7th International Conference on

GERIATRICS GERONTOLOGY & PALLIATIVE NURSING

September 4-5, 2017 | Edinburgh, Scotland

Keynote Forum

Day 1

Geriatrics 2017

Lee Hyer, J Palliat Care Med 2017, 7:5(Suppl)
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Lee Hyer

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NEW MODEL: HOLISTIC ASSESSMENT AND TREATMENT OF OLDER ADULTS

In 2014 a new model of assessment and treatment for older adults was promulgated (Hyer 2014). This presentation explicates this Watch and Wait model, outlining five core domains of care, the importance of a focus on the "real world" of an older adult, the limitations of extant treatments and the overvalued focus of the nuanced differences in treatment (one antidepressant vs. another, one psychotherapy vs. another, etc.). We explicate two parts of this model; (1) A case-based and deliberative unfolding of a plan, applying psychoeducation, assessment, validation, alliance building, monitoring, and use of treatment modules; and, as noted, (2) The relevance of five areas {depression, anxiety, cognition, health (especially comorbidities, pain and sleep), and life adjustment (unmet needs in the community)}. We base this model on Primary Care Clinic data of 500 older patients.

We set the stage discussing influencing meta-trends requiring a new model of care for older adults. We then address the unfolding of the first 3-4 sessions of Watch and Wait. We elaborate on an assessment battery for each domain using set screens and a short neuropsychological battery. We explain the metric for designating whether the patient met criteria for each domain; Mild, Moderate, or Problem. This leads to a profile for each patient of the five domains. We then apply an empirically-supported plan of modules for each domain and monitor these.

This model is case-based, applies common factors/motivational interviewing, and uses evidence-based modules of treatment. It also endorses team care, family involvement, and monitoring. Importantly, we endorse and maximize lifestyle interventions, especially exercise, cognitive training, stress reduction, and diet. Health depends on good living and support.

We believe that we need a new, deliberative and thoughtful model of care for this new cohort of older adults. The current medical model is both limiting and ineffective.

Biography

Lee Hyer is a Professor at Georgia Neurosurgical Institute in the Department of Psychiatry and Health Behavior. He serves as Board of Advisors and Senior Fellow Eye Movement Desensitization and Reprocessing (EMDR) Coordinator and Special Instructor. Lee involves in several Administrative Responsibilities/Appointments and Committees. He secured many awards/honors and serves as editorial member and also a reviewer for the following journals Journal of Consulting and Clinical Psychology, Journal of Clinical Psychology, Journal of Applied Gerontology, Journal of Aging Studies, Journal of Gerontology, The Gerontologist, Journal of Traumatic Stress, Journal of Personality Disorders, Journal of Personality Assessment, Psychological Reports and Professional Practice. Lee also published many research papers in highly reputed journals.

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Angela Kydd, J Palliat Care Med 2017, 7:5(Suppl)
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Angela Kydd

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PRESCRIBING FOR THE OLDEST OLD

Given the global increase in people over the age of 85, there is a growing body of literature looking at treating the oldest old. However much of this work is confined to the literature, specialising in geriatrics and the more generic health care papers refer to 'older people' with little definition of what is meant by 'old'. Age is not a diagnosis, but humans do have a finite lifespan and as they age, they become increasing more susceptible to disease and have decreased functional reserve. A major issue in prescribing for people over the age of 85 is that guidelines for diseases are based on trials with younger adults, outline the best practice for one disease in isolation of other diseases and take no account of the interaction of drugs used in managing several diseases. Iatrogenesis (ill health caused by doctors) is a major issue which points to the fact that nurse prescribers and general practitioners (GPs) need practical help in prescribing for the oldest old. Balancing evidenced based practice with clinical judgement means weighing up what will do good, what will cause harm and what is acceptable to the patient. This has to be carried out mostly in isolation from colleagues, within a time-limited consultation with few relevant guidelines on managing multi morbidities in the oldest old. A narrative literature review was undertaken and a literature search on iatrogenesis and the oldest old showed that all papers sourced referred to prescribing for the 'old' as those aged over 65, with only scant mention of the oldest old. This paper presents the findings of this review.

Biography

Angela Kydd has her expertise in frail older people and people with dementia. She worked as a nurse for ten years before working in academia. She is an associate professor at Edinburgh Napier University and works as a co-founder of a Pan-University Ageing Research Network. Over the years she has designed and delivered degree and masters programmes and modules in gerontology. She has undertaken research on attitudes to health care professionals working with older people, self-care beliefs of women with diabetes and her PhD thesis were on delayed discharge from a policy and patient perspective. She has also undertaken evaluations of clinical areas and projects. Her latest project was on developing the culture and care in a care home setting, which included on site work with three care homes. She is co-editor of a textbook on The Care and Well-being of Older People and has numerous publications in this field.

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Stephen Jacobs, J Palliat Care Med 2017, 7:5(Suppl)
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Stephen Jacobs

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A SYSTEMATIC METHOD FOR IMPROVING SERVICE QUALITY IN HOME SUPPORT SERVICES FOR OLDER PEOPLE

Health services are seeking to assist older people to stay functional and at home for as long as possible. However, community care for older people with complex health needs raises issues about co-ordination, risk aversion and societal expectations of safety. Safety is less important to older people than a sense of control. New Zealand research uncovered older people were dissatisfied with home based services. They thought they were insufficiently involved in decision-making, cultural differences were insufficiently respected, and they had little control over their everyday lives a balanced scorecard was established to enable benchmarking of success factors critical to the successful support of older people living in the community. Benchmarking can assist learning by 'communities of practice' by identifying what works well. A recursive innovation, action research approach involving twenty focus groups across three District Health Boards informed the initial implementation of the INTOUCH benchmarking system with five District Health Boards. Data from performance measurement is used to triangulate the personal and social worlds of the stakeholders. Transparency helps quality improvement. The recursive dialogue encouraged by INTOUCH supports better and more sustainable service development because performance management is anchored to agreed data that has meaning to all stakeholders. Incorporating the consumer perspective within the balanced scorecard means older people are included in the service design and delivery. Implementation fidelity is a major issue in contemporary health projects so an evidence-based systematic model that engages all stakeholders into an agreed approach provides leaders with a management control mechanism that is useable in this twenty-first century world in which people work in networks and alliances.

Biography

Stephen Jacobs is a senior lecturer in the School of Nursing, the Faculty of Medical and Health Sciences, The University of Auckland lecturing of Health Services for Older People and Leadership and Management for Quality Healthcare. He is also co-director of the Institute of Healthy Ageing coordinating five research streams: workforce, mental health, best practice, community, and rehabilitation. He researches in two key areas: community dementia services and the adaptive leadership and empowerment of nurses. His PhD was in Medicine, researched quality control of home support services for older people. From 2000 till November 2006 he was Senior Advisor in the Health of Older People in the New Zealand Ministry of Health Prior to that, he was for five years Manager, Services for Older People, Wesley Wellington Mission, managing a community service, a home care service, two rest homes, and two continuing care hospitals.

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Day 2

Geriatrics 2017

Marlene M Rosenkoetter, J Palliat Care Med 2017, 7:5(Suppl)
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Marlene M Rosenkoetter

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A PSYCHOSOCIAL INSTRUMENT TO ASSESS WELL ELDERLY RESIDING IN PRIVATIZED, RESIDENTIAL RETIREMENT COMMUNITIES

When older adults move to retirement communities there are major life transitions that occur. While these communities vary considerably in their focus, the types of housing available, and the services offered, they are primarily designed in the United States for the well elderly who are able to provide for their own basic needs. In Continuing Care Retirement Communities (CCRCs), there is the option of moving from independent living to assisted living and then to skilled care. Residents move their personal belongings, including furniture, to their new home. Services include housekeeping, meals, and care of the apartment and grounds. This transition involves numerous changes and can result in adjustment needs that may or may not be met sufficiently. They must leave their previous home where they have frequently lived for many years, their friends and family, and their community. Their roles change from being the primary provider to having services provided. Responsibilities change from home care to freedom. Their self-esteem can be impacted and support groups change to other older adults and staff in the retirement community. Their use of time and life structure now focuses on the activities of the retirement community and their new surroundings. There are significant changes in their Life Patterns: Roles, Relationships, Self-Esteem, Support Groups, Use of Time and Life Structure. These Life Patterns were used as the conceptual framework for the development of a psychosocial assessment tool to measure the impact of changes upon the transition and adjustment to residential life in a retirement community. Results from 240 residents in three retirement communities in the south-eastern United States indicated that the instrument can be used effectively to assess the adjustment of these residents. A principal factor analysis with varimax rotation supported the use of the framework as the organizing referent of the instrument, the first published tool for this measurement.

Biography

Marlene Rosenkoetter has been a nurse researcher for 35 years with over 300 publications and national/international presentations. She has been a consultant to 50 hospitals and health care systems as well as universities. She is the former Dean of Nursing at the University of North Carolina at Wilmington and the Medical College of Georgia. She has travelled to 30 countries and is widely sought for her expertise in nursing research and geriatric nursing. She has been a clinical practitioner, nurse administrator and academician. She is a member of Sigma Theta Tau and a Fellow of the American Academy of Nursing. She is a Professor Emerita of Augusta University, formerly Georgia Health Sciences University.

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Yoshiro Fujii, J Palliat Care Med 2017, 7:5(Suppl)
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Yoshiro Fujii

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TREATING ELDERLY BEDRIDDEN PATIENTS WITH REMOVAL DENTURES

Recently, clinical evidence indicates that dental treatment can be used to treat systemic conditions. This report was designed to evaluate the efficacy of dental treatment in terms of Activity of Daily Living (ADL) for impaired elderly people. 32 bedridden individuals participated in this study. 18 participants received removable dentures while 14 didn't. Of the 18 participants who wore dentures, over 50% improved; 38.9% significantly improved while 16.7% moderately improved. Those in the no-dentures control group (14 patients) reported no improvement. These results support the notion that methods typically used in clinical dentistry may improve ADL for those with systemic conditions like bedridding.

Biography

Yoshiro Fujii, manager of Shin Kobe Dental Clinic, completed his Ph.D. from Aichi Gakuin University Graduate School. Fujii is a fellow of the International College of Acupuncture and Electro-therapeutics, 100 next era CEOs and 100 Next era Leaders in Asia by Japan Times (2013, 14, 15), an editorial board member on three international journals. He is also an authorized doctor of two Japanese associations, and published sixteen international academic articles.

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Purnima Srinivasan, J Palliat Care Med 2017, 7:5(Suppl)
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Purnima Srinivasan

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GERIATRIC HEALTH CARE SERVICES AND SOLUTIONS

From the time we are born, we are aging. Aging is a natural phenomenon of a living cycle. Humans age genetically, socially, psychologically, spiritually and more, yet they are vulnerable to so many external factors. Where the basic three needs are to be met in terms of – food, clothing and shelter, aging is close as fourth! From the universal right to grow and age, comes the reality of where we are as of NOW. We cannot stop aging and we cannot stop aging services as well. Aging has its own significance or stigma around the world. The services for aging and the aged are or are not quite so. Basic requirements are not met, despite the staggering growth of economy, finance and the knowledge based on research! Here comes the real dilemma, how does one get that started? What goes into the consideration? Where are the keys and locks to those answers and questions? Which equations are essential to aging with dignity and which can wait? What can we learn and grow from and about? If these are some of the questions we share, then as a collective action in individualized countries and coming together globally, we can make the move, change the dynamics and create a wise and encouraging world for the aging! Brainstorming, collaborations, targeting, strategic planning involving the various aspects of 'Geriatrics' we can birth the movement for Geriatric Services, solutions and sojourns. Inviting the entire portfolio of humankind- from culture to society to needs and wants, we together in our nations and universally create something for the next generations to grow upon. Mind not the hardships we may face, standing today, I personally agree for each of you to begin a dialogue with yourself, in the communities you live and serve!

Biography

Purnima Sreenivasan is passionate about aging and aging services and has served as CEO of Health Aim Inc, which she founded in 2004 serving the seniors in the San Francisco Bay Area, CA, and USA. She has helped seniors, health professionals, facilities with resources, mentoring, consulting and also serving as medical director for home health, hospice, skilled nursing facility in nursing home and as a member of the Board of Directors of Meals on Wheels in the past. She now provides Aging Life care Services, Public Health consultations, a career in writing and public speaking locally and globally! Health Aim Inc believes in education, empowerment, enrichment, encouragement, inspiring and making a genuine difference in people's lives, a legacy for the future.

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