Redesigning Healthcare for Older Australians: Redesigning health facilities to meet elderly patient needs (presentation)

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Centre for Health Assets Australasia

REDESIGNING HEALTHCARE FOR OLDER AUSTRALIANS
Redesigning health facilities to meet elderly patient needs

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REDESIGNING HEALTHCARE FOR OLDER AUSTRALIANS

fbe FACULTY OF THE BUILT ENVIRONMENT

OUTLINE

Redesigning health facilities to meet elderly patients needs

- Recognising increasing pressures on facilities
- Building facilities that will ensure a safe environment for high need patients
- Planning for appropriate bed space and patient flow

HEALTH & OLDER AUSTRALIANS

- 'Elderly patients' = 'older Australians' = 'people aged 65 years or over'
  (AIHW, *Australia's Health*, 2006)
- 13% of the population – 2,604,900 people in 2004
- Much greater use of hospitals than younger people: in 2003-04, 2.38 million or 34% of all hospital separations
  (Table 4.7, AIHW, 2006, 216)

HEALTH & OLDER AUSTRALIANS

- Much healthier than previous generations (heart disease & strokes decreasing)
- Significant number suffer from disabilities due to ill health
- 22% or 560,000 suffer from health problems that cause profound or severe limitations to daily functioning
- ~ 50% of this group suffer from arthritis

HEALTH & OLDER AUSTRALIANS

- Other common conditions that affect functioning include:
  - Hearing disorders (43%)
  - Hypertension (38%)
  - Heart disease (30%)
  - Stroke (23%)
- Many suffer from more than one condition e.g. stroke + something else

HEALTH & OLDER AUSTRALIANS

- Most common reasons for hospitalization are
  - Heart disease
  - Strokes
  - Diabetes
  - Vision problems
- Many of these conditions require both acute care then longer term care in the community

HEALTH & OLDER AUSTRALIANS

- Most common and significant cause of disability is **dementia**
- In 2004, it was estimated that 171,000 older Australians lived with dementia with a higher number of females affected than males
- Associated with need for long term care in residential settings

HEALTH & OLDER AUSTRALIANS

- Other causes of disability include:
  - **vision impairment** – cataract, AMD, diabetic retinopathy, glaucoma (~170,000 Australians 65+ years)
  - **arthritis and musculoskeletal conditions** such as osteo-arthritis (~650,000), rheumatoid arthritis (~160,000) and osteoporosis (~180,000)

HEALTH FACILITIES AS 'HEALING ENVIRONMENTS' FOR THE ELDERLY PATIENT

- **Not all elderly patients are disabled!**
- BUT average hospital patient is more likely to be a 70 y.o. woman than a 30 y.o. man
- Older adults have special needs
- Hospital environments need to compensate for physical changes such as hearing loss, increased frailty, loss of cognitive skills
- All patients (young & old) need a **'healing environment'** to support them & reduce stress

THE ELDERLY AS A SPECIAL NEEDS GROUP

CHAA/Qld Health Single Room Study (Carthey et al, 2007) recommended for the elderly patient that the following be considered:

- Privacy, dignity, safety which are issues for all patients but particularly important for seniors.
- Provision of adequate space including bed space, bathroom sizes and fitout
- Support for maintaining skill levels and independence, appropriate equipment, light levels, control of noise, etc
- Environmental design and its effect on behaviour.

CARE RECOMMENDATIONS – PRINCIPLES AND PRACTICES

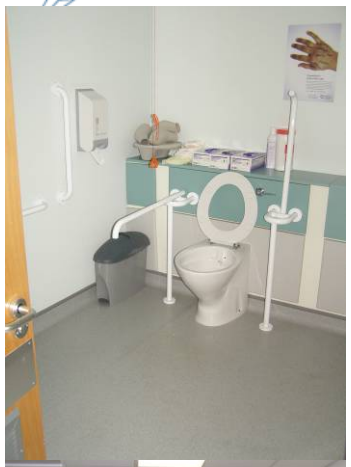
- AHMAC/ **Care of Older Australians Working Group** (COAWG, 2005) developed 'age-friendly' principles and practices for caring for older Australians in the healthcare environment
- 7 principles include:
  - Need for evidence based & holistic approach
  - Respect differences – religious, sexual, cultural
  - Avoid unnecessary admissions or extended stays
  - Provide appropriate physical environment

DESIGN RECOMMENDATIONS

- **Design for Safety**
  - **Fall prevention** – in NSW, 2003, up to 5% of all admissions for people aged 65+ associated with falls incident
  - In acute hospitals, up to 38% of reported patient incidents involved a fall; even higher in sub acute or rehab settings.
  - **Minimise number of falls**: environmental modifications
  - **Minimise risks of injury from falls**: protective equipment, care systems, adequate staff numbers, etc

DESIGN RECOMMENDATIONS

- **Design for Safety**
  - Environmental modifications:
    - Eliminate clutter, spills, electrical cords, unnecessary equipment
    - Provide adequate lighting – high levels of even illumination; avoid glare
    - Provide night lights in corridors and bathrooms; illuminate switches
    - Floor surfaces – matte, non slip, no transitions to different materials, no thresholds
    - Design of bathrooms, toilets and showers to be accessible and safe, taps to be easy to use, support bars, appropriate WC seat height



DESIGN RECOMMENDATIONS

- **Design for Safety**
  - Environmental modifications (continued):

- Wheelchair access
- Equipment storage to be adequate
- No mobile furniture e.g. bedside cabinets, lock wheels when moving patients
- Other furniture and equipment modified & safe
  - Modified chairs
  - Sturdy tables
  - Low beds; high-low or low-low
  - Mattresses with raised edges

DESIGN RECOMMENDATIONS

- **Design for Safety**
  - Environmental modifications (continued):
    - Patient care articles easily reached
    - Minimise use of restraints, bedrails, etc
    - Secure wards for patients with delirium/dementia or who wander
    - Signage and wayfinding to be legible
    - Use of colour and contrast colours to assist location of doors, furniture, walls, destinations, etc
    - In long corridors provide resting places – recesses with chairs or a bench

DESIGN RECOMMENDATIONS

- **Cognitive Deficits**
  - To provide a supportive environment, interventions may include:
    - *Clarity of interior layout*
      - logical,
      - easy to understand,
      - clear sight lines to destinations
      - Reception desk near entry point to direct people to destinations
      - Comfortable waiting area
      - Visible access to toilets
      - Lifts easily found
      - Wheelchairs, etc available near point of entry

DESIGN RECOMMENDATIONS

- **Cognitive Deficits**
  - Environmental interventions (cont):
    - *Signs/wayfinding*
      - Rigorously controlled
      - Current
      - Tested on articulate seniors
      - Well-lit
      - Legible
    - *Human scale*
      - Small easy to understand spaces
      - Controlled noise levels
      - Emergency depts – quiet, private interview rooms for admissions procedures, and
      - Segregated waiting areas - avoid stress & confusion

DESIGN RECOMMENDATIONS

- **Cognitive Deficits**
  - Environmental interventions (cont):
    - *Flooring*
      - Simple with low contrast patterns used
      - Avoid dark areas of flooring – can be seen as dangerous holes by those with poor depth perception
    - *Furniture*
      - Arrange to encourage socialisation, feelings of inclusion
      - Use to foster independence
    - *Colour and Contrast*
      - Contrast furniture against floor and walls
      - Differentiate colours on walls and floors

DESIGN RECOMMENDATIONS

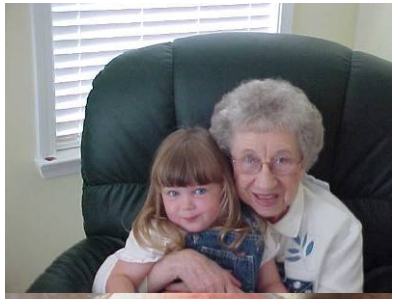
- **Cognitive Deficits**
  - Design Principles to support people with dementia in an acute care environment
    - Be safe and secure
    - Be small
    - Be simple and have good visual access
    - Reduced levels of unwanted stimulation
    - Enhanced levels of helpful stimulation
    - Provide for wandering
    - Be familiar
    - Provide opportunities for privacy & community
    - Provide links to community
    - Be domestic (Fleming et al, 2003, 91)

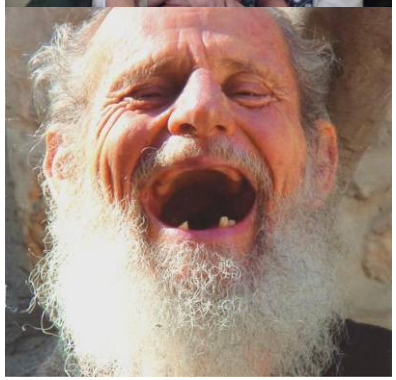
SUMMARY AND CONCLUSIONS

- Making facilities better for elderly patients revolves around **lighting, floors, bathrooms** and **overall layouts**
- **More single rooms** may be required – to reduce levels of stimulation and stress
- Maximise independence
- Enable everyday activities to occur
- Safe outdoor space where possible
- Use strategies to minimise use of restraint
- Era-appropriate fittings and furniture where possible
- Welcome visitors and the community into the facility

SUMMARY AND CONCLUSIONS

- By making health facilities better for elderly patients we make them better for all patient groups and their families.
- We also make them better places for staff to work





- The **Australasian Health Facility Guidelines** set out requirements for bed spaces and appropriate patient flows – these are available free of charge from the AHFG website or via CHAA website
- Funded by Health Capital Asset Managers' Consortium of Australia & New Zealand

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