Getting Started and Building Capacity for Geriatric Emergency Management:

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What is capacity building?

- Bringing knowledge to practice
- Building essential capital
- Brokering innovation diffusion
- Better health outcomes for seniors
A Model for Exploring the Knowledge to Practice Process

Creation

Transfer

Translation

Utilization

Individual factors such as beliefs about self-efficacy, utility, value and expectancies

Organizational factors such as organizational readiness and support, information systems, quality management processes

Inter-organizational factors such as boundary and expectancy management

Description
Correlation
Experimentation
Met-analyses

Co-modification
Marketing
Detailing
Mediating

Education
Opinion
Leadership
Simplification
Explanation
Interaction
Advocacy
The structure of capital and the capacity building process

**Financial capital:** Money and infrastructure

**Human capital:** Skills and interests

**Information capital:** Knowledge creation and management

**Social capital:** Interpersonal and social influence
Determinants of innovation adoption:

- Relative advantage
- Compatibility
- Complexity
- Trialability
- Observability
- Image
- Voluntariness

Rogers, 1995; Moore & Benbasat, 1991
# A framework to guide capacity building activities

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<tr>
<th>Contexts</th>
<th>Targets</th>
<th>Activities</th>
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<tr>
<td>Internal-hospital focus</td>
<td>ED Staff and hospital staff, Psychogeriatric services, CCAC discharge planners, committees and task forces, managerial and admin staff</td>
<td>Discipline specific teaching, Coaching and mentoring, Committee membership, Committee membership, Program planning, Preparation of enduring materials</td>
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<td>External – agency focus</td>
<td>LTC &amp; Retirement home staff, CCAC case manager, Community Health Centers, Pre-Hospital care/EMS, Community networks, Primary care &amp; specialist Docs, Pharmacists, Associations, Colleges and Universities</td>
<td>Formal and informal teaching, Collaborative problem solving, Developing policy together, Curriculum Development</td>
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<td>External – senior, family and lay community focus</td>
<td>Patients, patients families and the general community</td>
<td>Enduring materials &amp; handouts, Public lectures, Service group lectures, Developing linkages, Providing forms</td>
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Capacity building with patients, familys and the community at large

Public lectures – normal aging, wellness, frailty and community resources

Preparation and distribute evidenced based handouts on falls prevention, skin and wound care, gastrostomy and jejenostomy tube care, nutrition, constipation, Power of Attorney, advanced care planning Least Restraint and Delirium and “The Care Guide” to regional services.

“GEM nursing program” poster in ED's

Ongoing liaison with shelters and street outreach programs
<table>
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<th><strong>Capacity building with external stakeholders</strong></th>
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<td><strong>LTC/Retirement Homes</strong></td>
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<td>GEM orientation training for LTC and Residential Care staff</td>
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<td>Workshops - IV pump workshop, Advantages of Hypodermaclysis in LTC, Strategies to reduce hospital transfer, Physical assessment, when to send resident to hospital</td>
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<td>Liaison with Psychogeriatric Resource Consultants</td>
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<td><strong>CCAC</strong></td>
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<td>Geri-Triad meetings involving CCAC community case managers, Psycho-geriatric case managers, regional geriatric program outreach assessment nurses and leadership</td>
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<tr>
<td>Workshops - Hypodermoclysis in LTCs, “Strategies to reduce hospital transfer”</td>
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<td><strong>Primary care/public health</strong></td>
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<td>Acute Care Falls Prevention Coalition program a partnership with Public Health in primary prevention of falls.</td>
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<td><strong>Region/networks</strong></td>
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<td>Development of a process to audit LTC/ED transfers with an Emergency Services Network and LTC agencies</td>
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<td>Gerontology for ED and ICU nurses - Community College Curriculum</td>
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Internal capacity building – ED staff

Engage formal and informal opinion leaders
“Gemalicious Breakfast GEM orientation program
GEM program orientation to all new ED staff
Surveying learning needs in the ED
GEM quiz and results display on ED Education Bulletin Board in the Staff Lounge
Risk Screening training for ED RN’s and unit clerks

Training events for ED staff Falls Prevention, Delirium Assessment training, Use of Bladder Scanner, Least Restraint, On Community Services, Depression, Delirium, Falls, Cognitive Impairment, skin and wound care, gastrostomy and jejenostomy tube care, polypharmacy, nutrition, incontinence and constipation.

Monthly column “The GEM corner” in ED Newsletter.
“Wanted - What is GEM?” poster
Geriatric Article of the Month program

Bedside and ‘point of care’ coaching
GEM success of the month story telling program
ED Discharge Planning for the Elderly project
Internal Capacity Building – Hospital Staff

Educational blitz for clerical staff, clinical assistants, social workers, ED physicians, Rotary Transition staff, Emergency Psychiatry and CCAC discharge planners

Workshops – Risk Screening, Geriatric Emergency Management, All about Falls, Community Resources Know More.

Posters - Expanded and alternative nursing roles, The role of the nurse practitioner. “

Participation in Geriatric Forum and the Geriatric Lecture Series
Internal Medicine Orientation to GEM at “Bullet Rounds” for new Residents
GEM Presentation to Geriatric Psychiatry Grand Rounds

Development of “GEM Red Flags” to alert inpatient units of admitted patients who have a positive TRST/risk factors
Internal Capacity Building – Committees and Administration

Restraint Policy & Procedure Implementation Committee
Participation in the local Geriatric Operations Group
Participation in Emergency service meetings
Co-Chair of the Delirium Program Task Force
Falls Prevention Task Force
Elder Friendly ED administration team
The Best Practice Network
The Advanced Practice Nursing Council
In the beginning

Gather knowledge and make a business case
Engage formal and informal opinion leaders
Begin with a basic model
Plan to preserve identify and local diversity
Empathize and avoid blame
Its a culture change – start everywhere you can
Understand cultural differences between geriatrics and ED
Add a resource rather than stretch an existing one
GEM nurses can come from either ED or geriatrics
Network GEM nurses as support is essential
Link to apple pie and motherhood – the elderly friendly hospital
Promote and build capacity inside and outside the ED
  Work with high user LTC
  Communicate with primary care docs
  Increase use of community resource
Evaluate as you go