



Hazards of Hospitalization for Older Adults

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CIRCLE OF CARE FOR DEMENTIA



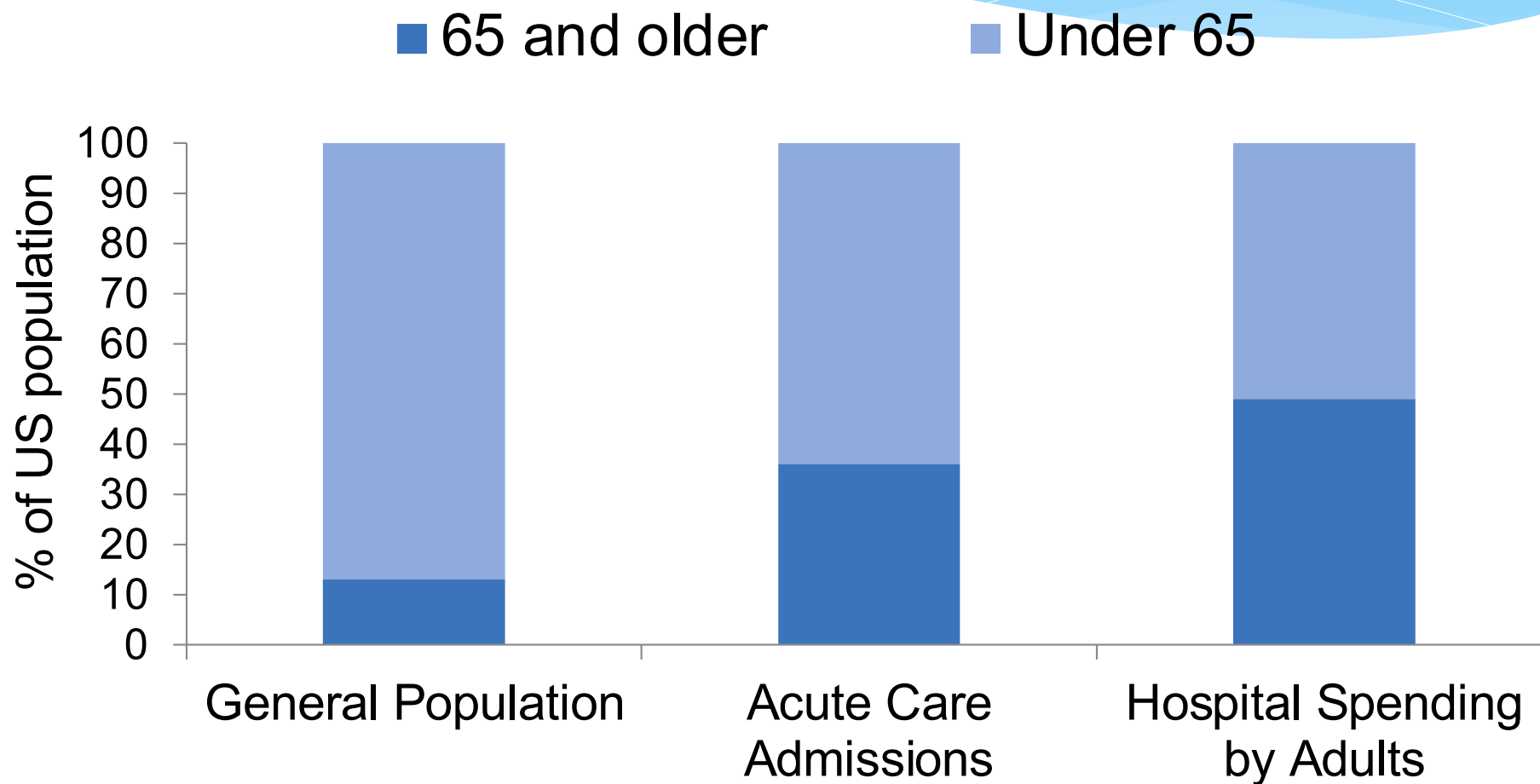
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Learning Objectives

- Why older patients are more prone to complications in the hospital, particularly those with dementia
- How to prevent these complications
- Why bed rest is so detrimental
- Susceptible to adverse drug events
- New models of care for better outcomes

Disproportionate Hospitalization Rates in Older People



Going to the hospital can be life-saving, but...

Hospitalizations are landmark events in the lives of older persons and frequently mark the transition from health to frailty.

Reuben DB, JAGS 2000



What Happens After?

- Once hospitalized, older people are more likely to lose independence or be placed in an institution
 - ≥ 70 years \rightarrow 1/3rd leave with new disability
- Recovery up to 2 years (most in 6 months)
- Risk factors for functional decline include:
 - Age
 - Previous disability and mobility
 - Cognitive impairment or depression
 - Poor nutrition
 - Longer hospital stay



Why Are Older People at Risk?

Acute illness / stress



Increased Disease Burden

- Congestive heart failure
- Pneumonia, urinary, other infections
- Heart rhythm problems
- Heart attack
- Emphysema
- Diabetes
- Stroke
- Adverse drug reactions



Common
reasons for
hospitalization

Decreased Reserve

Increased Disease Burden

Age Related Morbidity and Disability (esp. Dementia)

+

Hospital Associated Stress and Insults

||

DISASTER

Hospital Acquired Risk Factors



FALLS

PAIN

CATHETER USE



HEARING

VISION

DELIRIUM

DEPRESSION

MALNUTRITION

INFECTIONS

PRESSURE ULCERS

ENVIRONMENT

MEDICATIONS

CONTINUITY

SLEEP

RESTRAINTS



Assessment on Admission

- Baseline function – mobility, activities of daily living
- Social situation – living alone? who helps?
- Baseline cognitive status – dementia is often unrecognized and undiagnosed
- Home medications, were they taking these medications?
- Advance directives? POLST?
- Role of hospitalists – pros and cons

Goals of Care

- Patient autonomy is important
- Goals can vary:
 - Prolong survival at all costs, life support?
 - Comfort care – focus on comfort, independence, quality of life
- Do you want to be resuscitated if you have a cardiac or respiratory arrest?
- Is ICU care ok? (many invasive and painful procedures)
- Just because you can do something does not mean you should



Goals of Care

- Share your goals of care with family and your physician
- Advance healthcare directives
- Durable power of attorney for healthcare
- POLST (Provider Orders for Life-Sustaining Treatment)
- Give your doctor copies
- Take these documents to the hospital

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII

THIS form follows the wishes of the patient and reflects the patient's wishes. This Provider Order form is based on the patient's current medical condition and wishes. Any section not completed requires full treatment for that section. Everyone shall be treated with dignity and respect.

Patient's Last Name: _____
First/Middle Name: _____
Date of Birth: _____ Date form Prepared: _____

A CARDIOPULMONARY RESUSCITATION (CPR): ** Person has no pulse and is not breathing **
☐ Allow Resuscitation (CPR) ☐ Do Not Allow Resuscitation (Do Not Resuscitate)

Results of Bed Rest

- Muscle strength can decrease 5% per day
- Bone loss from 10 days of bed rest takes 4 months to restore
- Contractures
- Blood clots in the legs
- Weakness, falls, fractures
- Pressure sores (thin skin, loss of fat)
- Get people out of bed as quickly as safe





Mobility Impairment



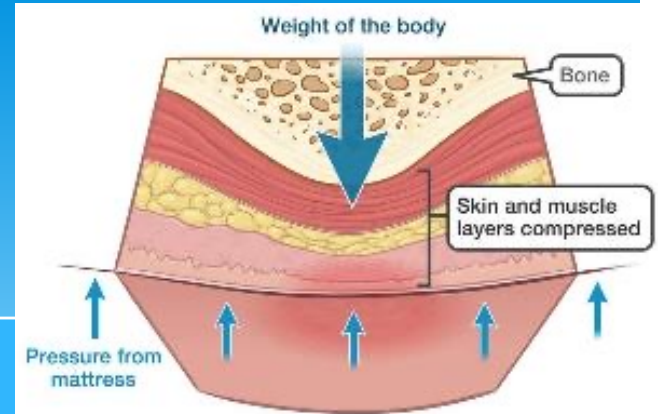
Associated Problems

- Deconditioning
- Falls
- Injuries
- Physical restraints (can cause agitation)
- Environmental hazards
- Urinary incontinence
- Pressure ulcers

Solutions

- Early mobilization, call bell
- Sit in chair for meals
- Assistance with toileting
- 1:1 sitters (family if possible)
- PT and OT early
- Assistive devices
- Remove restraints as much as possible
- Remove catheters and IVs as quickly as possible

Pressure Ulcers



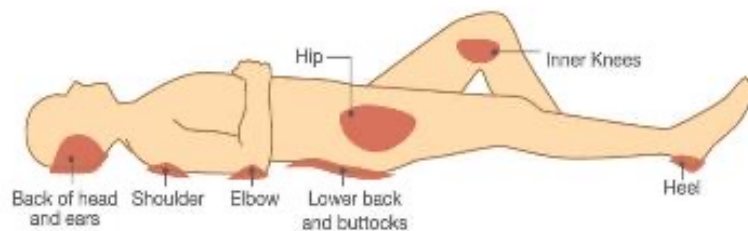
Associated Problems

- Infections
- Pain
- Functional decline
- Caused by friction, worse if moisture

Solutions

- Daily skin exam
- Turn frequently (every 2 hrs)
- Check risk areas – back, buttocks, heels, bony areas
- Good nutrition
- Good mattress
- Timed toileting to keep dry
- The key is PREVENTION!

BEDSORES





Sleep and Sensory Impairments

Associated Problems	Solutions
<ul style="list-style-type: none">• Hospital is NOT a good place to “rest”• Hearing and vision problems common• Delirium, Anxiety• Functional decline• IMAGINE – wake in strange place, blurry strangers are poking and prodding you!	<ul style="list-style-type: none">• Environment – reduce noise and bright lights• 1:1 sitter, encourage family to stay nights• Frequent re-orientation (calendar, clock)• Activity during the day• Hearing – provide aids, speak slowly and clearly, earwax?• Vision – glasses



Bladder and Bowels



Associated Problems

- Urinary incontinence common in hospital
- Associated with:
 - Illness
 - Access/restraints
 - Waiting for nurse
- Catheters used often
- Constipation – can cause poor appetite, abdominal pain, delirium, etc.

Solutions

- Get out of bed quickly!
- Get catheter out as soon as possible
- Timed toileting regimen
- Bedside commode
- Monitor bowel movements
- Avoid certain medications
- Laxatives if necessary

Malnutrition

Associated Problems	Solutions
<ul style="list-style-type: none">• Many older people have poor nutrition even before coming to the hospital• Dehydration is common• Increases risk of hospital complications	<ul style="list-style-type: none">• Assess for chewing, dentures, and swallowing problems• Is diet too restrictive?• Enough time to eat, help being fed?• Medication side effects?• Dietary supplements



Medications

Associated Problems	Solutions
<ul style="list-style-type: none">• Adverse drug events• Delirium• Falls• Functional decline• Effects more common and more severe in older people	<ul style="list-style-type: none">• Monitor drug levels• Avoid high risk drugs• Simplify drug regimen• Many adverse drug events can be PREVENTED!



Dementia and Depression

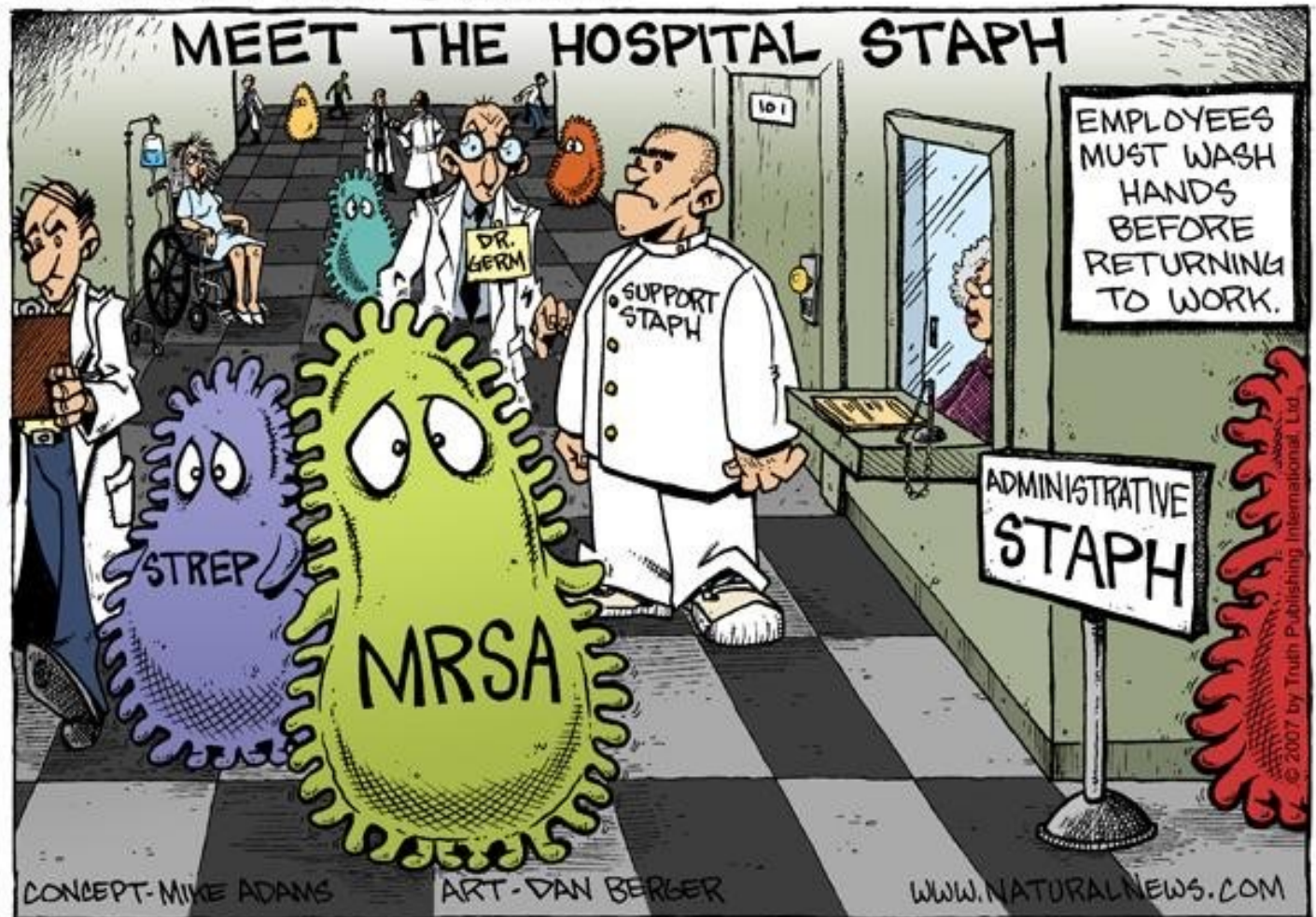
Associated Problems	Solutions
<ul style="list-style-type: none">• Dementia – at highest risk for poor outcomes due to hospitalization• Consider risks and benefits before making decision to hospitalize• Review goals of care• Depression – almost 40% in hospitalized elders	<ul style="list-style-type: none">• Evaluate early for delirium• Preventive strategies for delirium• Monitor medications• Consider antidepressants• Family can help! – frequent reorientation, reassurance, help with feeding and safety

Delirium

- An acute confusional state that fluctuates
- Poor attention and altered consciousness
- Seen in >30-50% of patients age 70+ in hospital
- Many factors contribute (illness, meds, etc.)
- Associated with:
 - Longer stay in hospital
 - Higher mortality
 - Functional decline and disability
- People at risk can be identified and treated early
- Prevention is possible!

Infections

- Good hand washing is very important for prevention!
- Don't visit in the hospital if you're sick



New Models of Care: ACE

- Acute Care for Elders (ACE Unit):
 - Environment promotes mobility and orientation
 - Interprofessional, team-based nursing care
 - Early social work intervention
 - Medication review
- Good outcomes with ACE – improved function and satisfaction, reduced cost
- There are no ACE units in Hawaii

Other New Models of Care

- Hospital Elder Life Program (HELP) – prevents delirium by managing 6 factors:
 - Cognitive impairment
 - Sleep deprivation
 - Immobility
 - Vision impairment
 - Hearing impairment
 - Dehydration
- Surgical co-management (eg. Hip fractures)
- Hospital-in-Home program

Hospital Discharge

- Discharge to Home:
 - Does the person need a caregiver?
 - Does the person need equipment or home safety evaluation?
- Discharge to Rehabilitation or Nursing Home:
 - For how long?
 - What is the ultimate goal?
- Good communication between health care professionals is key!
- Family needs to understand medications, care needs, prognosis – realistic expectations

Rehabilitation After Hospital

- Types of Rehab:
 - Physical therapy – mobility, strength, range of motion
 - Occupational therapy – activities of daily living, self-care
 - Speech therapy – communication, swallowing
- Sites of Rehab:
 - Rehabilitation hospital
 - Skilled nursing facility
 - Outpatient rehabilitation center
 - Home
- Good rehabilitation is critical for recovery!



Summary

- Hospitalization can be a crossroad for older people, especially with dementia
- Always weigh risks and benefits before putting an older person in the hospital
- Complications can be prevented with good care
- Patient preferences are most important
- Rehabilitation is important for recovering functional independence



Obstacle Course



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."

Now I Know Why They Call It
I C U





Thank You!

Questions?

**Some slides courtesy of: American Geriatrics Society;
Dr. Kentaro Nishino; Dr. Aida Wen**