

August 19, 2015

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‘Elder-friendly’ surgical unit to get seniors home sooner

EDMONTON — Getting elderly patients home sooner, stronger and with fewer complications after emergency general surgery is the goal of an ‘elder-friendly’ emergency surgical unit now being created at University of Alberta Hospital.

It’s all part of a new clinical research study called EASE — Elder-Friendly Approaches to the Surgical Environment — a collaboration between Alberta Health Services (AHS) and the Faculty of Medicine & Dentistry at the University of Alberta, led by Dr. Rachel Khadaroo, a surgeon-scientist, critical care specialist and assistant professor in the Department of Surgery.

“We’re one of the first to transform a surgical unit into an elder-friendly environment,” she says. “We’re looking beyond the operating table for answers to better care. We’re testing new ways of doing pre-operative and post-operative care, ideally to reduce the length of stay in hospital as well as complications such as falls and delirium, which are so detrimental to well-being.”

With Alberta’s elderly population predicted to reach 20 per cent by 2030, a better understanding of their special needs with regards to emergency surgery is needed, adds Dr. Khadaroo.

“When older people come through the door, they typically have many things wrong with them,” says Dr. Adrian Wagg, professor of healthy aging and divisional director of geriatric medicine at the University of Alberta. “This study is designed to show the importance of collaborative care between surgeons and geriatricians, specialists in internal medicine for older people, and should lead to improved health and quality of life outcomes for those older people needing emergency surgery at the University of Alberta Hospital.”

Surprisingly, advanced age and comorbidities — the simultaneous presence of two or more chronic diseases or conditions in a patient such as high blood pressure, coronary artery disease, diabetes, thyroid or respiratory disease — do not influence a patient’s recovery nearly as much as their overall frailty and in-hospital complications that may arise.

Being bedridden in hospital can lead to mental and physical decline — up to five per cent of muscle mass is lost daily. A preliminary analysis of EASE participants shows that the elderly, with their frailty, face almost triple the number of complications and double the hospital stay when compared to younger patients who have emergency surgery.

A geriatrician will be part of the team-based care on the new elder-friendly surgical unit, along with nursing and rehabilitation specialists and a social worker well-versed in seniors’ needs. A novel, self-directed, bedside exercise program will get patients ambulatory as soon as possible.

“We’re doing a reconditioning program for our patients, so they become stronger quicker, to prevent them from losing a lot of muscle mass,” says Dr. Khadaroo. “And then we’re doing early-discharge planning with our family, social worker, care coordinator and surgical team.”

Patient rooms will also create a more senior-friendly environment, with low-height beds, larger clocks, communication aids and frequent comfort rounds to personally check on well-being.

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Susan Gokiert of Westlock is one of more than 140 study participants enrolled to date. In 2014, she underwent emergency appendicitis surgery. She sees the value of this research study.

“If we can do anything to improve the system, it’s very important,” says the 70-year-old. “If we want to have earlier discharges and seniors as healthy as they can be when they leave hospital, then I think we have to have the supports in place when they’re in hospital.”

To gather data and results, the outcomes of patients in the new elder-friendly unit at the University of Alberta Hospital will be compared to those of patients receiving usual care at Foothills Medical Centre in Calgary.

“We want to show that we’re actually having a positive outcome in terms of decreasing complications and death rates,” says Dr. Khadaroo. “We’re doing cost analysis on this too, and believe our approach will add value to health care without costing any more money.”

The Canadian Journal of Surgery, a publication of the Canadian Medical Association, has also just posted online the latest research by Dr. Khadaroo and her colleagues Dr. Mackenzie C. Lees, Dr. Shaheed Merani and Dr. Keerit Tauh. The paper — *Perioperative factors predicting poor outcome in elderly patients following emergency general surgery: a multivariate regression analysis* — will be published in its October edition.

In looking at 257 patients, aged 65-80, these four researchers sought to identify what risk factors could be used to predict mortality and poor outcomes among elderly patients undergoing emergency general surgery. Ultimately, frailty and overall condition turned out to be the most influential factor in a patient’s recovery or mortality. (See the paper at: <http://bit.ly/1NnTJVQ>)

The University of Alberta Hospital clinical trial is being funded by \$750,000 through The Partnership for Research and Innovation in the Health System (PRIHS), a joint venture between Alberta Innovates – Health Solutions (AIHS) and Alberta Health Services (AHS) that aims to improve health outcomes for patients across Alberta. Earlier seed funding came from the M.S.I. Foundation (\$50,000) and the University Hospital Foundation (\$32,000). Researchers working on this project are also affiliated with the Seniors’ Health Strategic Clinical Network (SCN).

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Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than four million adults and children living in Alberta. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

The Faculty of Medicine & Dentistry at the University of Alberta is a leader in educating and training exceptional practitioners and researchers of the highest international standards.

Alberta Innovates – Health Solutions supports research and innovation activities to improve the health and well-being of Albertans and create health-related social and economic benefits for Albertans.

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