

How can our hospitals be more elder-friendly?

We need to recognize the special health care needs of older patients

Parke

by Valerie Shore

Enter a BC emergency department at any given time and chances are you'll find elderly patients who have been languishing there for hours. Like everyone else, they're waiting their turn for diagnosis and treatment. Unlike everyone else, they may leave the hospital in worse shape than when they arrived.

"Caring for frail, older adults is not the same as caring for adults," says Belinda Parke, a registered nurse and graduate student in the University of Victoria's Centre on Aging. "A lot of evidence suggests that out of our good intentions we actually create harm because we don't take into account the special features that older adults bring to the hospital setting."

Parke should know. She's been practising in gerontology for more than two decades—as a staff nurse, educator, manager and clinical nurse specialist in older adult health. She's worked in hospitals, in the community, and in residential care—where she would see seniors return from the hospital more frail than when they left.

"The problem they went in with got fixed, but they came back worse," she says. "I needed to know why."

For her PhD, Parke examined what it is that makes older adults in hospital a special challenge. Working with several regional health authorities, she interviewed older adults, talked to hospital employees, and conducted just under 40 hours of hospital observation. "I had planned to do 150 hours," she says, "but the bureaucratic conditions are so well-established that it would not have made a difference."

What she found is a hospital system designed to deliver acute, episodic care that disadvantages older adults with chronic, multiple health concerns. "The problem is that everything in a hospital is based on efficiency, even though there isn't a whole lot about older adults that is fast and easy to figure out," she says.

The result is elderly patients being discharged too early, increased rates of return visits, and illnesses or conditions that could have been caught earlier.

Parke identifies four broad areas of "poor fit" for older adults in hospital—the physical environment

(e.g., poor signage, dim lighting), the chaotic atmosphere (e.g., noise, queues), bureaucratic conditions (e.g., inflexible admission and discharge processes) and hospital employee attitudes.

"Employee attitudes are a consequence of the work environment," she explains. "Tolerance for older patients is hard to achieve when you're being pressed to focus your priorities on system needs."

Parke makes a number of policy recommendations to "fix the fit"—narrow the gap between what older adults need and what the hospital environment offers. "We need to shore up the abilities of medical and surgical teams with gerontological skills and knowledge. And we need to strengthen the connections between our network of services."

Will these changes cost more? Some may, says Parke. But the aging population will soon force us to re-evaluate how we make health care decisions.

"Right now, we measure success not by whether we made a difference in someone's life, but how much did it cost. In the long-run, is this worship of efficiency and cost-containment actually hurting us?"

EDGEwise

Adults aged 65 and older account for 35 per cent of the three million discharges from Canadian hospitals, 52 per cent of the 21 million patient days and nearly one-third of diagnostic and surgical procedures performed in hospitals.

People aged 75 and over are 70 per cent more likely than those aged 65 to 74 to be hospitalized, even though they represent only 12 per cent of the population.

Older people not only use emergency departments at higher rates, they use more resources during a visit, stay longer in the emergency department, and are more likely to make a return visit.

Researchers in UVic's Centre on Aging are developing new community-based approaches to senior care. Their work is helping to reshape Canada's health care policies. For more information on the centre visit www.coag.uvic.ca.

The success rate for UVic graduate students in attracting research funding is consistently well above the national average. In 2005-06, UVic graduate students attracted \$3.24 million in research grants from the three federal granting councils.

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