

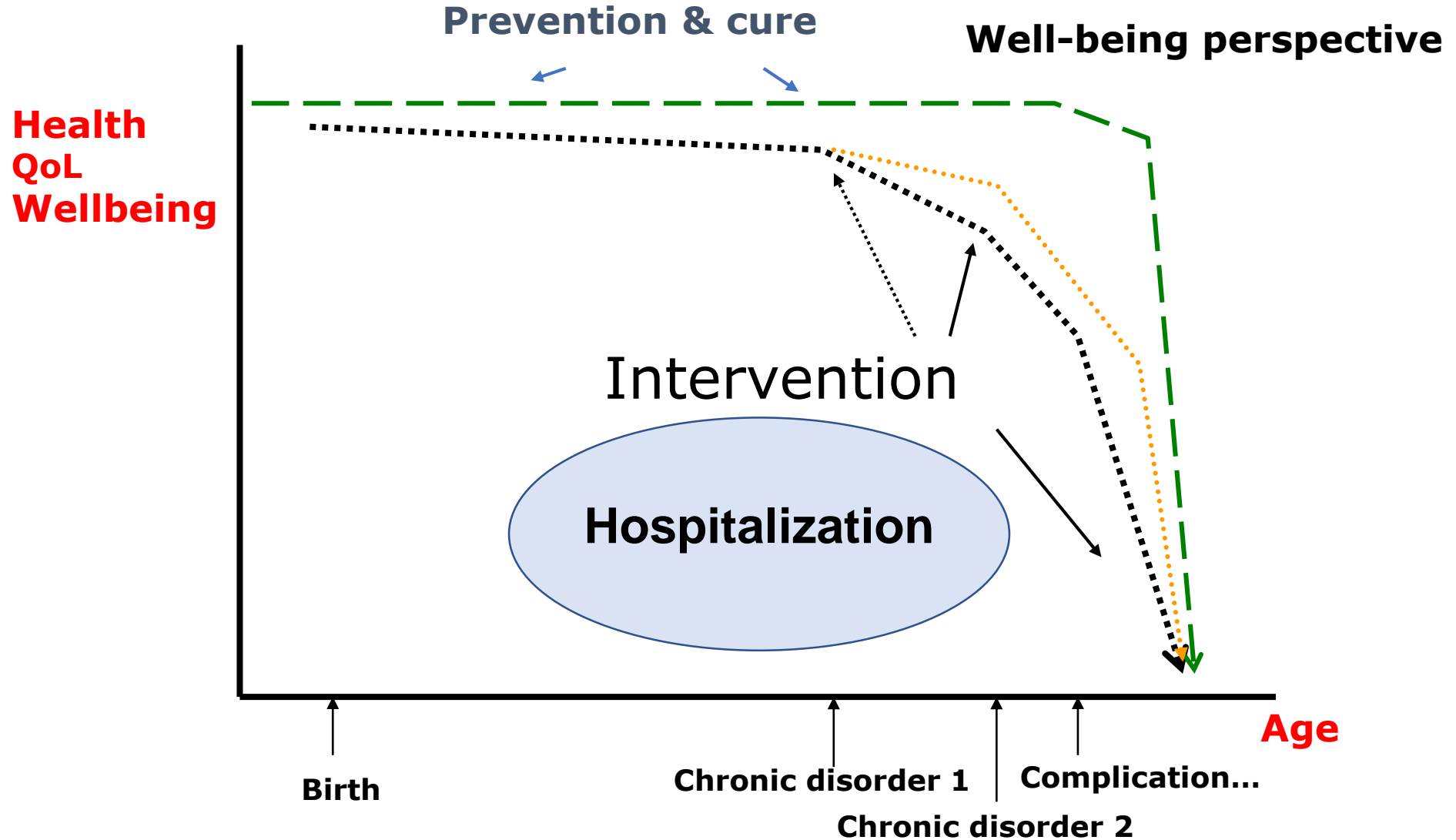
Does we need changes in hospital care of older patients?

Barbara Gryglewska

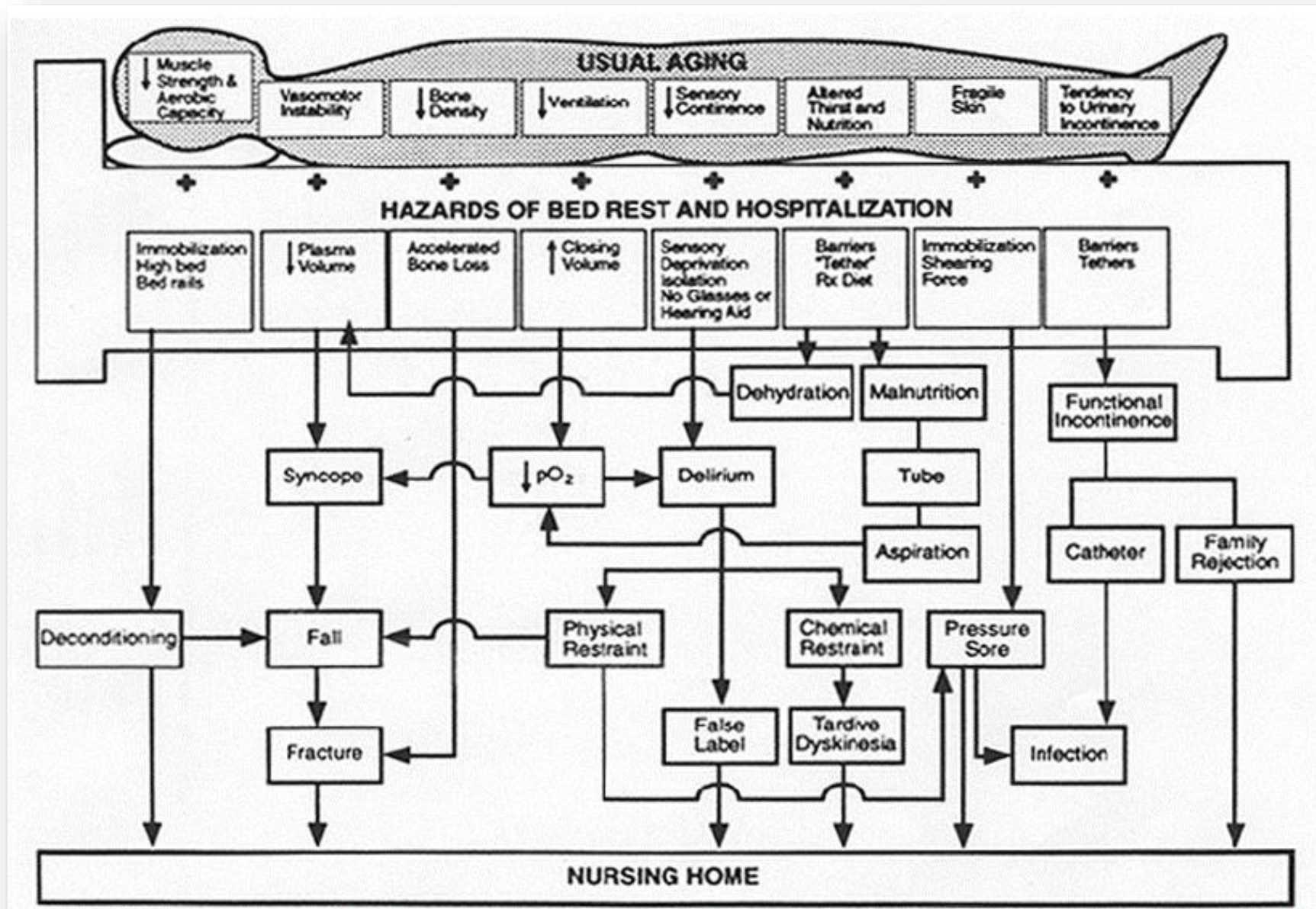
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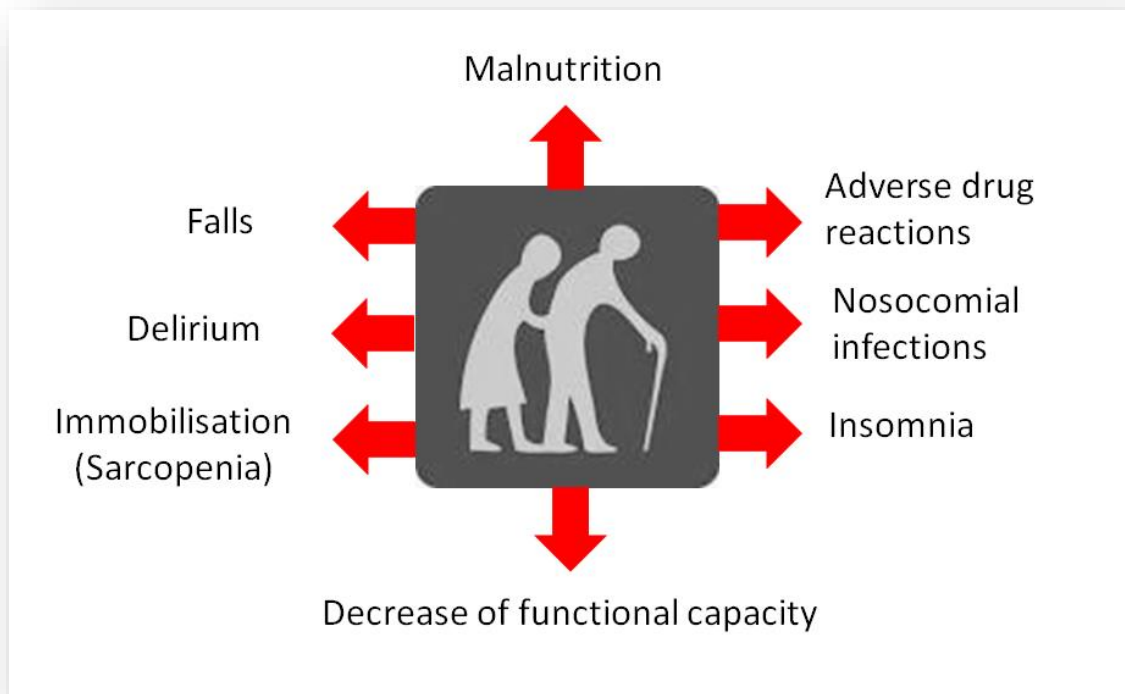
Ideal ageing



Cascade to Dependency



Hazards of Hospitalization



Association between each hospital-associated complication and risk factors

	Age 75+	Dependent ≥ 1 ADL at admission
Functional decline (n=114)	3.0 (1.9–4.8) p<0.0001	3.5 (2.2–5.6) p<0.0001
Delirium (n=66)	2.6 (1.5–4.4) p=0.0008	1.6 (1.0–2.7) p=0.06
New incontinence (n=54)	1.7 (0.9–3.0) p=0.09	1.7 (0.9–3.0) p=0.08
Fall (n=30)	0.8 (0.4–1.7) p=0.62	1.4 (0.7–2.9) p=0.36
Pressure injury (n=18)	1.2 (0.5–2.7) p=0.68	1.9 (0.8–4.6) p=0.13
Any HAC-OP (n=192)	2.4 (1.6–3.5) p<0.0001	2.2 (1.5–3.3) p<0.0001

, ADL activities of daily living; HAC-OP hospital associated complications of older people

J Am Geriatr Soc. 2019 Feb; 67(2): 352–356.

How to diminish hazard?

Procedures

- Avoiding planned/diagnostic hospitalizations
- Changing hospital organization to increase safety of elderly patients (use new technology)
- Minimizing therapeutic immobilization
- Barriers elimination (high beds, bedsideladders, etc.)
- Noise elimination
- Avoiding/limiting some procedures (egz. drips, catheterization)
- Monitoring/limiting the number of drugs
- Planning discharge from the hospital

How to diminish hazard?

Personel

- Geriatrician
- Geriatric nursing assessment
- Feeding assistance
- Early mobilization, physical rehabilitation
- Medical caregivers, volunteers
- Interdiciplinary coopertion
- Provider education
- Geriatric consultation
- Interdisciplinary Consults- pharmacy, nutrition, other specialists
- Cooperation with the family members

Costs

Changes of procedure valuation

Modern hospital



**We need friendly hospitals for elderly patients
Changes are need as soon as possible**