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Objectives

- Consider the meaning(s) of *patient-centeredness*
- Discern one's *well-being* from an objective health rating
- Explore the 4M's framework for *evolving an age friendly health system*
- Apply *intentional* action in the pursuit of excellence

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Patient-centeredness

- Respect for patients' values, preferences, and expressed needs
 - paying attention to patient's quality of life, dignity, needs, and autonomy
 - involvement in decision-making
- Coordination and integration of care
 - clinical care, ancillary and support services, front-line patient care
- Information, communication, and education
 - on clinical status, progress, and prognosis
 - on processes of care
 - information and education to facilitate autonomy, self-care, and health promotion

(Gerteis M, et al. 1993)

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Patient-centeredness

- Physical comfort
 - pain management
 - help with activities of daily living
 - surroundings and hospital environment
- Emotional support and alleviation of fear and anxiety
- Involvement of friends and family
 - accommodation
 - involvement in decision-making and as caregivers
 - recognizing needs of the family
- Transition and continuity
 - provision of information
 - coordination and planning of ongoing treatment and services
 - ongoing support

(Gerteis M, et al. 1993)

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Patient-centered Care

"the experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care." *(Berwick, 2009)*

Person-centered Care

"supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect." *(Health Foundation, 2014)*

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What does 'patient-centeredness' mean to the patient?

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Health professionals
View it as communication skills in terms of explaining and eliciting information (not necessarily in terms of shared decision-making) within the individual consultation.

Managerial stakeholders
View it as care grounded in quality assurance measures.

Lay groups
View it in the context of a social or whole person model of health at the level of patient involvement in planning and delivery of services.

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Health Status

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... the low probability of disease and disease-related disability, high cognitive and physical function capacity, and active engagement with life.
Rowe and Kahn, 1987, 1997

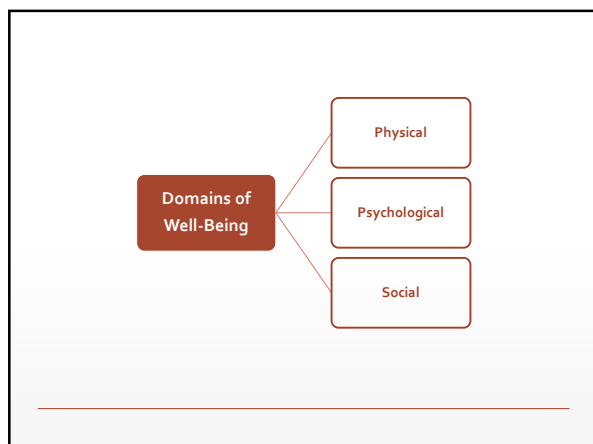
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
World Health Organization, 2006



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Health Status includes aspects defined by the individual and its meaning reflects the individuals' ability to adapt to their environment and manage their well-being
(Huber et al., 2011)

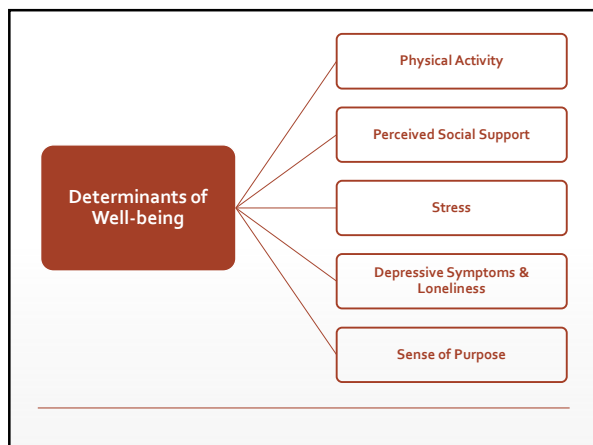
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Well-being is a subjective term that describes self-reported general life satisfaction and the positive and negative emotions associated with health status
(Diener, 2000)


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Psychological Well-being

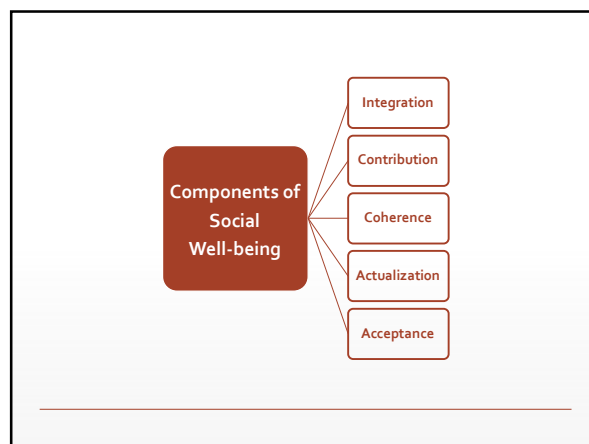
- For older adults in particular, psychological well-being is characterized as the ability to deal with life situations, to have and maintain positive and closer relationships, self acceptance of both self and others, and autonomy *(Ryff, 1995; Ryff & Keyes, 1995)*
- Predictors of high psychological well-being for older adults include social support, physical activity, spirituality, and higher socioeconomic status *(Black et al., 2015; Holland & Hollahan, 2003; Levin & Chatters, 1998)*



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Social Well-being has a significant impact on the health of older adults with higher levels of social well-being related to lower levels of cortisol and inflammatory factors that contribute to a number of diseases, including cardiovascular disease.
(SVD, Ryff, Singer, & Love, 2004)

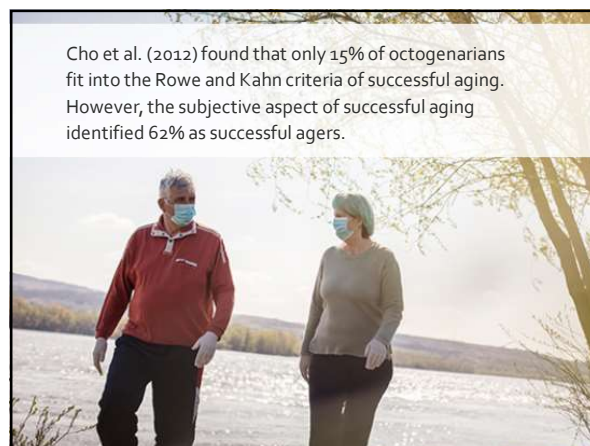
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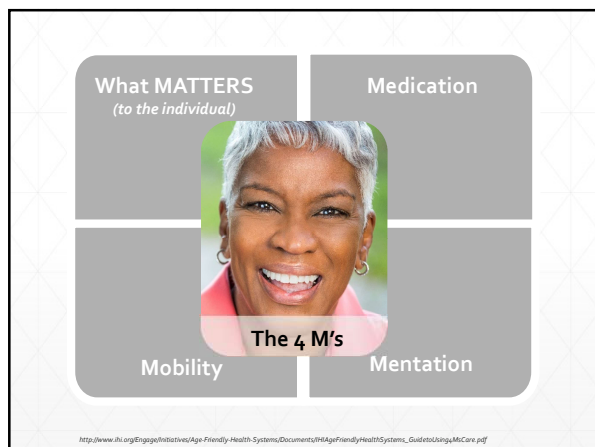
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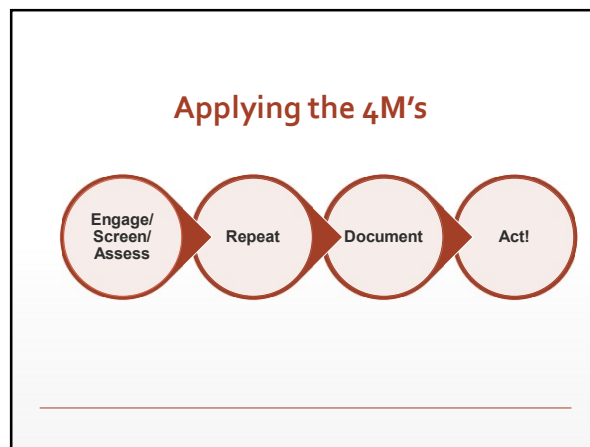
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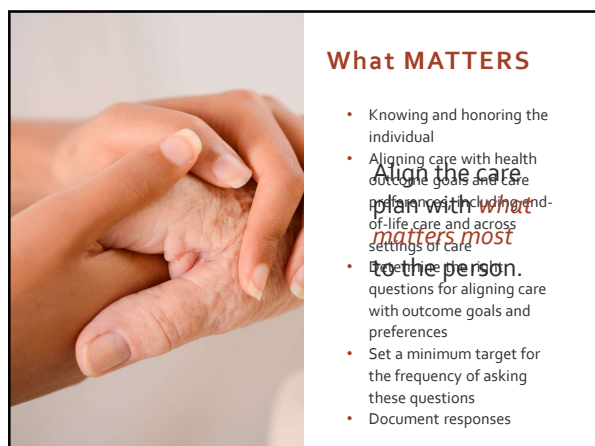
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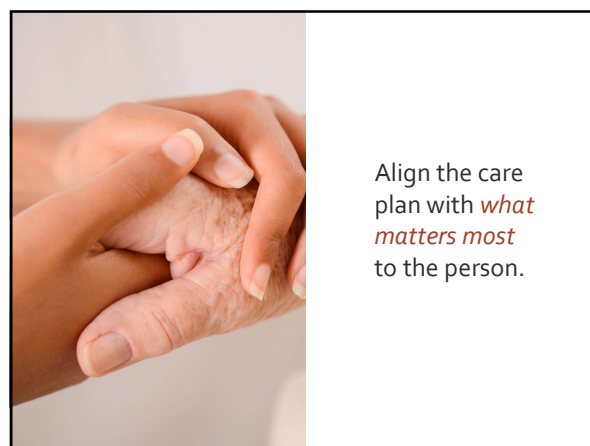
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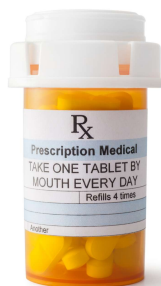
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MEDICATION

- Use age-friendly medication that does not interfere with *What Matters Most*, Mobility, or Mentation
- Check the medications you screen for regularly
 - Benzodiazepines
 - Opioids
 - Highly-anticholinergic medications (e.g. diphenhydramine)
 - All prescriptions and over-the-counter sedatives/sleep medications
 - Muscle relaxants
 - Tricyclic antidepressants
 - Antipsychotics
- Educate and deprescribe



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What is the AGS Beers Criteria®?

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The AGS Beers Criteria® includes lists of certain medications worth discussing with health professionals because they may not be the safest or most appropriate options for older adults.

The five lists included describe specific medications with evidence suggesting they should be:

- Avoided by most older people (outside of hospice and palliative care settings)
- Avoided by older people with specific health conditions
- Avoided in combination with other treatments because of the risk for harmful "drug-drug" interactions
- Used with caution because of the potential for harmful side effects; or
- Dosed differently or avoided among people with reduced kidney function, which impacts how the body processes medicine

<https://pubmed.ncbi.nlm.nih.gov/30633946/>

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Mobility

- Determine screening tool
- Determine screening frequency
- Implement fall prevention protocol
 - educate, manage, ensure a safe environment, avoid high-risk medications
- Identify and set a daily mobility goal to support *What Matters Most*



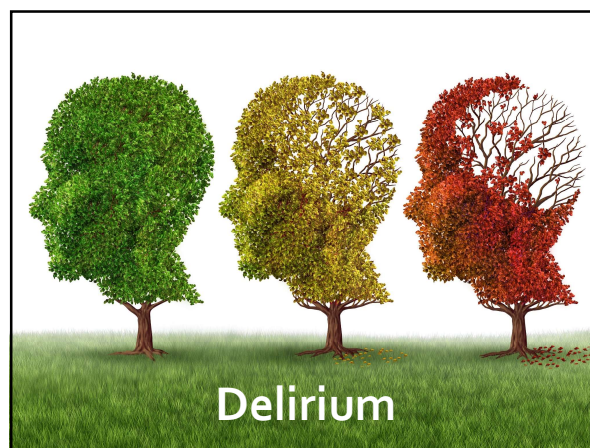
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Mentation

- Differential diagnosis
 - Dementia
 - Depression
 - Delirium
- Functional assessment
- Documentation
- Educate and support



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Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment.

Onset is usually rapid — within hours or a few days.

Symptoms

- Reduced awareness of the environment
- Cognitive impairment
- Behavior changes
- Emotional disturbance

<https://www.mayoclinic.org/diseases-conditions/delirium/symptoms-causes/syc-20371386>

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Potential Causes of Delirium

- Certain medications or drug toxicity
- Alcohol or drug intoxication or withdrawal
- A medical condition
 - i.e. stroke, heart attack, worsening lung or liver disease, or an injury from a fall
- Metabolic imbalances, such as low sodium or low calcium
- Severe, chronic or terminal illness
- Fever and acute infection
- Urinary tract infection, pneumonia or the flu
- Exposure to a toxin
 - carbon monoxide, cyanide or other poisons
- Malnutrition or dehydration
- Sleep deprivation or severe emotional distress
- Pain
- Surgery or other medical procedures that include anesthesia

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Confusion Assessment Method (CAM)

CAM is based on:

- Acute onset
- Inattention
- Disorganized thinking
- Altered level of consciousness

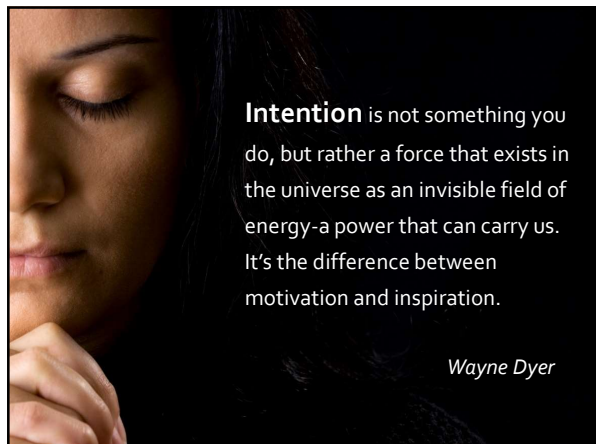
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Complications of Delirium

- For seriously ill people it is more likely to lead to:
 - General decline in health
 - Poor recovery from surgery
 - Need for institutional care
 - Increased risk of death
- Older adults admitted to SNF's with delirium may be prematurely/inappropriately diagnosed with AD/DRD

<https://www.healthinaging.org/blog/delirium-screening-in-skilled-nursing-facilities/>

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Intention is not something you do, but rather a force that exists in the universe as an invisible field of energy—a power that can carry us. It's the difference between motivation and inspiration.

Wayne Dyer

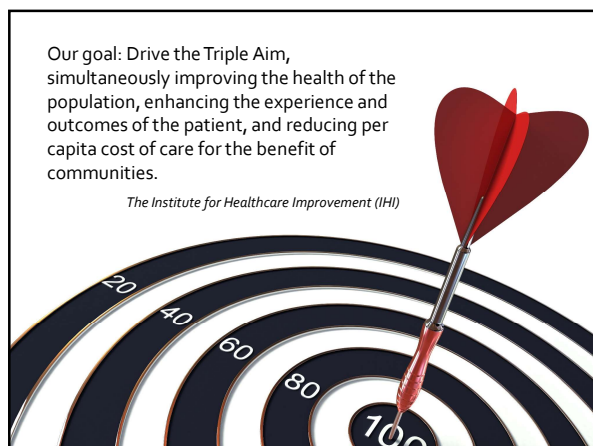
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How can I be intentional?

- Get clear on the result you want
- Be deliberate with your day
- Be purposeful with your time
- Be focused
- Be intentional with your goals
- Be intentional with your most important relationships

Source: Mark Pettit, Lucerni Consulting

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