

## Age-Friendly Acute Care in Newfoundland & Labrador

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The  
Issue

- Older adults place proportionally greater demand on the health system than other age groups, and, as their share of the population grows, we can expect demand for health services to grow along with it.
- This challenge will be especially pressing in Newfoundland and Labrador over the coming decades, given that its per capita population of adults over age 65 is expected to be the largest in Canada.

The  
Question

*What programs and/or services are associated with improved outcomes for older adults admitted as inpatients to acute-care hospitals?*

The  
Results

- Models of care show promise when delivered within self-contained units possessing specialized gerontological interdisciplinary knowledge and expertise, but there is less evidence in our synthesis to suggest that these models can be delivered successfully outside of such units.
- Models of care delivered outside specialized geriatric units require professional staff with enhanced training and skill sets.
- Models of care are more successful when they use a collaborative and interprofessional team approach.
- Geriatric assessment in its different variants is central to positive outcomes in inpatient hospital units.
- Enhanced discharge planning contributes to positive patient satisfaction, quality of life, and a reduction in the utilization of hospital resources.
- Relational aspects of care delivery are important, particularly the establishment of good communication among staff, patients, and family members, and teamwork with minimal conflict and stress.

The  
Local  
Context

- To determine the viability of specialized geriatric units, RHAs may wish to evaluate the evidence for costs/benefits of creating such units and assess how the units would function within the hospital context.
- Allocating space within designated hospitals for the intake, assessment, and triage of older patients could potentially fill a key gap in the province's acute-care infrastructure.
- One significant impediment to age-friendly acute care in Newfoundland and Labrador is the lack of a service provider workforce educated in principles of geriatric care. In addressing this issue, decision makers would be well-advised to find training methods that fit into employees' tight schedules. Educational initiatives that draw staff away from their units for extended periods of time would be particularly problematic for the smaller, more remote sites of service.
- RHAs may wish to establish formal standards/protocols for hospital care for older adults. Implementing such protocols may improve front-line providers' knowledge about the principles of quality geriatric care.
- Advanced practice nurses trained in gerontology may help RHAs implement protocols for improving geriatric care in hospitals and enable a more responsive approach to older patients' unique needs.
- Older patients would benefit from initiatives that encourage patient-care teams to communicate across professional boundaries and work more effectively toward shared goals.
- Acute-care facilities in all regions may wish to consider delegating assessment of older patients to specially-trained personnel equipped with a validated geriatric assessment tool.
- The provincial shortage of allied health personnel compromises discharge planning processes and undermines interprofessional collaboration. Physiotherapists and occupational therapists are particularly critical to successful transitions from hospital to home.
- Gaps in post-acute services can strand older patients in acute-care units where intensive rehabilitation and other forms of step-down care may not be readily available.

Read the full report here: [www.nlcahr.mun.ca/chrsp](http://www.nlcahr.mun.ca/chrsp)