

Elder Friendly Care (EFC) in Acute Care

Our unit is working to enhance care of older adults. This will improve outcomes for patients, families, staff and the health care system. This work is part of the Elder Friendly Care project sponsored by the Seniors Health Strategic Clinical Network.

Restraints as a Last Resort Provincial Policy and Appropriate Use of Antipsychotics

Restraints should be the last resort, and the least restrictive, for the shortest time. Informed consent discussions must occur with patients/alternate decision-makers. We will collaborate with care partners, community facilities and/or case managers to understand, and best manage, fall risks and responsive behaviours (e.g. agitation, calling out, wandering, aggression, sexual disinhibition and resistance to care).

- Behaviour mapping will be used to identify triggers, patterns and management strategies.
- Drug side effects contribute to falls, confusion and responsive behaviours. Patients will be prioritized for review if on 5 or more medications, or medications with anticholinergic effects.ⁱ
- Rehabilitation will be emphasized over restraint (e.g. up in chair for meals, assist to the toilet and walk frequently while awake).

Delirium prevention

We will work to reduce contributing factors such as sleep interruptions, problematic polypharmacy, hydration, nutrition, stress and antibiotic use:

- Strategies to promote **sleep** include a dark, quiet environment at night, day time activity and light exposure, and when possible, avoid waking patients for assessments, treatments and tests. Sleeping pills have many risks and few benefits in older adults:
 - Contribute to confusion, falls and increased risk of delirium
 - No long term benefit (e.g. longer than 2 weeks).
 - Cause day time sedation leading to night time wakefulness
 - Increase light sleep at the expense of more important sleep stages (e.g. deep sleep)
- Older people taking **five or more medications** are at higher risk of delirium and falls, independent of medication indications.ⁱⁱ Drug-induced delirium is being increasingly identified in hospitalized patients. The findings suggest that interventions focusing on preventing adverse drug effects have the greatest potential for preventing delirium.^{iii iv} In discussions around medication reconciliation and review, we will encourage a collaborative approach that includes patient/family/care team input on pill burden, falls, confusion and side-effects.
- Older adults are at increased risk for **dehydration**; mental performance deteriorates even in mildly dehydrated younger adults.
- Meal times should be protected from interruption. Pill burden impacts **nutrition status** due to number of pills and capsules/day, nausea and other side-effects. Daily intake of 3 or more drugs per day interferes with important vitamins such as D, K, B and folate.^v
- Sources of **stress** include overstimulation (call bells, bed alarms), boredom and pain
- Urinary tract infections (UTIs) are frequently misdiagnosed in the elderly and **antibiotic treatment** has many unwanted side effects. By age 80, more than 50% of women and 30% of men have colonized bacteria in their urine (100% with indwelling catheters). Urine culture and sensitivity is intended to guide antibiotic selection in UTIs confirmed by clinical assessment.^{vi}

We hope to see improvements in quality of life, medical stability, responsive behaviours, falls and length of stay. We welcome any observations or suggestions you may have for enhancing care of older adults on our unit.

Sincerely,

References

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- ⁱⁱ Hubbard, Ruth E; O'Mahony, M Sinead; Woodhouse, Kenneth W. Medication prescribing in frail older people. *European Journal of Clinical Pharmacology*, 2013;69(3):319-26
- ⁱⁱⁱ Lin R Y, Heacock LC, Fogel JF. Drug-Induced, Dementia-Associated and Non-Dementia, Non-Drug Delirium Hospitalizations in the United States, 1998-2005. *Drugs Aging* 2010;27(1):51-61
- ^{iv} Wimmer, Barbara C; Dent, Elsa; Bell, J Simon; et al Medication Regimen Complexity and Unplanned Hospital Readmissions in Older People. *Annals of Pharmacotherapy*, 2014;48(9):1120-8
- ^v Fabian E; Bogner M; Kicking A; et al. (2011). Intake of Medication and Vitamin Status in the Elderly. *Annals of Nutrition & Metabolism*, 58(2):118-25.
- ^{vi} www.dobugsneeddrugs.org