2017 FORUM ON AGING IN RURAL OREGON

ACHIEVING PERSON-CENTERED AGE-FRIENDLY CARE

Penn Nursing Science

Sarah H. Kagan PhD, RN

School of Nursing, University of Pennsylvania, Philadelphia PA USA

Greetings from Penn Nursing

Photos by Charlotte Glasspool

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  - My students and colleagues

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Disclosures

- I have no competing or conflicting interests to disclose.

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Older People Nursing

Edited by *Sarah H. Kagan*

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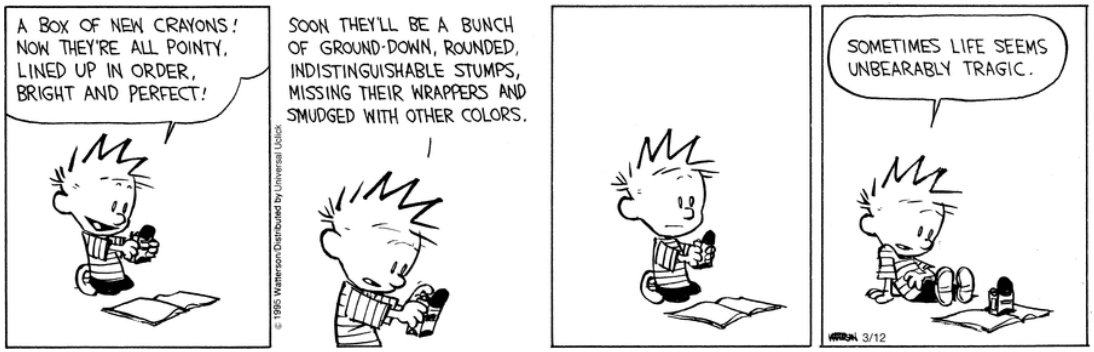
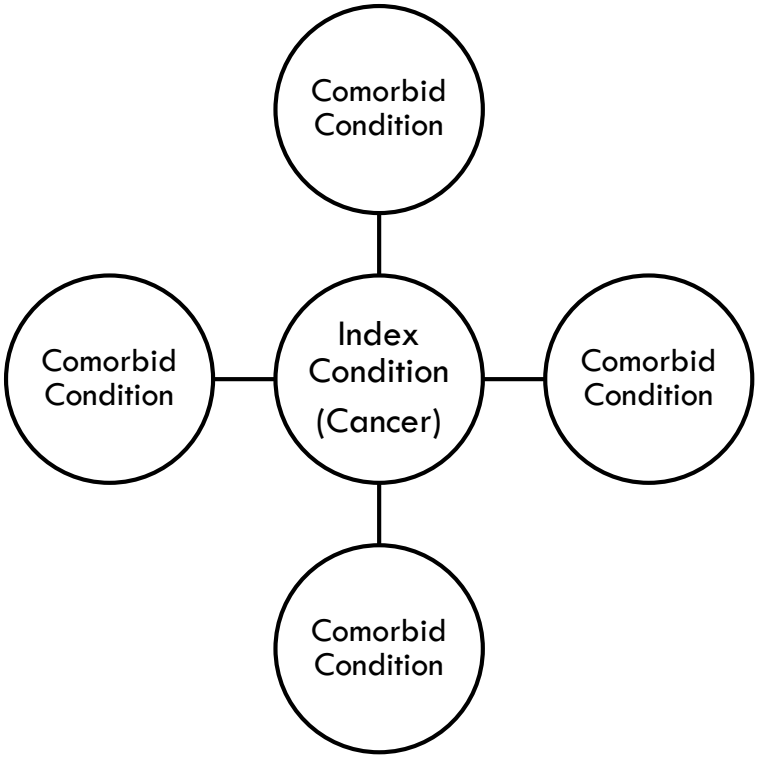
Matching Current Care to Our Aging Society

Current Care	Aging Society
Biomedical dominance	Socially centered
Problem focused	Evolutional nature
Opt-out choices	Adaptive strategy
Cure as priority	Functional focus
Expensive	Person and family
Urban-centric	Community-based

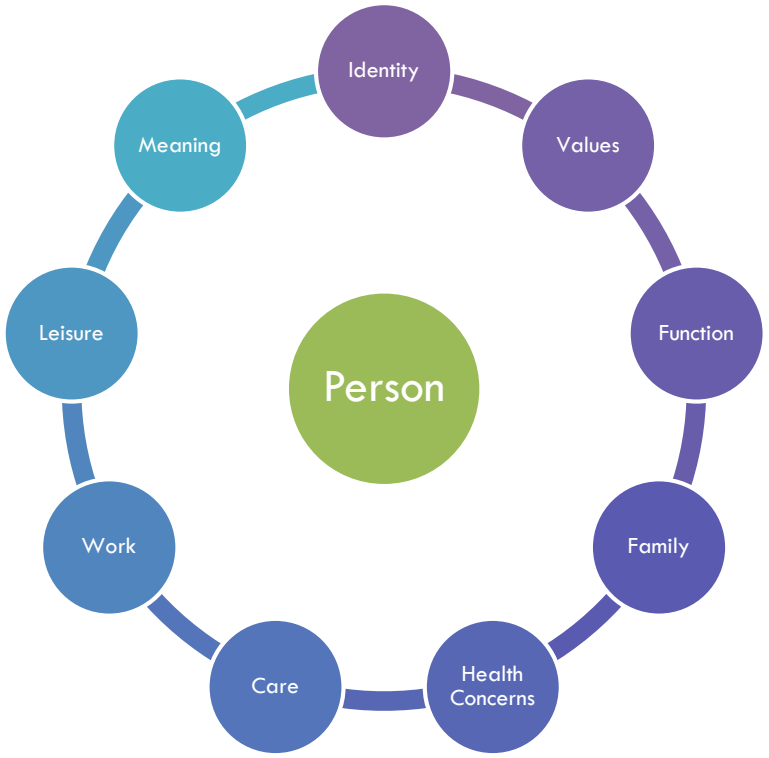


Reconsidering Biomedical Dominance

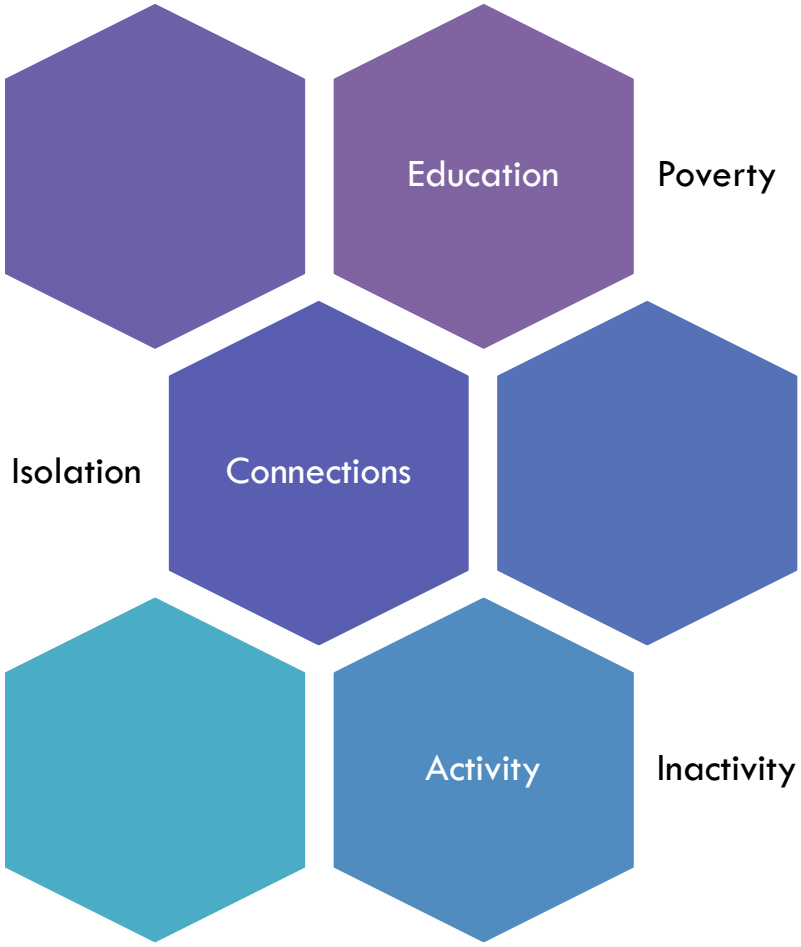
Biomedicine



Real Life



The Science of Long Well Lived Lives



Envisioning Rural Solutions

- AFPC
  - Age-friendly
  - Capacity-inclusive
  - Person-centered
- Rural and frontier
  - Function
  - Adaptation
  - Community

Age-Friendly Person-Centered Care

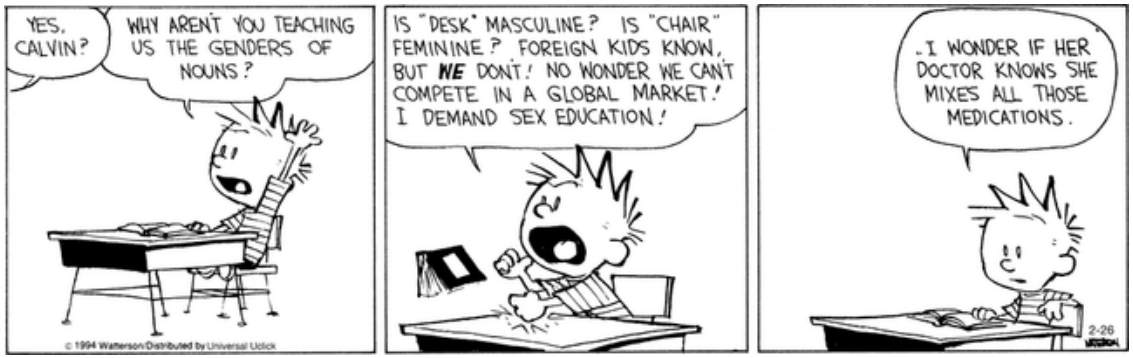
- Care for the person is privileged
- Age-friendly meets needs regardless of age
- Age-friendly requires capacity-inclusiveness
- Health and wellbeing mandates social care
- Age-friendly, person-centered acknowledges age and generation
- Person-centered begins and ends with the person

What Might AFPC Promote?

- More…
  - Safety
  - Empathy
  - Compassion
  - Collaboration
  - Co-creation
  - Innovation
  - Tolerance
  - Appreciation

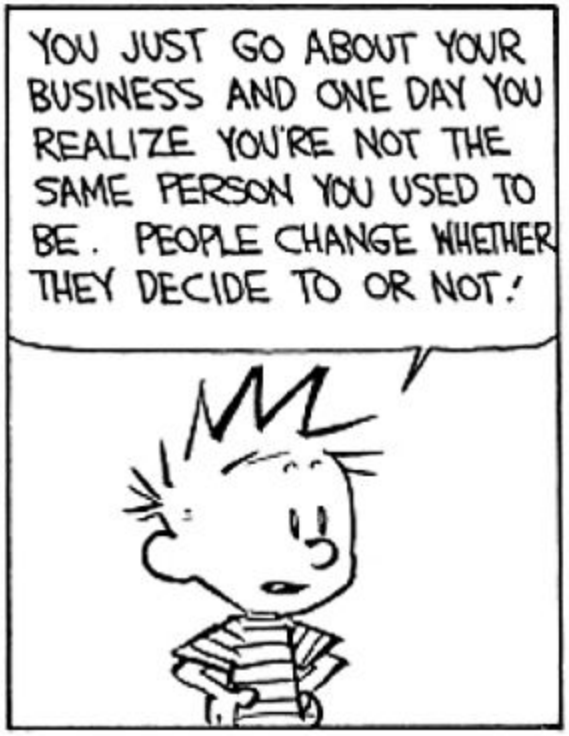
What Might Age-Friendly Reduce?

- Less…
  - Centrism
  - Conflict
  - Arrogance
  - Oppression
  - Directives
  - Hierarchy
  - Disappointment
  - Worry



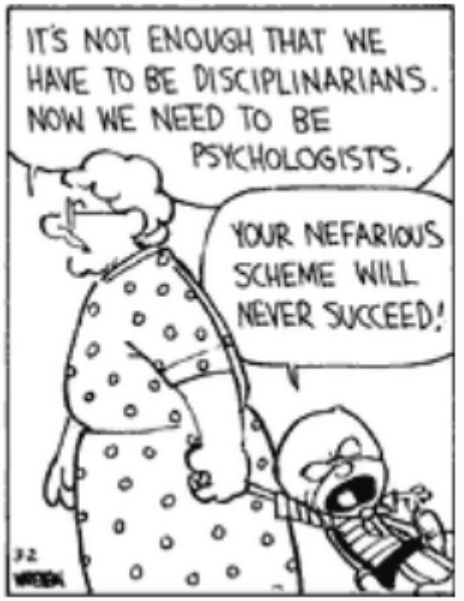
Getting at Fundamentals

- Balancing the individual and the communal
- Understanding and addressing ageism
- Defining and enacting competence
- Enacting age-friendly
- Enacting capacity-inclusive
- Enacting person-centered
- Creating AFPC culture



Cultivating AFPC People

- Clinicians and colleagues need reflexive…
  - Competence
  - Compassion
  - Empathy
  - Comportment



Recognizing Our Own Implicit Ageism

Type

- Bashing
- Parentalism
- Self-stereotyping
- Intersecting

Level and Form

- Individual
  - Overt
  - Microagression
- Institutional
  - Overt
  - Microagression

Ambivalent Ageism Scale

Cary, L. A., Chasteen, A. L., & Remedios, J. (2016).
The Ambivalent Ageism Scale: Developing and Validating a Scale to Measure Benevolent and Hostile Ageism. The Gerontologist, gnw118.

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- ✓ Consider the following statements.
- ✓ Determine the extent to which you (1) strongly disagree to (7) strongly agree.

1. It is good to tell old people that they are too old to do certain things; otherwise they might get their feelings hurt when they eventually fail.
2. Even if they want to, old people shouldn't be allowed to work because they have already paid their debt to society.
3. Even if they want to, old people shouldn't be allowed to work because they are fragile and may get sick.
4. It is good to speak slowly to old people because it may take them a while to understand things that are said to them.
5. People should shield older adults from sad news because they are easily moved to tears.
6. Older people need to be protected from the harsh realities of society.
7. It is helpful to repeat things to old people because they rarely understand the first time.
8. Even though they do not ask for help, older people should always be offered help.
9. Even if they do not ask for help, old people should be helped with their groceries.
10. Most old people interpret innocent remarks or acts as being ageist.
11. Old people are too easily offended.
12. Old people exaggerate the problems they have at work.
13. Old people are a drain on the health care system and the economy.

Examining Our Age-Focused Language

Socially, we say…

- Elderly
- Senior
- Elder
- OAP in the UK

Clinically, we say…

- Frail elder
- Demented
- Falls Risk
- Agitated
- Failed treatment

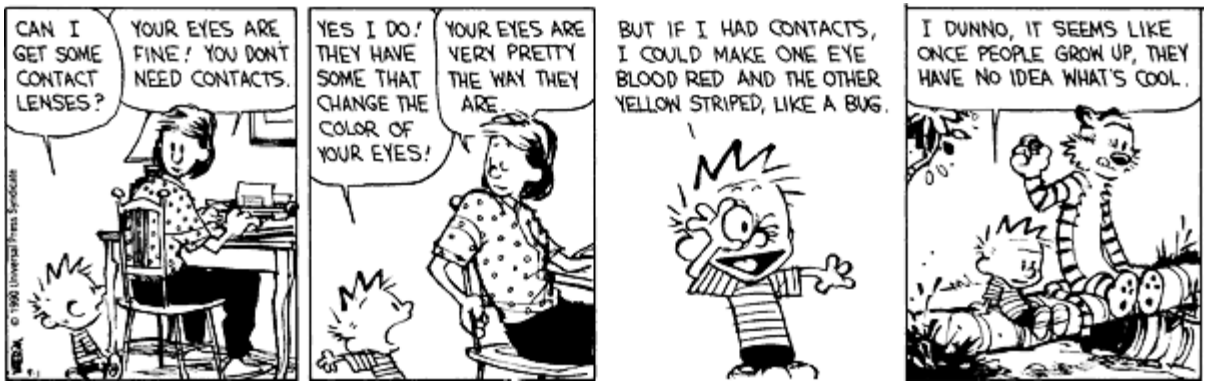
Reframing to Emphasize Health and Wellness

Geriatric

- Allopathic
- Biomedical
- Systems thinking

Gerontological

- Health and wellbeing
- Function and capacity
- Whole person



Embracing Well, Frail, and Old

- "Negativity" viewpoint
  - Inevitable decline
  - Protective stance
  - Custodial care
- "Positivity" viewpoint
  - Strength and decline
  - Rehabilitative stance
  - Person centered action
  - Education and choice

Insuring We Support…

- Humanistic approach
- Assessment strategies
- Relationship building
- Conjoint planning
- Person-centered care

Defining Geriatric Competence

- The healthcare needs of older adults require a healthcare workforce knowledgeable about the aging process, skilled in assessment and management of chronic illness, and with the ability to practice in an interdisciplinary milieu.
  - Mezey and colleagues (2008). Healthcare Professional Training: A Comparison of Geriatric Competencies. JAGS (56) 9; 1724–1729
- Reframing health and social care as age-friendly supports geriatric competence
  - WHO Age-Friendly World http://agefriendlyworld.org/en/

AACN Geriatric Competencies Highlights

http://www.aacn.nche.edu/geriatric-nursing/AACN_Gerocompetencies.pdf

- Assess barriers for older adults in receiving, understanding, and giving of information
- Use valid and reliable assessment tools to guide nursing practice for older adults.
- Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
- Facilitate ethical, non-coercive decision making by older adults and/or families/caregivers for maintaining everyday living, receiving treatment, initiating advance directives, and implementing end-of-life care.
- Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.

AAMC Geriatric Competencies

http://www.pogoe.org/Minimum_Geriatric_Competencies

- Medication Management
- Cognitive and Behavioral Disorders
- Self-Care Capacity
- Falls, Balance, and Gait Disorders
- Health Care Planning and Promotion
- Atypical Presentation of Disease
- Palliative Care
- Hospital Care for Elders

Might Geriatric Competence Limit AFPC?

Geriatric

- Biomedical
- Allopathic
- Problem finding
- Curative intent

Gerontological

- Developmental
- Function
- Activity
- Capacity
- Health
- Wellbeing

Partnership for Health in Aging Interprofessional Geriatric Competencies

Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree

Domain #1: Health Promotion and Safety

1. Advocate to older adults and their caregivers interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life.
2. Identify and inform older adults and their caregivers about evidence-based approaches to screening, immunizations, health promotion, and disease prevention.
3. Assess specific risks and barriers to older adult safety, including falls, elder mistreatment, and other risks in community, home, and care environments.
4. Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.
5. Apply knowledge of the indications and contraindications for, risks of, and alternatives to the use of physical and pharmacological restraints with older adults.

Domain #2: Evaluation and Assessment

1. Define the purpose and components of an interdisciplinary, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.
2. Apply knowledge of the biological, physical, cognitive, psychological, and social changes commonly associated with aging.
3. Choose, administer, and interpret a validated and reliable tool/instrument appropriate for use with a given older adult to assess: a) cognition, b) mood, c) physical function, d) nutrition, and e) pain.
4. Demonstrate knowledge of the signs and symptoms of delirium and whom to notify if an older adult exhibits these signs and symptoms.
5. Develop verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.

Domain #3: Care Planning and Coordination Across the Care Spectrum (Including End-of-Life Care)

1. Develop treatment plans based on best evidence and on person-centered and -directed care goals.
2. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to older adults' preferences and treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.
3. Develop advanced care plans based on older adults' preferences and treatment/care goals, and their physical, psychological, social, and spiritual needs.
4. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings, utilizing information technology where appropriate and available.

Domain #4: Interdisciplinary and Team Care

1. Distinguish among, refer to, and/or consult with any of the multiple healthcare professionals who work with older adults, to achieve positive outcomes.
2. Communicate and collaborate with older adults, their caregivers, healthcare professionals, and direct-care workers to incorporate discipline-specific information into overall team care planning and implementation.

Domain #5: Caregiver Support

1. Assess caregiver knowledge and expectations of the impact of advanced age and disease on health needs, risks, and the unique manifestations and treatment of health conditions.
2. Assist caregivers to identify, access, and utilize specialized products, professional services, and support groups that can assist with care-giving responsibilities and reduce caregiver burden.
3. Know how to access and explain the availability and effectiveness of resources for older adults and caregivers that help them meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.
4. Evaluate the continued appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.

Domain #6: Healthcare Systems and Benefits

1. Serve as an advocate for older adults and caregivers within various healthcare systems and settings.
2. Know how to access, and share with older adults and their caregivers, information about the healthcare benefits of programs such as Medicare, Medicaid, Veterans' Services, Social Security, and other public programs.
3. Provide information to older adults and their caregivers about the continuum of long-term care services and supports – such as community resources, home care, assisted living facilities, hospitals, nursing facilities, sub-acute care facilities, and hospice care.

Partnership for Health in Aging Interprofessional Geriatric Competencies

- Health promotion and safety
- Evaluation and assessment
- Care planning and coordination
- Interdisciplinary and team care
- Caregiver support
- Healthcare system and benefits

These competencies are endorsed by the following organizations:

Alliance for Aging Research
American Academy of Nursing – Expert Panel on Aging*
American Academy of Physician Assistants
American Assisted Living Nurses Association*
American Association of Colleges of Pharmacy
American Association for Geriatric Psychiatry
American Association for Long Term Care Nursing*
American Association of Nurse Assessment Coordinators*
American College of Clinical Pharmacy
American Dental Association
American Dietetic Association
American Geriatrics Society
American Occupational Therapy Association
American Pharmacists Association
American Physical Therapy Association
American Society on Aging
American Society of Consultant Pharmacists
Association of Directors of Geriatric Academic Programs
Association for Gerontology in Higher Education
Council on Social Work Education
Gerontological Advanced Practice Nurses Association*
Gerontological Society of America
The Hartford Institute for Geriatric Nursing*
National Association for Geriatric Education
National Association of Geriatric Education Centers
National Association of Directors of Nursing Administration in Long Term Care*
National Association of Professional Geriatric Care Managers
National Gerontological Nursing Association*
New York Academy of Medicine/Social Work Leadership Institute
PHI – Quality Care through Quality Jobs

**Member, Coalition of Geriatric Nursing Organizations*

Ascending to Gero-Competence

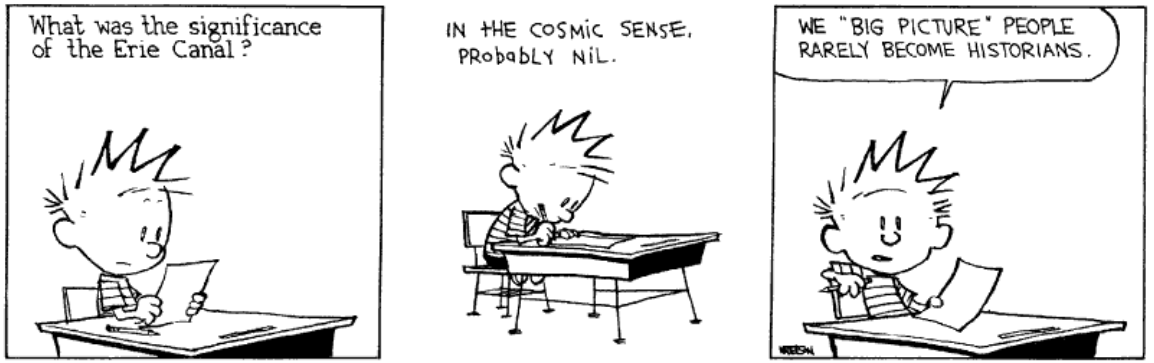
- Integrative
  - Age-friendly
  - Capacity-inclusive
  - Person-centered
- All about real life

Taking Action to Achieve Gero-Competence

- Realization
- Accountability
- Remediation

Relying on Established Resources

- The John A. Hartford Foundation
  - http://www.jhartfound.org/
- The Hartford Institute of Geriatric Nursing
  - http://www.hartfordign.org/
- The Reynolds Foundation
  - http://www.dwreynolds.org/Programs/National/Aging/Aging.htm)
- Portal of Geriatrics Online Education
  - http://www.pogoe.org/
- Grantmakers in Aging
  - http://www.giaging.org/
- Rural Health Information Hub
  - https://www.ruralhealthinfo.org/



Moving From Assessment to Action

Needs Assessment

- Engaging with our elders
  - Assessing their needs
  - Hearing their desires
  - Reflecting their strengths
- Discarding 'us-them'
  - Realizing we are all aging
  - Finding empathy for others
  - Avoiding provider-centrism

Action Items

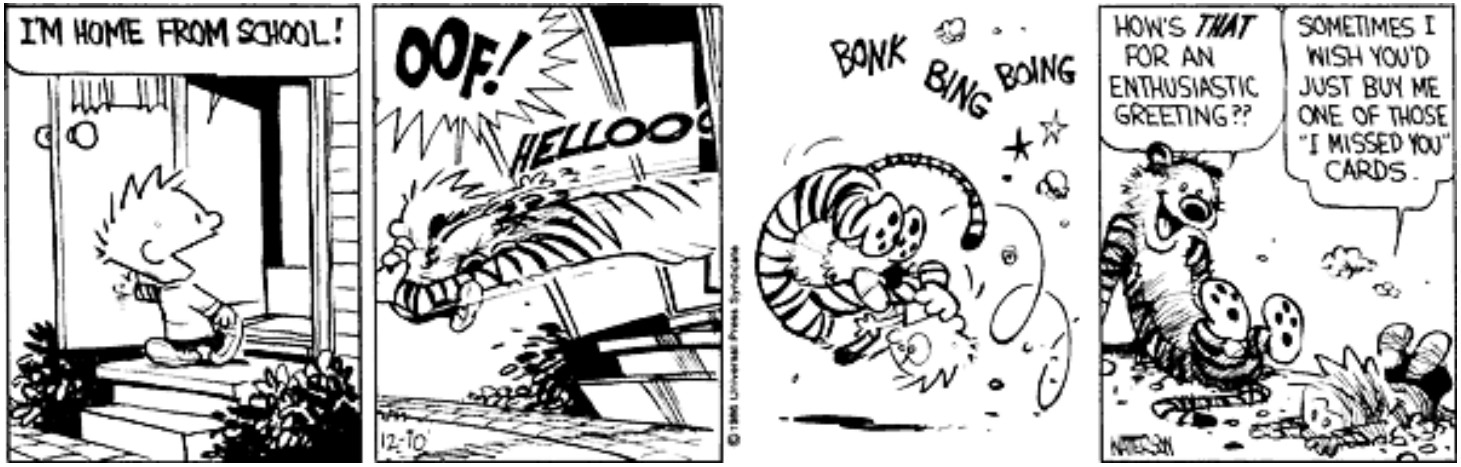
- Recruiting elder advisors
- Selecting models
  - Age-friendly
  - Capacity-inclusive
  - Person-centered
  - Nuka System as example
- Developing plan
  - Strategic
  - Operational

Overcoming the Us-Them of Aging

- Begin with the self
  - Fear of our imagined future self
  - Feared self is unattractive, untouchable, lonely
- Emotional reflection
  - Empathy
  - Compassion
  - Dignity
- Care implies compassion
  - Care without compassion is a procedure…
  - How do you prefer to feel care?
- Dignity is always an aim
  - Compassion must inevitably attain and preserve dignity

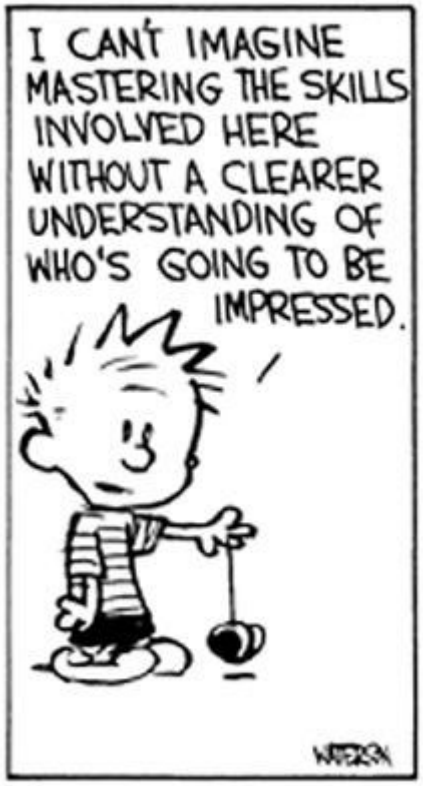
Meeting Our Elders' Needs and Desires

- How to best engage our elders?
- How to generate age-friendliness?
- How to embody person-centered care?
- How to educate gero-competent people?



Taking First Steps in AFPC

- Go for easy wins to build momentum
  - Differentiate age-friendly from geriatric
  - Launch ageism awareness and coaching
  - Follow with myths of aging campaign
  - Introduce age-friendly communication
  - Create age-friendly educational materials
  - Provide active guidance for older patients
  - Practice proactive care coordination

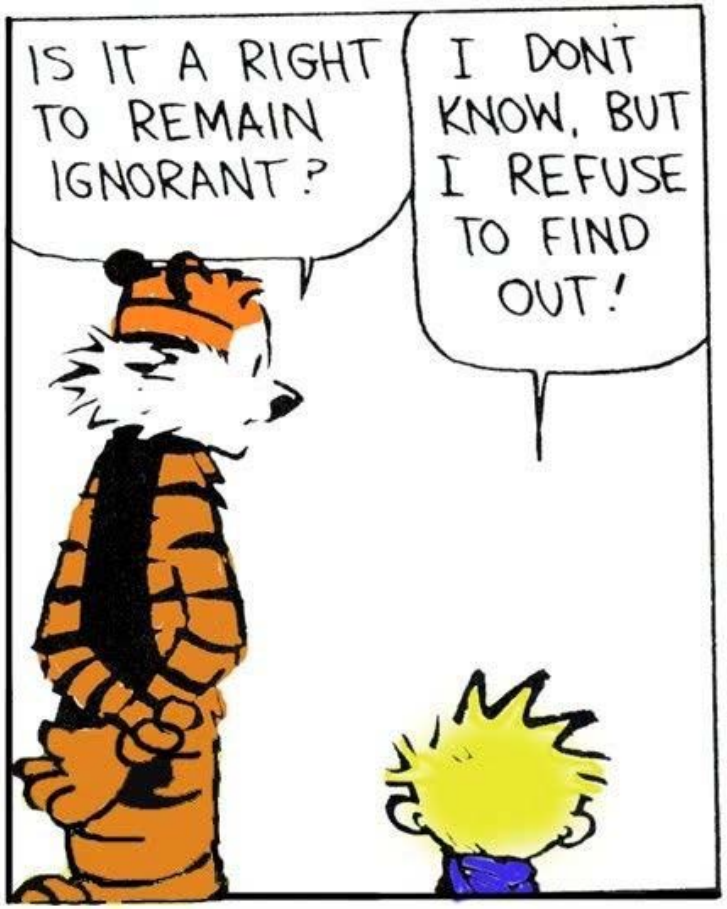


Replacing Ageism with Age-Friendly

- Bashing
  - Be attentive – it can happen here!
  - Don't be silent…
- Parentalism
  - Be highly sensitive to it
  - Reflect on it in your own actions
  - Coach others to avoid it
- Self-Stereotyping
  - Counsel patients to avoid "it's just my age"
  - Refer as needed to achieve positive perspectives

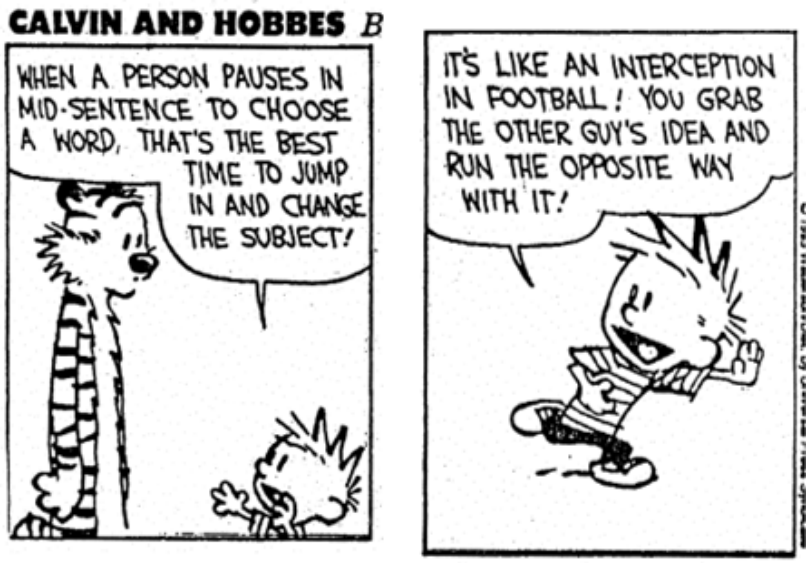
Launching Myths of Aging Campaign

- Follow focus on ageism
  - What are your favorite myths?
- Pick up common myths
- Find gentle ways to correct
  - Fun facts
  - No shaming
- Reinforce age-friendly
  - Inclusive
  - Supportive
  - Interdependent



Use Age-Friendly Communication

- Avoid assumptions
- Cultivate relationships
- Build and return trust
- Underscore success
- Emphasize the positive

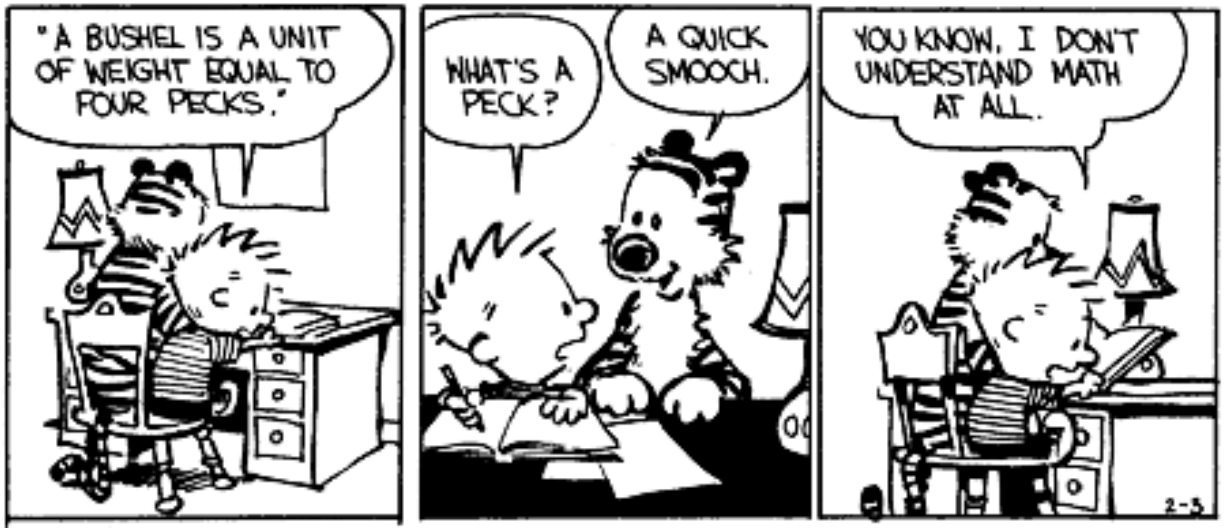


Use Age-Friendly Communication

- Sequence your information
- Hear their perspective
- Avoid “invisible elder” vision
- Refuse to use “elderspeak”
- Confirm your message
- Allow processing time
- Reiterate information

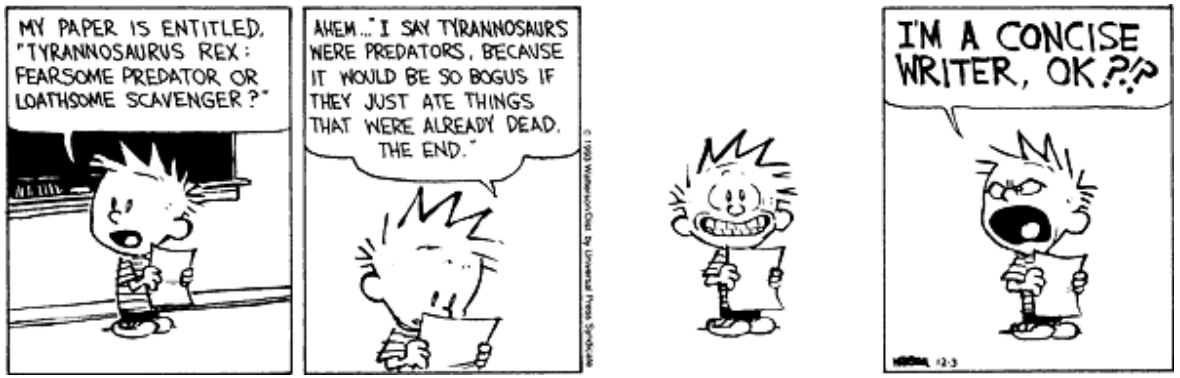
Add Easy Assessment-Action Enhancements

- Do you have any problems with your hearing?
- Do you have any problems with your memory?



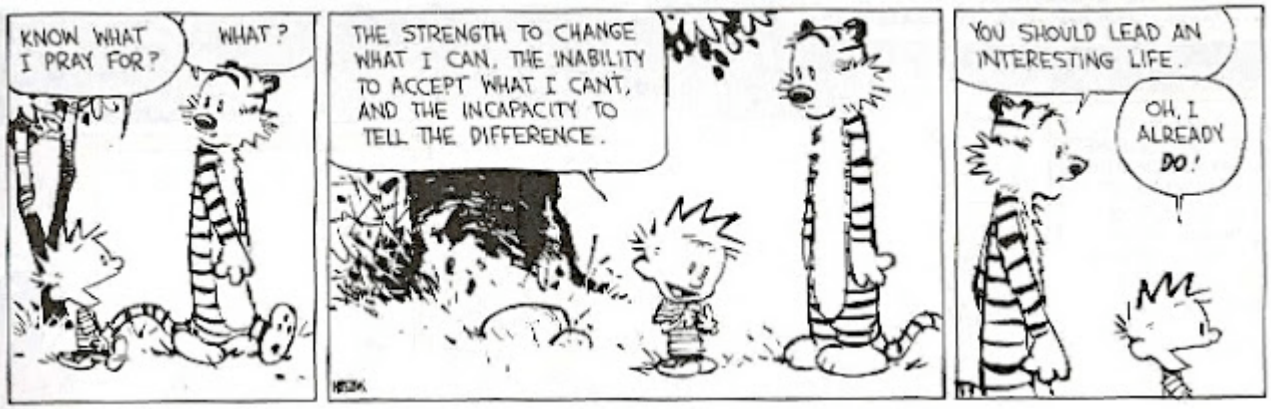
Create Age-Friendly Materials

- Write with
  - 14 point font
  - San serif
  - High contrast
    - Black on white
  - 5th grade reading level
- Avoid handwriting
- Use diagrams
- Use interpretable photos



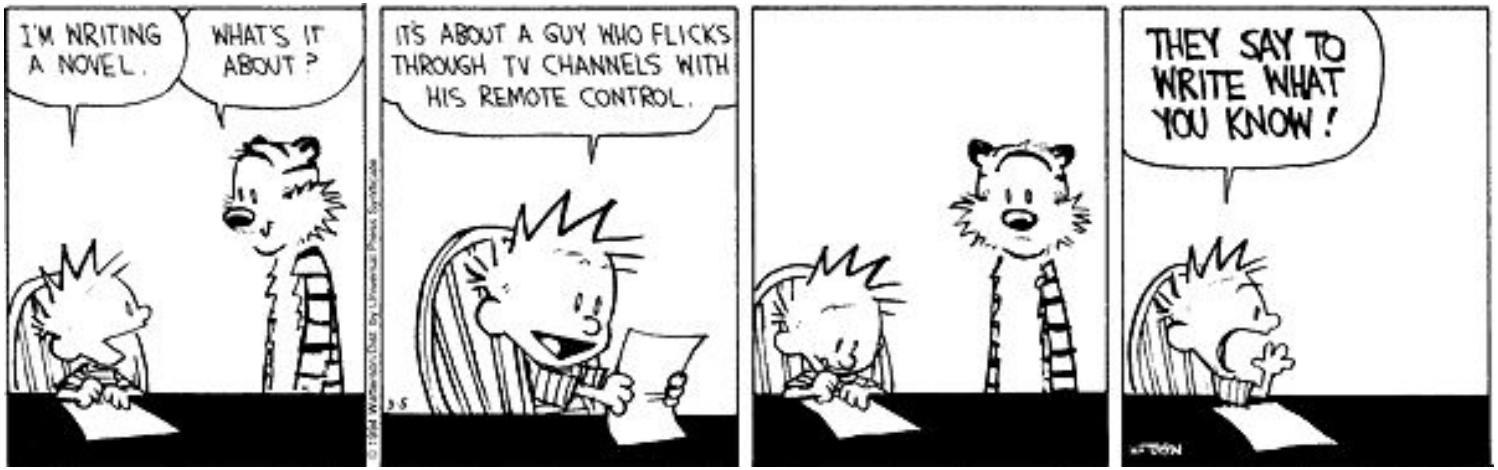
Offer Guidance to Older People

- Do expect good care and support
- Don't accept decisions predicated on age
- Do ask all questions that come to mind
- Don't stand for age-framed responses
- Do ask for what you honestly need



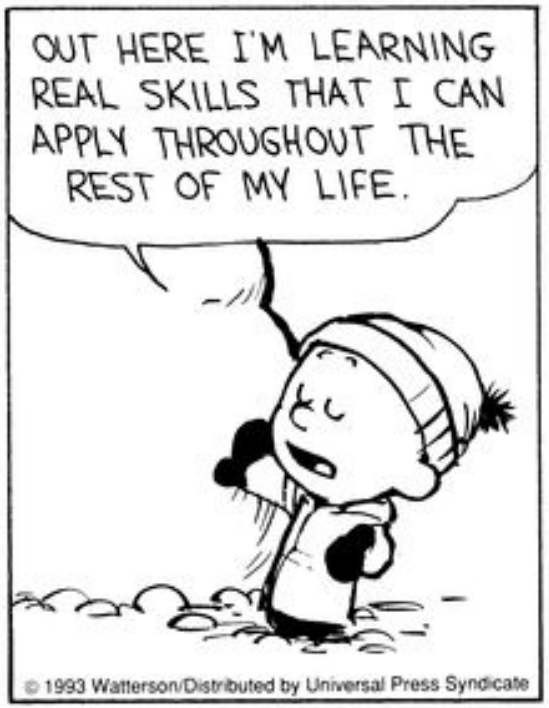
Offer Guidance to Older People

- Do keep a notebook or other record
- Don't be afraid to change your mind
- Do ask 'why are we doing that?'
- Don't forget your desires and goals
- Do recruit an advocate you trust

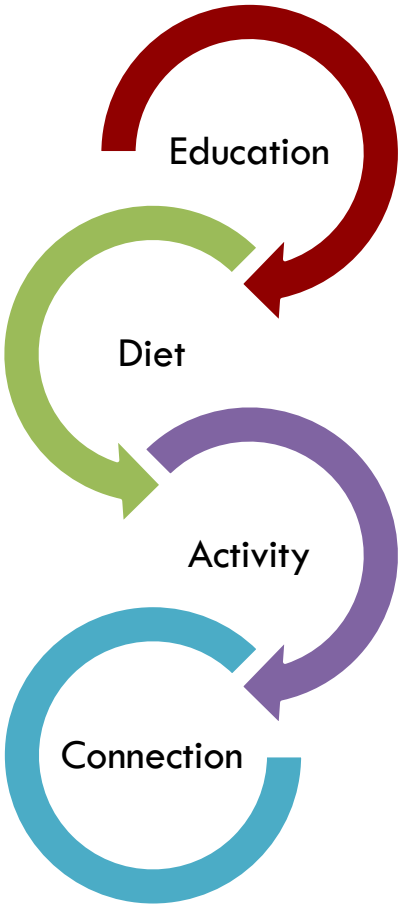


Examples of Age-Friendly Clinical Care

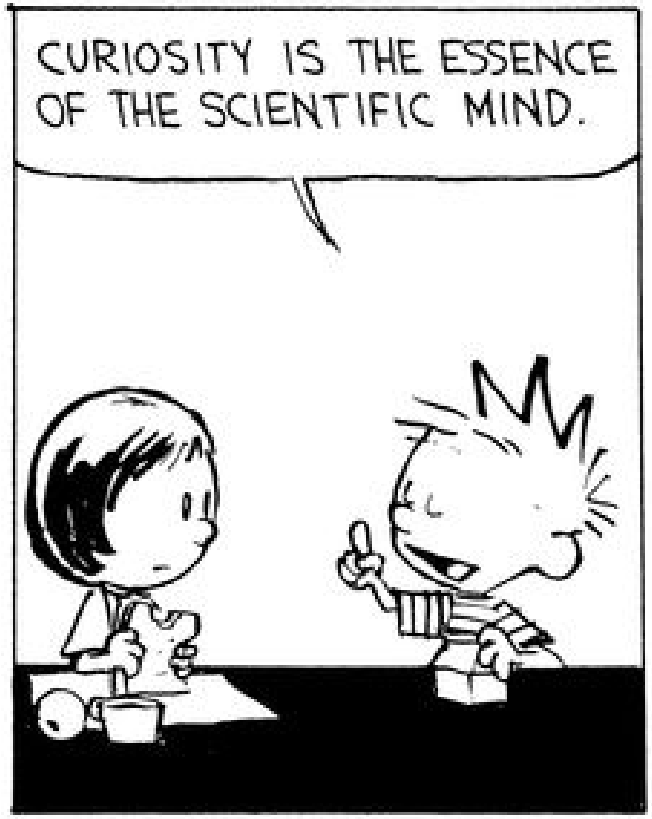
- Inventory resources and advantages
- Normalize, temporize, and revisit – everything!
- Aim for prehab not rehab whenever possible
- Make PT and Nutrition referrals routine
- Consider home healthcare standard



Incorporating the Science of Good Long Lives

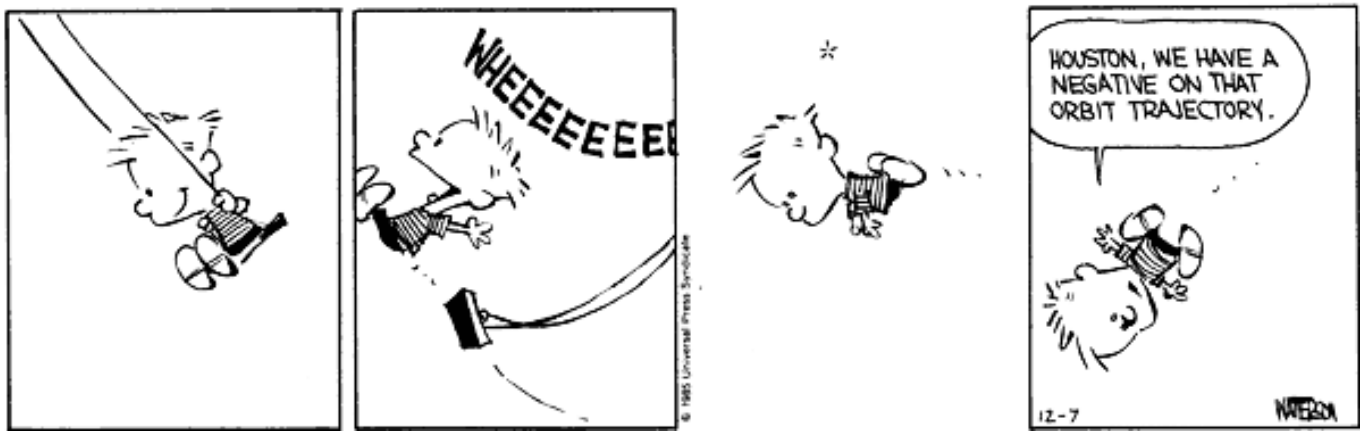


Education and Engagement



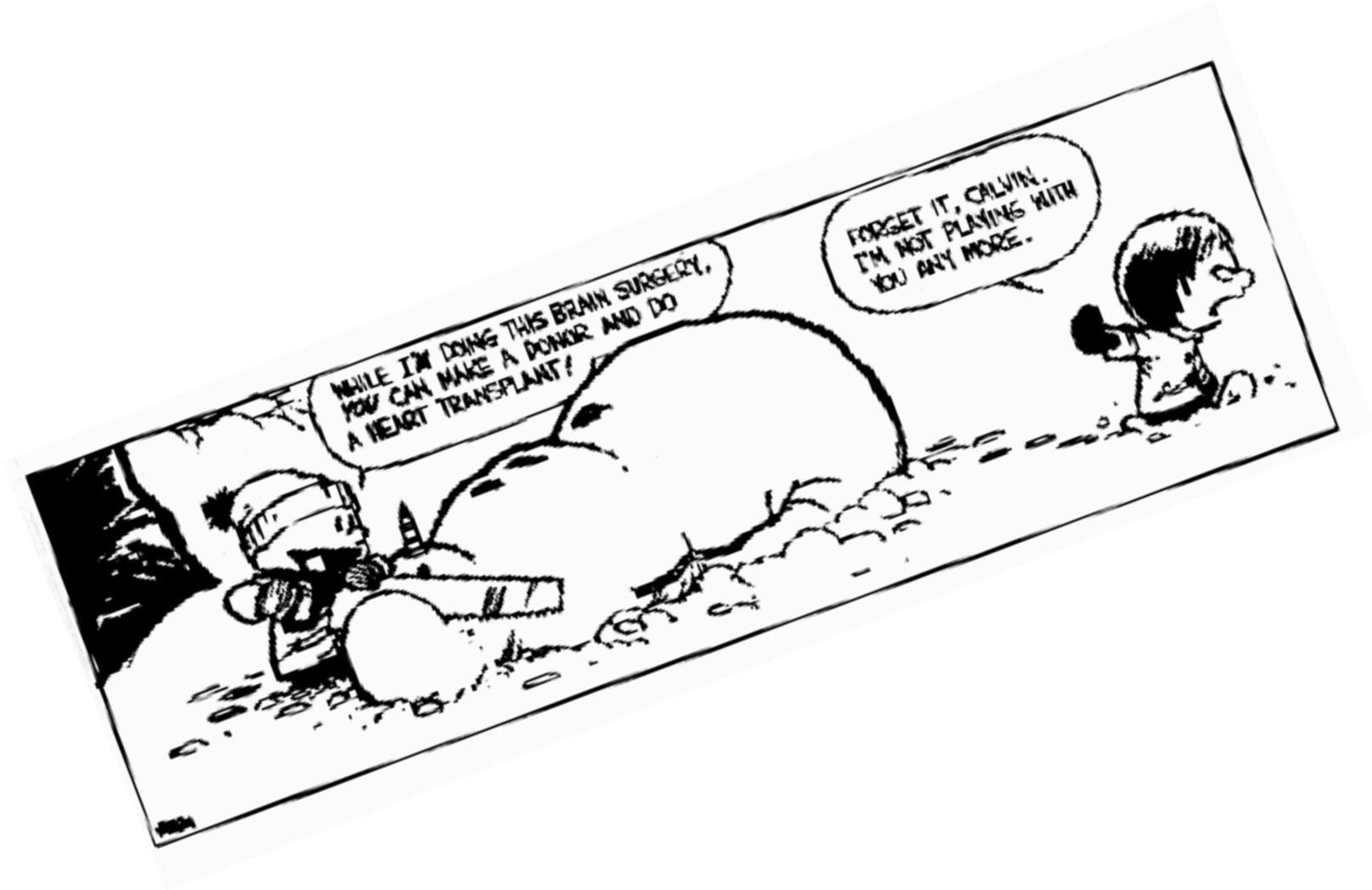
Dietary Choices

Physical and Mental Activity

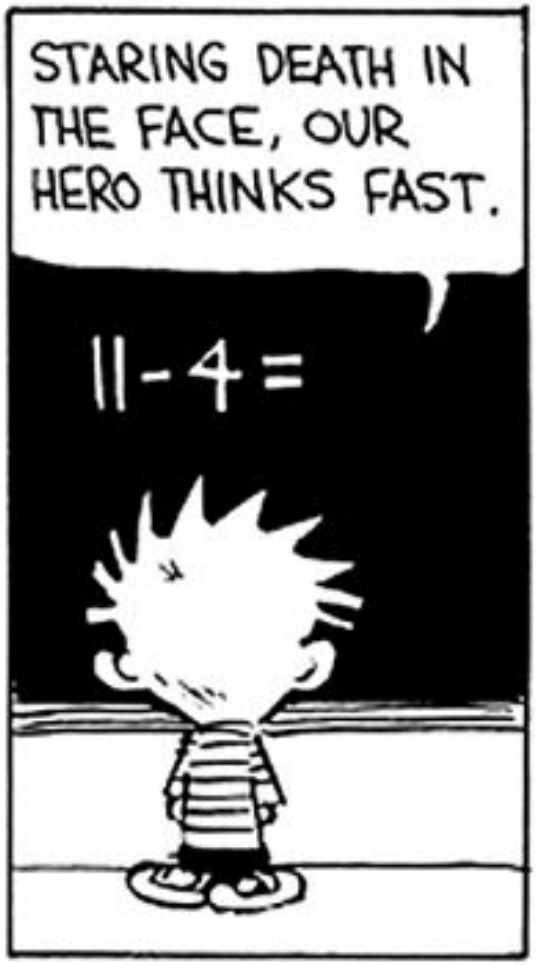


Social Connections

Exercising Caution Regarding…



Comments and Questions?



Thank You!

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skagan@nursing.upenn.edu