

Getting Started and Building Capacity for Geriatric Emergency Management:

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What is capacity building?

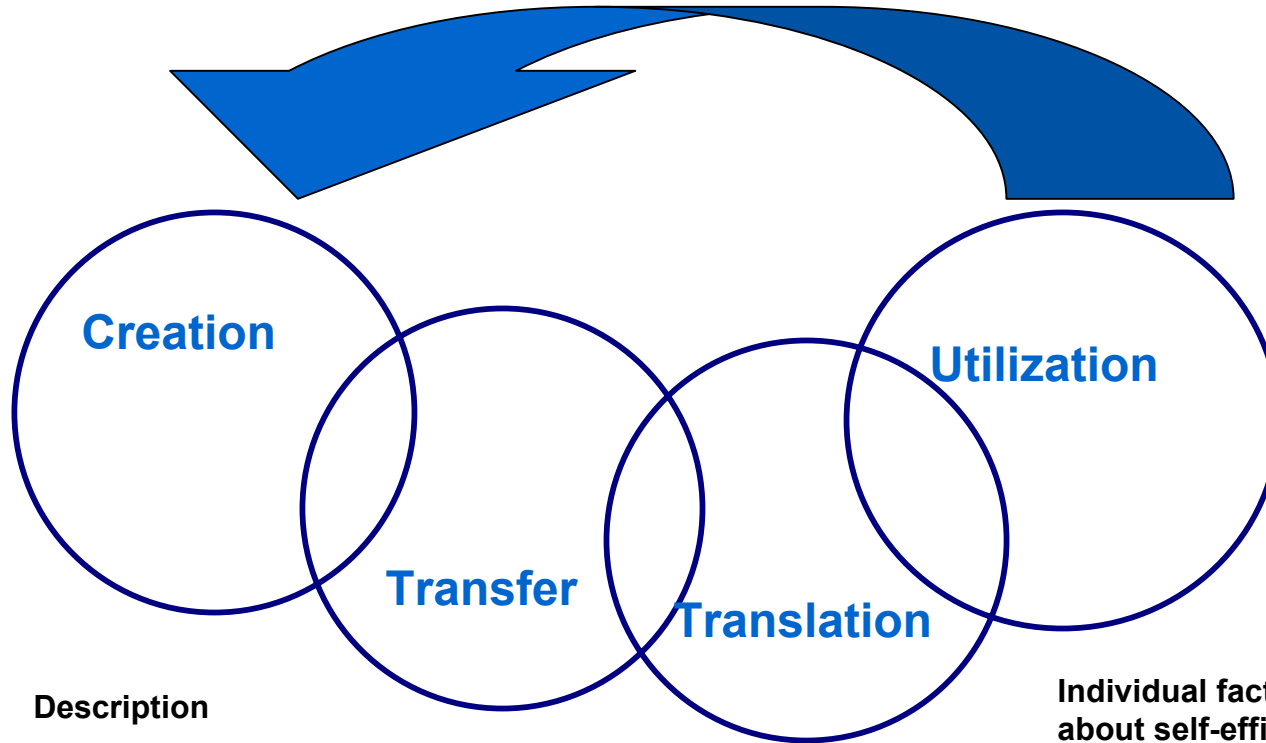
Bringing knowledge to practice

Building essential capital

Brokering innovation diffusion

Better health outcomes for seniors

A Model for Exploring the Knowledge to Practice Process



Description

Correlation

Experimentation

Met-analyses

Co-modification

Marketing

Detailing

Mediating

Education

Opinion

Leadership

Simplification

Explanation

Interaction

Advocacy

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

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

A framework to guide capacity building activities

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

Capacity building with patients, families 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 jejunostomy 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

Capacity building with external stakeholders

LTC/Retirement Homes	<p>GEM orientation training for LTC and Residential Care staff</p> <p>Workshops - IV pump workshop, Advantages of Hypodermoclysis in LTC, Strategies to reduce hospital transfer, Physical assessment, when to send resident to hospital</p> <p>Liason with Psychogeriatric Resource Consultants</p>
CCAC	<p>Geri-Triad meetings involving CCAC community case managers, Psycho-geriatric case managers, regional geriatric program outreach assessment nurses and leadership</p> <p>Workshops - Hypodermoclysis in LTCs, “Strategies to reduce hospital transfer”</p>
Primary care/public health	<p>Acute Care Falls Prevention Coalition program a partnership with Public Health in primary prevention of falls.</p>
Region/networks	<p>Geriatric Operations Group: a subcommittee of a regional Emergency Services Network.</p> <p>Development of a process to audit LTC/ED transfers with an Emergency Services Network and LTC agencies</p> <p>Gerontology for ED and ICU nurses - Community College Curriculum</p>

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 jejunostomy 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