

Area hospitals failing seniors: report

Health authority recommends key investments to get elderly patients back on their feet

BY PAULINE TAM, OTTAWA CITIZEN JUNE 24, 2011

Eastern Ontario hospitals should invest in more physical therapy services to get frail seniors back on their feet, provide better dementia care and establish programs that would identify elderly patients who are at high risk of returning as part of a drive to make their facilities more "senior friendly," says a scathing report from the health authority that oversees them.

The region's 20 hospitals should also pledge to "counter ageism and promote more positive attitudes toward older patients" by creating in-house "elder care" committees to track how well they are looking after seniors.

The recommendations are among dozens contained in the report that, for the first time, details how hospitals in this region fail to treat elderly patients properly, leaving them to become so weak physically and mentally that the only apparent solution is to send them to nursing homes. If they were treated properly, the report says, many of them might be able to go home.

The result is hospitals crammed with elderly patients who don't need to be there and long waiting lists for nursing-home beds. The gridlock leads to cancelled surgeries, bed shortages and long emergency-room waits.

For seniors, unnecessarily long hospital stays result in rapid physical decline, a loss of independence and a greater risk of contracting hospital-borne infections.

The situation is particularly bad in Eastern Ontario, which has the longest nursing-home waits and the fastest-growing population of seniors in the province.

While the overall population of Eastern Ontario, which currently stands at 1.2 million, is growing at one per cent annually, the population of those over the age of 65 is growing nearly four times faster.

And given that people over the age of 65 already make up more than half of all patients admitted to the region's acute care beds, hospitals need to rethink the way they care for seniors, the report concludes.

In particular, the report recommends that front line workers at the region's hospitals:

- Do more to prevent the loss of function in seniors who are hospitalized;
- Identify and manage conditions contributing to loss of function in seniors who show up sick and frail in hospital emergency rooms;
- Send as many seniors as possible to home-care services first instead of nursing homes;
- Give frail seniors in hospital temporary access to rehabilitation or convalescent beds; and
- Assess more seniors for dementia- related symptoms and tailor home support services accordingly.

Other recommendations are aimed at the highest levels of management, including hospital boards, which should make "an explicit commitment" to become senior-friendly, said the report.

To date, fewer than one-third of the region's hospitals have made such a pledge. However, at least one hospital is considering establishing a vice-president of senior care to make the institution, at all levels, more accountable for how it treats elderly patients.

The report said more hospitals should also consider the needs of elderly patients when they renovate or redesign their facilities. Among other things, hallways should be wider and outfitted with handrails, and beds should be adjustable so that seniors could get out of them without a high risk of falling.

The report was commissioned by the Champlain Local Health Integration Network (Eastern Ontario's health authority) and the Regional Geriatric Program of Eastern Ontario.

Alex Munter, chief executive of the Champlain LHIN, said the report provides a blueprint aimed at changing the culture of hospitals. Instead of too quickly labelling seniors as

candidates for nursing homes, the region's hospitals should work toward helping elderly patients maximize their recovery and independence.

"We need to re-orient the culture of hospitals towards the goal of helping somebody going back home and thinking about what it takes to send them back home," Munter told the Citizen's editorial board Thursday.

An estimated 16 per cent, or 277, of Eastern Ontario's 1,777 acute-care beds are filled on any given day by elderly patients awaiting beds in nursing homes or elsewhere. Many suffer from multiple chronic conditions and often lack proper care until a medical crisis erupts.

Once in hospital, these patients may be hooked up to machines that don't help them very much and prescribed drugs that worsen their physical and cognitive function.

However, officials estimate that more than half of these elderly patients could be returned home safely, if only they had the proper supports to help them with their day-to-day chores.

To date, individual hospitals have experimented with different ways to discharge more seniors to their own homes, but there has not been a co-ordinated approach to ensure all hospitals in the region adopt programs that have been proven to work.

One such program, a \$3.1-million initiative known as "Home First," provides seniors discharged from hospital with enhanced nursing or therapy in their own homes as well as up to 360 hours of personal support services during the first two months after discharge. Each client is followed closely by a home-care case manager, who adjusts services as needed.

Another "assisted living" program, which costs \$5 million annually, provides a 24-hour on-call service to seniors needing urgent personal support, homemaking or extra in-home support.

Since these programs were rolled out last summer, Eastern Ontario's health system has already saved up to \$1.7 million monthly in avoidable hospital stays, said Munter.