

Education Plan: Geriatric Assessment & Elder Friendly Care

To help meet with the accreditation standard for geriatric assessments and through stakeholder feedback, the plan to develop education around key areas for geriatric assessment was developed.

While the education is mapped out as a 4 week block, it can be incorporated at your site at a pace that would fit your teams. Sites should aim for implementation starting in Fall 2022.

This education serves as foundational education to base next steps with geriatric assessment & elder friendly care.

Target Audience: All team members

Goals:

- To provide an introductory knowledge base to act as the foundation towards elder friendly care.
- To work towards enhancing geriatric assessments within inpatient units.

Assumptions:

- Education addresses cognitive and affective domains of learning.
- Health care providers will have varying levels of knowledge related to geriatric assessment and elder friendly care.
- Health care providers work in an interprofessional setting to work towards improving geriatric assessment within their care environment.
- Program/Unit Managers & educators will identify unit-specific additional learning needs.

Learning Objectives:

Health care providers will:

- Recognize atypical presentation of illness in relation to elder care.
- Recognize the 3 D's (depression, delirium, & dementia) of geriatric assessment.
- Verbalize strategies for implementing changes to geriatric care planning.

Teaching Methods:

- Bulletins that can be distributed to all team members through a method deemed appropriate by site. Bulletin #1-3 focusing on each of the 3D's for older adults, depression, delirium, and dementia. Bulletin #4 focuses on pulling all 3D's together and outlining practical implementation by all team members to improve geriatric assessments. Bulletin #4 also focus on atypical presentation of illness for older adults and overview to geriatric needs.
- Facilitated discussions lead by manager/educator/leadership on units.

Materials:

- 4 bulletins introducing the 3D's of geriatric assessment and care planning implementation recommendations.

- Weekly education huddle facilitation guides for leadership, including additional resources as required. Can be implemented weekly or per schedule that works for unit/program.

Evaluation:

- Health care providers identify increased comfort with geriatric assessments.
- Lessons learned/progress check implementation to access additional supports and next steps for geriatric assessment improvements.

Geriatrics Essentials Education Series – Huddle Notes

Week 1 – Dementia

Review bulletin #1 with staff. Consider various avenues to share the bulletin with your team including posting on unit, emailing, or even having extra copies available for distribution.

We have supplied some introduction speaking notes along with some questions to facilitate discussion. The goal of this week is for staff to build on their knowledge of dementia and reflect on their roles as part of the collaborative care team to improve care of the older adult.

- **Introduction:** Over the next few weeks we will be focusing on the care of the older adult and ways we can improve the care we provide. As a team, we will highlight our existing competencies, discuss dementia, and focus on ways we can build on our strengths. Working with people with dementia can be very challenging. A lot of people think that they understand dementia but then are surprised there is always more to learn.
- Consider pulling a few key items from the bulletin you feel would be beneficial for you team to be aware of or discuss.
- **Guiding Questions:**
 - Anything that you will use going forward?
 - What is one thing you implement in your practice to improve the care of the older adult?
 - Anything that you hadn't thought of before?
 - Anything that you would like to know more about?

Resources to consider:

If anyone is looking for more information, these resources could be shared. **There is no expectation that these are shared in the huddle.**

Videos:

- Using improve to improve life with Alzheimer's (11 mins) https://youtu.be/GciWItvLo_s
- UCLS Caregiver training videos: A collection of videos each about 5 minutes long showing approach best practice for a variety of common behaviour related challenges. Scenarios are mostly community based but principles are widely applicable. www.uclahealth.org/dementia/caregiver-education-videos
- Support Services to Seniors introduction to dementia videos. Dementia Introduction for Support Services to Seniors (9 mins) <https://youtu.be/9K5mbpi0Iws>
- Dementia Introduction for Support Services to Seniors part 2 – approach (8 mins) <https://youtu.be/7HbpkmKdSY4>

Geriatrics Essentials Education Series - Huddle Notes

Week 2 – Delirium

Review bulletin #2 with staff. Consider various avenues to share the bulletin with your team including posting on unit, emailing, or even having extra copies available for distribution.

We have supplied some introduction speaking notes along with some questions to facilitate discussion. The goal of this week is for staff to build on their knowledge of delirium and reflect on their roles as part of the collaborative care team to improve care of the older adult.

- **Introduction:** Delirium can look a lot like dementia, so it is often not identified, particularly if the person has a dementia diagnosis already. Knowing the person's baseline function is essential and that will often require that it is discussed with a family member or support person who knows them well.
- Remind your team about the **WRHA Delirium Clinical Practice Guideline** (Suggestion: To keep the Delirium CPG readily available on the unit. Use this link to find the CPG [EIPT-014-002.pdf \(wrha.m.ca\)](https://www.wrha.m.ca/EIPT-014-002.pdf)). There are some components of the CPG you can highlight for your team:
 - Tests recommended to find possible causes of delirium (both physician and nursing roles).
 - Intervention suggestions, pharmacological recommendations (medication for agitation should be a last resort). Key tip: *Antipsychotic medications are contraindicated for people with Lewy Body Dementia.*
- **Guiding Questions:**
 - Have you used the CAM? Or another screening tool? **Key Point** - Assessment fatigue can happen easily when staff regularly use a tool and it can be easy to forget to *actively analyze the questions and apply it to the care plan.*
 - Is there a key take away from the delirium bulletin or CPG that will impact your practice?
 - Anything that you would like to know more about delirium?

Resources to consider:

If anyone is looking for more information, these resources could be shared. **There is no expectation that these are shared in the huddle.**

Videos:

- This is not my Mom (57 seconds) <https://youtu.be/9QURzexhWP4>
There is an excellent CAM tool training video here (8min 30):
<https://youtu.be/jCXnoLHahM>

Geriatrics Essentials Education Series - Huddle Notes

Week 3 – Depression

Review bulletin #3 with staff. Consider various avenues to share the bulletin with your team including posting on unit, emailing, or even having extra copies available for distribution.

We have supplied some introduction speaking notes along with some questions to facilitate discussion. The goal of this week is for staff to build on their knowledge of depression and the older adults. The hope is to team members to have a takeaway from this huddle that they feel will create a change in their practice and geriatric assessment.

- **Introduction:** Depression is not an older adult's specific issue, so why is it singled out as an issue? It is often not recognized in older adults. This is because some signs of depression can be mistaken for signs of aging, and also because older adults who are depressed may not complain about feeling low. When left untreated, depression may continue for weeks, months, or even years.
- **Did you know?** The presence of depression substantially increases the likelihood of death from those illnesses. Depression also has been linked with increased risk of death after a heart attack.
- **Guiding Questions:**
 - Do you find that you are thinking about depression when you assess your patients?
 - What would you do if you suspected depression?

Resources to consider:

Assessment:

There are a few assessment tools that can be used to **screen** for depression in the older adult. The PHQ9 closely mimics the DSM5 diagnostic criteria for depression. Patients who screen positive should be further evaluated to determine whether they meet criteria for a depressive disorder. [depression_patient_health_questionnaire.pdf \(gov.bc.ca\)](#)

The Geriatric depression scale is often used: [Try This General Assessment 4.pdf \(hign.org\)](#)

Geriatrics Essentials Education Series - Huddle Notes

Week 4 – 3 D's of Geriatric Assessment – Dementia, Delirium, & Depression – Atypical Presentation

Review bulletin #4 with your team. Consider various avenues to share the bulletin with your team including posting on unit, emailing, or even having extra copies available for distribution.

We have supplied some introduction speaking notes along with some questions to facilitate discussion. The goal of this week is your team to pull together components of the geriatric assessment for dementia, delirium, and depression, to work towards highlight the special needs/considerations when working with older adults. It is important to remember that older adults present differently.

Introduction: It is important to remember that older adults present differently and to take careful consideration in your care planning and assessments. The idea behind this being that if there is functional change, there is a reason. The collaborative care team needs to work together as detectives to pull together the puzzle pieces that will help to provide the safest care for the older adult.

- **Did you know?** The areas where the 3 D's are most likely to be mistaken for each other are thinking (cognition), mood, and orientation.
- **Practice Implementation:** Obtaining the baseline from collateral in order to assist with differentiating is essential.
- **Guiding Questions:**
 - What questions would you ask in order to determine which D the older adult is presenting with?
 - What changes will you make to your practice as a result of this education series?
 - What other team members might you consult and when?

Resources to consider:

3D's Quiz: <https://www.islandhealth.ca/sites/default/files/2018-05/delirium-3d-quiz-answers.pdf>

Videos:

Atypical presentation of illness in older adults – excellent synopsis of this series. (14min)
<https://youtu.be/dVsh37ugfl4> (you could start at the 3 min mark)