- Pressure ulcers

AE Figures

- 1/7 (14%) experienced a “serious” AE
 - Prolonged hospital stay
 - Resulted in permanent harm
 - Required life-sustaining intervention
 - Contributed to death (1.5%)
- AE classification:
 - Related to medications (31%)
 - Related to patient care (28%)
 - Related to surgery/procedures (26%)
 - Related to infection (15%)



AE Figures

- Additional 13.5% experienced “temporary harm” AE
- Nearly ½ of all AEs considered preventable
 - Medication errors
 - Substandard treatment
 - Inadequate patient assessment/monitoring
- Hospital care + associated costs of AEs = \$324 million

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It's NOT all doom and gloom, however...

- Improved awareness of potential hazards
 - Bedside care providers
 - Hospital administration
 - Public/private insurance payers
 - Patients
- Explosion of clinical practice guidelines
 - NICHE
 - GENE
 - AECP/AGS/ENA

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It's NOT all doom and gloom, however...

- Expansion of EHR capabilities
 - Shared records
 - Embedded safety checks
- Initiation of CMS payment incentives
 - “You’ll pay for your mistakes”
- Provision of collaborative, interdisciplinary, patient-centered care

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What are hospitals doing, specifically?

- Reducing use of inappropriate medications
- Reducing restraint use
- Implementing detailed fall prevention programs
- Utilizing friction-reduction devices
- Implementing pressure-reduction surfaces
- Creating geriatric-friendly environments
- Fostering growth of “geriatric nursing” experts
- Building ACE units/ACE teams
- Instilling NICHE principles
- Implementing HELP...

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