Elder Friendly Care (EFC)

As our population ages, demand for health services will continue to increase. Older adults are at high risk of developing delirium and falling, cognitive and physical decline, extended hospital stays and increased care needs after hospitalization. Many factors contribute to these negative outcomes, including multiple health issues, decreased reserve and greater sensitivity to medications, treatments and the hospital environment.

There is growing recognition that interventions carried out by knowledgeable health care staff can improve outcomes for older adults. The EFC project supports collaboration among care teams to reduce restraints (pharmacologic, physical, mechanical & environmental), prevent delirium and falls, increase mobility, enhance sleep and support more effective and timely discharge.

Progress to date:

- 44 units participated from 12 acute care sites representing all 5 zones.
- Urban hospital practice areas include Emergency Departments, Medical/Surgical Inpatients, Transition, Geriatric Psychiatry and Cardiology. In rural communities, practice areas include urgent and acute care as well Long Term Care, Supportive Living and Primary Care.
- An online EFC Toolkit of resources has been developed to support practice changes.

Outcomes:
Restraint use is declining. Staff report increased competence in caring for frail older patients. Patient-centred care plans are being developed to maintain mobility, protect sleep and prevent responsive behaviours. Older patients with complex care needs are being transferred earlier to continuing care settings. Teams report increased patient mobility, decreased agitation and improved sleep.

What will Happen Next?
Plans are underway to engage all 97 adult acute care sites in EFC evidence-based practices. Unitlevel measurement of restraint use will be built into Connect Care. The SH SCN will work with leaders in each zone to develop implementation plans to engage both the larger urban/community acute care sites and the smaller rural acute care sites. The key knowledge translation strategy for this work will be Innovation Collaboratives (ICs) held at each of the acute care sites, including a Leadership Launch, 3 full-day Learning Workshops and Action Periods (between workshops).

Who Sponsors the EFC Project?
EFC is part of the Seniors Health Strategic Clinical Network™ Aging Brain Care work. To learn about other SH SCN projects, see https://www.albertahealthservices.ca/scns/Page7702.aspx

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