

Management of geriatric health facilities



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ABSTRACT

The main purpose of the report is to tell about the different organisation's services provided to elderly and how they can bring more improvements in their services. It also describes how to minimize the stigma impacts on individuals and their family. In this report the problems among elderly are described and the management of those problems is also described in the report. The report was descriptive in nature. The data was analysed and interpreted.

INTRODUCTION

In the field of healthcare, support planning for geriatric clients and family is packed with excitement, challenges, obstacles, confusions or frustrations, but all these are combined with the sense of purpose and commitment.

Geriatric care management is the process in which planning and coordinating care of the elderly is done to meet the long term care needs of the elders, improving the quality of life of the elderly and maintaining the independence of the old people for a long time. It makes a part to work with persons of old age and their families to manage, render and refer various types of health and social care services.

The common medical conditions which affect elderly are diabetes mellitus, hypertension and dementia etcetera.

TASK-1

Identify and critically analyse the kind of support and access to community support services Kindly residential care rest home.

1. Select at least five different organisations and explain how their services assist the elderly with common geriatric health conditions.

Answer: -1) The Parkinsonism society of New Zealand (Parkinson's New Zealand):-This society is for the old people who are affected by Parkinson's. It provides support not just to the individuals with Parkinson's but to their friends and families also. There is a list below for the carer to consider for providing care to the old persons:-

- Sufficient information about the need of the person you are supporting.
- Should have a diary to keep and record the symptoms and difficulties of the person you are caring.
- Should ask the Parkinson's community educator about the financial benefits of the old person.
- Consider about the feelings and what you are doing.
- Should contact with other carers. It is the key to provide invaluable mutual support, ideas, information and friendship.
- Should promote independence for the person you are caring for.

2) Alzheimer's New Zealand: -The Alzheimer's services are available to everyone who has dementia. The groups of this society are free and available in variety of locations such as North, south, east and west. The workers provide a comprehensive range of help and support of dementia which includes:-

- Telephone consultation and advice

- Home visits
- Family groups and individual consultations
- Excellent information resources

Home based dementia support provides:-

- One to one socialisation for the person with dementia either in home or by the outings etcetera
- The staff runs weekly activity groups for people with dementia's early stage for providing appropriate socialisation and stimulation.

The Alzheimer's New Zealand is strategic framework which is demanding and based on future for the national dementia community which provides the direction which in turns required for us to know how to meet the challenge of dementia at present or in the future. In New Zealand dementia is one of the most significant and growing challenge of the health care. There is a framework which challenges all of the organisations in the dementia community.

3) Arthritis New Zealand: -Arthritis New Zealand is not-for-profit organisation which aims at enabling a better quality of life to the people which are affected by arthritis? It works in the areas of education, direct support and public awareness etcetera. It is one of the New Zealand's leading charities which represent the interest of 530, 000 people which are living with this painful disease. It aims at enabling a better quality of life for the people having arthritis. The generous community and their contribution help it. It costs \$5. 6 million annually to provide essential services. The 12% of this cost is provided by the government to the organisation. The rest of the cost has to find from elsewhere. For example through fundraising activities like <https://assignbuster.com/management-of-geriatric-health-facilities/>

lotteries and Annual Appeals. The net income which is raised through these fundraising activities is spent throughout 21 arthritis centres.

4) Osteoporosis New Zealand:-Osteoporosis New Zealand is a national organisation which aims at reducing the incidence of osteoporosis in New Zealand. It was formed for the aim of raising awareness and knowledge of osteoporosis and for providing a national voice for people with osteoporosis and for those who are at risk. The main objective of this society is to:-

- Improve bone health for all New Zealanders.
- Develop a culture in New Zealand for valuing bone health for life.

Osteoporosis New Zealand is dedicated to improve bone health for all New Zealanders at all stages of life. This is done by scientific evidence based decision making through the development of management recommendations and position statements by providing advice, educational material and information for the public and advocating for better access to diagnosis and medication for osteoporosis.

5) Glaucoma New Zealand: -Glaucoma New Zealand is a charitable interest which aims at eliminating blindness from glaucoma. It is number one preventable cause in New Zealand. Glaucoma aims at:-

- Enhancing public awareness regarding glaucoma
- Supporting and informing people with glaucoma
- Educating eye health workers for ensuring high quality services.
- Facilitate research into glaucoma.

The key message of glaucoma New Zealand is that the early detection of glaucoma is vital to prevent blindness which means an eye examination every five years from the age of 45 and every three years from the age of sixty. However at any age any changes noticed in eyesight then eye examination is necessary at that time. It is really important for the people to know that if glaucoma runs in their family the risk increases among every member substantially. At the age of 60 there are more chances of getting glaucoma or short sighted, if anybody used to consume drugs in past or present or have eye injury. Glaucoma activities include:-

- To aid early detection of glaucoma annual public awareness campaigns are established
- For educating the people and those with the interest of glaucoma regular public meetings are conducted for helping them to understand about the disease condition and treatment of that disease
- A glaucoma membership information package
- Eyesight publication- a regular newsletter sent free
- Support and inform people with glaucoma
- Participating in education of health professionals involved in glaucoma care
- Supporting research into glaucoma

In information and education of glaucoma following things are done:-

- Presentation at public meetings around the country
- Free information packs for people who are registered
- Advisory service
- Fact sheets for distribution by ophthalmologists and optometrists

- Quarterly newsletter: eye lights

b) Select at least six of the following type of services provision and explain how these assist the elderly with common geriatric health condition

1. Hospitals: –A hospital provides emergency medical care; intensive treatment; diagnostic testing and it may or may not require admission. The elder people use hospitals more than the younger people. The geriatric interdisciplinary team identifies and meet the complex needs of the old patients and watch for and prevent common problems among the old people. This team aim to ensure the following:-

- The patient can move easily from one care setting to another care setting
- The care is not duplicated

2) Residential care: –Private companies and not-for-profit organisation provides the residential care in New Zealand. In most of the cases care cost of the individual is subsidised by the government funding which is known as residential care subsidy. Residential care divided into four levels: – rest home care long term care hospital, dementia care and psycho geriatric care. Some of the homes provide all levels of care but some do not.

3) Psychiatric services: –It is a time limited service which provides assessment, treatment, and management rehabilitation and consultation advice for old people who have functional or organic health conditions. The services are delivered in holistic way that acknowledges and takes account of the client's cultural, social and spiritual needs as well as their disability and health needs. The service is provided in one of the following locations:-

- Dedicated mental health service for old people
- Acute adult mental health ward
- Assessment and treatment beds in private hospitals
- Clinics including outreach to rural and remote areas

4) Dementia advisors: –Dementia advisors provide following services:-

- Education and training for people with dementia and their families.
- Workforce training and education
- Readily accessible services
- Governance
- Culturally appropriate services
- Funding streams
- Monitoring and evaluation
- Advocacy

5) Nursing homes: –These are to maximize the physical functioning minimize or prevent the decline in daily living activity and plan for transitions of care.

The care strategies include:-

- Maintaining daily routines of individuals.
- Educate older adults, family and formal caregivers on the value of independent functioning and the consequences of functional decline.
- Minimize bed rest

6) Sheltered housing: –The New Zealand population is ageing. But within the older population older age groups are increasing rapidly which results in increasing of life expectancy, which is higher for women as compared to men due to which women will experience more years with the disability at the end

of the life. These factors combine to underline the vulnerability of older women and to suggest that their needs be given a high profile in the planning and designing for housing for older people.

TASK-2

QUESTION- Kindly residential care rest home management would like you to prepare an outline of a booklet that they could have printed and use as part of the educational material supplied to stakeholders within the organisation which include staff, individual clients and family members. Management have identified the following stigma impacts:

1. Social isolation of the individual and their family

Answer: –People living alone have few social connections and the nature of the dementia can make it hard for them to maintain social contacts. It can be defined as the absence of social interactions, contacts and relationships with family and friends. It is considered as a risk factor in disease development and in the existing disease disability. It is included as well as in the measure of quality of life and thus it is an outcome and also risk factor. Social isolation consideration almost always occurs in the context of social support and the two in most cases are used interchangeably. Both concepts are defined inexactly over the past few decades. A new study has shown that being socially isolated can have a greater effect on risk of early death especially among the elderly. In addition feeling of loneliness reported by the participants often linked with isolation was not significantly linked with death risks.

2. Assumption of automatic loss of independence:-

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Answer: -One may feel that by asking others for help, you will lose your sense of self or become dependent. The policies which are designed to meet the challenges of old population should be based on understandings of process of disability in old age.

3. Unable to make decisions about own care:-

Answer: Patients have the right to participate in decisions about their care, e. g., diagnostic and treatment interventions, diet, ambulation, daily care, and end-of-life care. Consent to diagnostic and treatment interventions requires that the patient demonstrate their ability to consider the benefits, burdens and risks of the decision. Whether or not an individual has the capacity to understand, make a decision and take responsibility for the consequences of the decision is a clinical determination; it is not a question of legal competence.

Persons with mild-to-moderate dementia can have the capacity to make some, but not all, decisions. They may be able to participate in decision making but impaired memory recall might preclude their ability to demonstrate that they understand the treatment options.

4. Dissatisfying interactions with the medical community

Answer: -One of the barrier that put the person with dementia in serious conditions by approving and complying to medical management. Many researchers stress the clinical and theoretical importance of effective communication in medical encounters

Both empirical data and clinical experience suggest that there are important ways that physicians can maintain and enhance the health and well-being of

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patients, as well as family caregivers, by fostering “ mutuality” through a triadic relationship

Geriatric patients usually have a complex array of interacting biomedical, psychosocial, and functional disabilities . Caregivers play a substantial role in assisting patients in daily activities . In addition to the physical disabilities associated with age related co-morbidities, many older patients have cognitive impairment that compromises their ability to exercise judgment and report symptoms and experiences. Caregivers have knowledge of the patient’s physical, social, cognitive, and financial well-being, and bring this information to the medical encounter. This factor necessitates that physicians extend their learning possibilities and information-giving practices to caregivers.

Research on geriatric encounters typically focuses on the many problems that exist between doctors and their geriatric patients, especially difficulties of patient communication . Other studies call attention to problems with the elderly person’s capacity for self-care. Wait kin (1991) notes that some of the most interesting and important features of research on geriatric medical encounters involve concerns about matters that appear marginal or peripheral to the technical goals of clinical medicine. He found that elderly patients’ personal troubles included social isolation, financial insecurity, loss of community and material possessions, death of family members, and retirement from work. Physicians often responded to such social psychological problems by cutting off any discussion about social context and reemphasizing technical matters. At best, the current literature only implicitly addresses the pivotal role caregivers play in this relationship.

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5. Uncertainty of support and treatments:-

In 2010/11 a wide range of health professionals, service providers and consumers were engaged in a process to develop a new way to deliver good quality, safe and sustainable services to meet the needs of the increasing number of older people in Hawke's Bay. The model outlined in this document was developed in line with the key principles of the government's Better, Sooner, More Convenient and initiative. Evidence of what really makes a difference in the lives of older people was drawn upon, along with evidence of what has worked to reduce the pressure on hospitals both in New Zealand and overseas. Many older people especially those who are intensive users of health and support services have long term health conditions and support needs that require ongoing monitoring and follow-up. The model of care described here has been developed as a generic model which has the potential to be applied to other client groups with long term needs.

Report prepared by Andrea Joplin, Project Manager
Key developments outlined in this paper includes:

- The establishment of an Older Person's Health Service within Hawke's Bay DHB.
- The closer alignment of the over 65s team at Options Hawke's Bay with the DHB's Older Person's Health Services.
- The establishment of interdisciplinary Care Clusters aligned to General Practice groups to include a Care Manager, Allied Health and District Nursing. Piecemeal changes to older people's services are unlikely to

make significant gains in the quality of life for our clients or achieve clinical and financial sustainability.

- The development of Care Manager Roles to undertake comprehensive assessment, care planning and service coordination for older patients with very complex needs.
- The development of Community Geriatrician resources.
- The resourcing of intermediate care services in community settings.
- The development of restorative home-based support services.

The Steering Group recognised at the outset of the planning process that piecemeal changes to older people's services were unlikely to make significant gains in the quality of life for our clients or achieve clinical and financial sustainability. As such the developments discussed in this paper are not insignificant. However, changes will be made in an evolutionary, rather than revolutionary manner and the model may take several years to fully implement. Changes will need to be carefully planned and implemented in stages, as finances and other resources allow. There is a window of opportunity to begin service developments before the increase in the number of adults aged over 85 years begins in earnest in 2013-2014.

It will be possible to redirect existing resources to fund some of the new services in 2011/12, but there will also be a need for further investment in coming years as the proportion of older people in the Hawke's Bay population grows.

RECOMMENDATIONS

There should be regular monitoring of the services to maintain good performance and to assess the areas of improvements. Planning should be made to provide good services and then that planning should be implemented in a better way. Sufficient staff should be there in every organisation to support and treat the old people. Good management for everything is very necessary.

Conclusion

The group believed that utmost management of geriatric health facilities is as important to the safety of the patient, the value given to staff, and the profit of the institution. The staff's safety is also as much important as the patient's safety. If staff will be good then only he /she can take care of his residences.

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