Putting Patients First RESPONSE

Improving Elderly Care

In the September-October issue of *Health Progress*, we asked you how your organization improves care for aging persons. Here's what you told us. Answer this issue's question on p. 31, and we'll publish your answers.

EDUCATION FOCUS

We improve care for aging persons through education programs developed and implemented by the Sage Geriatrics Health Education Program. In the first year of the program, funded by the Sage Foundation, we presented lectures, participated in health fairs, and wrote educational columns in Catholic Health Partners' publications. The program also

helped healthcare workers by presenting noon conferences to a multidisciplinary team, conducting in-services on alternatives to physical restraints, providing scholarships to nurses to attend a workshop on dementia care, and making presentations at national conferences. The program heightened awareness of nonclinical staff to seniors' special needs. With two more years left in the grant, we hope to impact the delivery of care to

older adults by developing excellent educational programs, which can be duplicated nationwide.

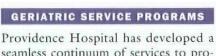
> Sonia Lee, MS, RN Geriatric Clinical Nurse Specialist Sage Geriatrics Health Education Program Catholic Health Partners Chicago

DEVELOPING TRUST

At Mother of Good Counsel Home, a 114-bed skilled nursing facility, we work with our staff on mission and who they are as caregivers. We try to keep the same caregiver with the same resident to develop a trust relationship. Many of our staff say, "I take care of her as though she were my mother." We encourage this way of thinking and feeling.

As management, we try to show by our example how to treat our residents with respect. We firmly believe that the tone we set as leaders will filter down. Finally, we strive to treat our staff with respect and dignity so they can pass it on to our residents.

Sr. M. Stephanie Belgeri Mother of Good Counsel Home St. Louis

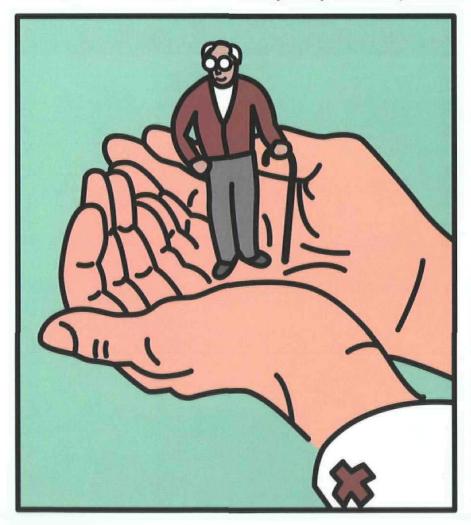


seamless continuum of services to provide the highest quality of care for older adults.

In 1987, two medical units were con-

In 1987, two medical units were converted into units devoted to the care of the hospital's acutely ill elderly. These units were renovated in 1991 to address the elderly patients' social and functional needs. Staff nurses assisted in the design, including features such as diffused lighting, showers equipped with chairs and safety rails, wider doorways, and directional signs in enlarged print.

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PUTTING PATIENTS FIRST

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Following the renovation, we began integrating geriatric assessment into the medical and nursing care of patients in an interdisciplinary environment. We developed geriatric-specific admission criteria, policies, and procedures affecting hospitalized geriatric patients.

The unit now conducts geriatric interdisciplinary rounds on patients with complex medical and social problems. We educate attending and resident staff physicians, nurses, and caregivers from other disciplines regarding geriatric principles of patient care.

We present gerontological updates to undergraduate students in the University of Maryland's gerontology curriculum and at educational forums on emerging concepts on education for the older adult.

Geriatric-specific competencies are included in the orientation of new employees and as a regular part of staff curriculum. We evaluate appropriate restraint use and fall prevention as competencies. A program titled "Back to Basics" provides the opportunity for medical surgical technicians to share their expertise in the acute care of elderly patients. This program educates and reemphasizes specific basic skills, including bathing and oral care.

Strong community programs and the hospice program serve as integral components that complement the patient-centered model of geriatric care. Providence has developed on-campus and community-based centers of geriatric excellence. Carroll Manor Nursing and Rehabilitation Center, a 240-bed facility opened in 1996, features comprehensive treatment for geriatric and rehabilitative care. Fort Lincoln Family Practice Center, with its outpatient geriatric assessment component, is a referral base for outpatients requiring elder services available at the hospital and Carroll Manor.

The geriatric service programs at Providence Hospital continue to gain momentum in providing a seamless continuum of care and addressing the changing needs of our service area population.

> Janet Lewis Director, Quality Management Providence Hospital Washington, DC

A LIFELINE

Holy Cross Hospital provides the Lifeline Personal Response Service for those at risk in the community. Lifeline enables seniors to receive help quickly by pressing a small personal help button affixed to a necklace or watchband strap. This device contacts a monitor, who sends appropriate help, notifies family members, and can make arrangements to take care of pets. Available around the clock, monitors respond to nonemergency requests such as calling a cab and providing emotional support by listening to lonely seniors.

More than 2,000 seniors subscribe to the outreach service. The hospital has provided this service for the past 16 years to enable seniors to remain in their homes as long as possible with peace of mind, dignity, and the knowledge that they will get help quickly in an emergency.

Sr. Joan Carusillo Lifeline Program Manager Holy Cross Hospital Fort Lauderdale, FL

HOPE AND COMFORT

St. Camillus Campus is a continuing care retirement community in Wauwatosa, WI. The campus consists of 294 independent living apartments, 106 community-based residential living apartments, a 205-bed skilled nursing facility with a full rehabilitation center, adult day service, and a licensed home healthcare agency. We address the physical, emotional, social, and spiritual needs of an individual. We live our mission statement, which says, "By providing services to the poor, the sick, and the elderly with a sense of compassion and love, St. Camillus Campus offers hope and meaning to those who are suffering, comfort and security to those who are aging, and serenity to those who are dying, taking into account each person's innate dignity, unique needs, and God-given rights."

> Susan Stupica Director of Marketing/Admissions St. Camillus Campus Wauwatosa, WI

CARE ON WHEELS

Recognizing that transportation has been a barrier to those in need of medical attention, Mt. Carmel Medical Center created the CareVan transportation program in 1992. The service provides rides for patients to the hospital and doctors' appointments.

When the first wheelchair-accessible van joined the service later that year, demand skyrocketed. Disabled patients, once unable to receive healthcare services because they did not have transportation, are now able to make arrangements to seek care.

CareVan has six drivers, a dispatcher, and a fleet of radio-equipped vehicles; three have wheelchair lifts. CareVan operations are funded by the medical center and through passenger donations. In an average month, CareVan will transport more than 1,000 passengers nearly 17,000 miles to medical appointments.

Transportation is provided by appointment. Riders are asked to call at least one day in advance, but emergency appointments can be accommodated. The service area includes a four-county region, and drivers routinely travel up to 75 miles to bring cancer patients to Mt. Carmel Regional Cancer Center.

Patients ask for drivers by name, and their trips become an opportunity for interaction and socialization in addition to healthcare access. Some enjoy the chance just to look out the windows.

Recently, CareVan received a note with a crumpled \$5 bill from an elderly lady who lives alone. "What would I do without you? You're making it possible for me to see a doctor and come to the hospital for my treatments. Love to you all for your thoughtfulness and very special kindness."

Robert Poole Director, Community Relations Mt. Carmel Medical Center Pittsburg, KS

HEALTH PROGRESS

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