



The Path to Implementing Change: Integrating Geriatrics into Oncology

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Greetings from Penn Nursing



Photos by Charlotte Glasspool

Acknowledgements

- My thanks to...
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- My gratitude to...
 - My patients and their families
 - My students and colleagues
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Disclosure

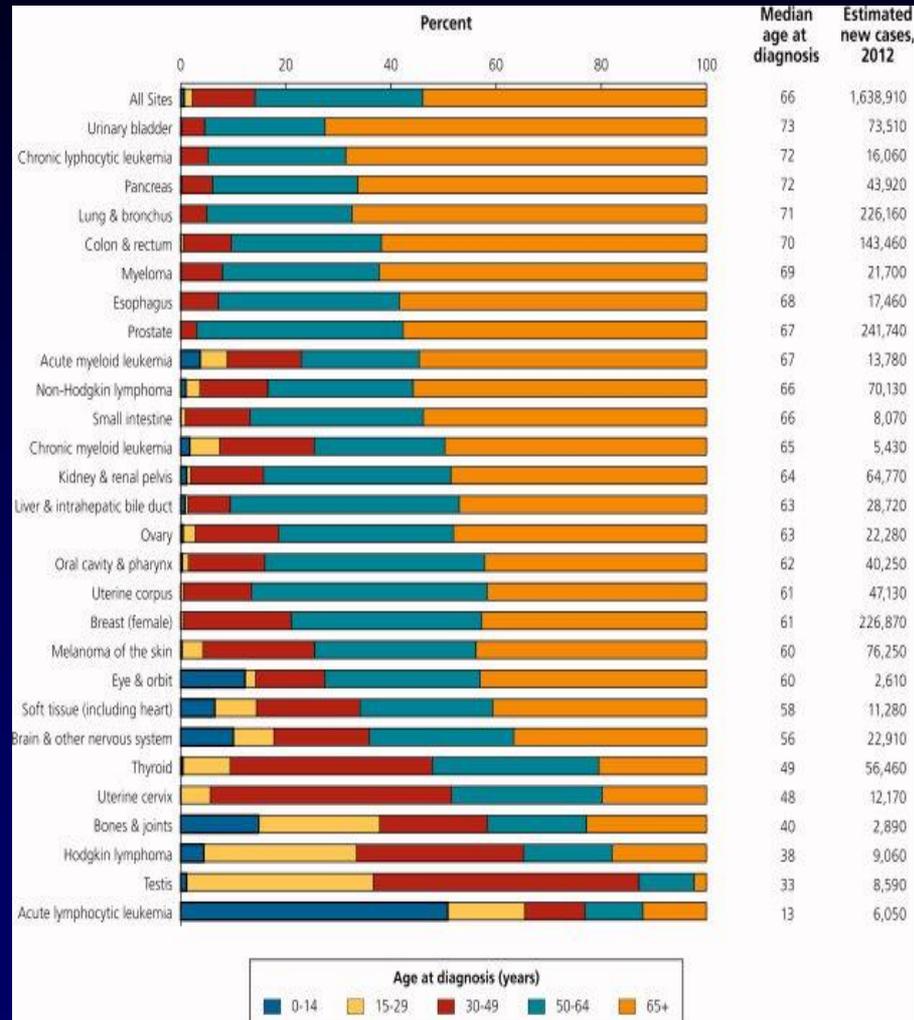
- I have nothing to disclose



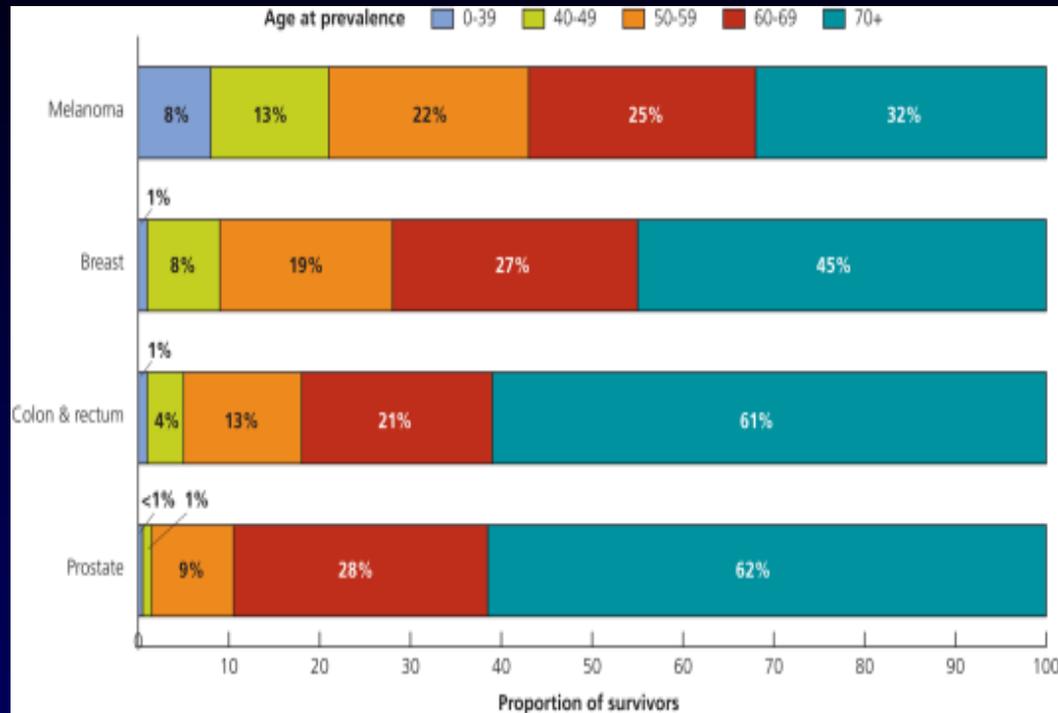
Polling Question

- What barriers limit nurses' integration of aging and cancer in patient care?
 - a. Aging is taught as geriatrics and not gerontology
 - b. These specialties use different clinical thinking
 - c. Taking care of older people is difficult and sad
 - d. Cancer care for elders is primarily palliative

Age Distribution, Median Age at Diagnosis, and Estimated New Cases by Cancer Site



Estimated Number of US Cancer Survivors



Age at prevalence	Melanoma	Breast	Colon & rectum	Prostate
0-39	79,410	43,260	14,830	590
40-49	136,410	240,100	52,290	23,910
50-59	232,630	596,870	159,980	259,850
60-69	259,900	849,920	265,720	841,770
70+	337,080	1,401,290	752,950	1,849,850
All Ages	1,045,430	3,131,440	1,245,770	2,975,970

Polling Question

- What's the best way to care for older people receiving cancer care?
 - a. Specialist cancer care centers
 - b. Specialist cancer care providers
 - c. Referral to geriatric centers
 - d. I'm not really sure...

Caring for Older Oncology Patients

- Models for Geriatric Oncology Programs
 - Medically-centric approach
 - Comprehensive geriatric assessment focus
 - Academic medical center placement
 - “Patient-centered” reflects satisfaction metrics
- Conflicts
 - Elder preferred settings for care
 - Geriatric oncology referral patterns
 - Demographic and epidemiologic realities
 - Supportive care needs of patient and family

Challenges to Optimal Care

- Limited geriatric oncology science
- Low clinical trials elder enrollment
- Most trials exclude multimorbid elders
- Subspecialty geriatric care model
- Limited workforce preparation

Implicit Ageism

Type

- Bashing
- Parentalism
- Self-stereotyping
- Intersecting

Level and Form

- Individual
 - Overt
 - Microaggression
- Institutional
 - Overt
 - Microaggression

Language Reveals Influence of Ageism

Socially, we say...

- Elderly
- OAP
- Senior
- Elder

Clinically, we say...

- Frail elder
- Demented
- Falls Risk
- Agitated
- Failed treatment

What Will It Take?

- Understanding life in our aged society
- Reflecting on care we wish to receive ourselves
- Embracing age-friendly care in our practices
- Realizing our nursing potential
- Growing our gero-competence

Geriatric Competence

- The healthcare needs of older adults require a healthcare workforce knowledgeable about the aging process, skilled in assessment and management of chronic illness, and with the ability to practice in an interdisciplinary milieu.
 - Mezey and colleagues (2008). Healthcare Professional Training: A Comparison of Geriatric Competencies. JAGS (56) 9; 1724–1729
- Reframing health and social care as age-friendly supports geriatric competence
 - WHO Age-Friendly World <http://agefriendlyworld.org/en/>

AACN Geriatric Competencies

http://www.aacn.nche.edu/geriatric-nursing/AACN_Gerocompetencies.pdf

- Incorporate professional attitudes, values, and expectations about physical and mental aging in the provision of patient-centered care for older adults and their families.
- Assess barriers for older adults in receiving, understanding, and giving of information.
- Use valid and reliable assessment tools to guide nursing practice for older adults.
- Assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults.
- Intervene to assist older adults and their support network to achieve personal goals, based on the analysis of the living environment and availability of community resources.
- Identify actual or potential mistreatment (physical, mental or financial abuse, and/or self-neglect in older adults and refer appropriately.
- Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
- Recognize and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for older adults.
- Recognize the complex interaction of acute and chronic co-morbid physical and mental conditions and associated treatments common to older adults.
- Compare models of care that promote safe, quality physical and mental health care for older adults such as PACE, NICHE, Guided Care, Culture Change, and Transitional Care Models.
- Facilitate ethical, non-coercive decision making by older adults and/or families/caregivers for maintaining everyday living, receiving treatment, initiating advance directives, and implementing end-of-life care.
- Promote adherence to the evidence-based practice of providing restraint-free care (both physical and chemical restraints).
- Integrate leadership and communication techniques that foster discussion and reflection on the extent to which diversity (among nurses, nurse assistive personnel, therapists, physicians, and patients) has the potential to impact the care of older adults.
- Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.
- Plan patient-centered care with consideration for mental and physical health and well being of informal and formal caregivers of older adults. .
- Advocate for timely and appropriate palliative and hospice care for older adults with physical and cognitive impairments.
- Implement and monitor strategies to prevent risk and promote quality and safety (e.g., falls, medication mismanagement, pressure ulcers) in the nursing care of older adults with physical and cognitive needs.
- Utilize resources/programs to promote functional, physical, and mental wellness in older adults.
- Integrate relevant theories and concepts included in a liberal education into the delivery of patient-centered care for older adults

AACN Geriatric Competencies Highlights

http://www.aacn.nche.edu/geriatric-nursing/AACN_Gerocompetencies.pdf

- Assess barriers for older adults in receiving, understanding, and giving of information
- Use valid and reliable assessment tools to guide nursing practice for older adults.
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AAMC Geriatric Competencies

[http://www.pogoe.org/Minimum Geriatric Competencies](http://www.pogoe.org/Minimum_Geriatric_Competencies)

- Medication Management
- Cognitive and Behavioral Disorders
- Self-Care Capacity
- Falls, Balance, and Gait Disorders
- Health Care Planning and Promotion
- Atypical Presentation of Disease
- Palliative Care
- Hospital Care for Elders

Partnership for Health in Aging Interprofessional Geriatric Competencies

Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree

DOMAIN #1: Health Promotion and Safety

1. Advocate to older adults and their caregivers interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life.
 2. Identify and inform older adults and their caregivers about evidence-based approaches to screening, immunizations, health promotion, and disease prevention.
 3. Assess specific risks and barriers to older adult safety, including falls, elder mistreatment, and other risks in community, home, and care environments.
 4. Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.
 5. Apply knowledge of the indications and contraindications for, risks of, and alternatives to the use of physical and pharmacological restraints with older adults.
4. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings, utilizing information technology where appropriate and available.

DOMAIN #4: Interdisciplinary and Team Care

1. Distinguish among, refer to, and/or consult with any of the multiple healthcare professionals who work with older adults, to achieve positive outcomes.
2. Communicate and collaborate with older adults, their caregivers, healthcare professionals, and direct-care workers to incorporate discipline-specific information into overall team care planning and implementation.

DOMAIN #5: Caregiver Support

1. Assess caregiver knowledge and expectations of the impact of advanced age and disease on health needs, risks, and the unique manifestations and treatment of health conditions.
2. Assist caregivers to identify, access, and utilize specialized products, professional services, and support groups that can assist with care-giving responsibilities and reduce caregiver burden.
3. Know how to access and explain the availability and effectiveness of resources for older adults and caregivers that help them meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.
4. Evaluate the continued appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.

DOMAIN #2: Evaluation and Assessment

1. Define the purpose and components of an interdisciplinary, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.
2. Apply knowledge of the biological, physical, cognitive, psychological, and social changes commonly associated with aging.
3. Choose, administer, and interpret a validated and reliable tool/instrument appropriate for use with a given older adult to assess: a) cognition, b) mood, c) physical function, d) nutrition, and e) pain.
4. Demonstrate knowledge of the signs and symptoms of delirium and whom to notify if an older adult exhibits these signs and symptoms.
5. Develop verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.

DOMAIN #3: Care Planning and Coordination Across the Care Spectrum (Including End-of-Life Care)

1. Develop treatment plans based on best evidence and on person-centered and -directed care goals.
 2. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to older adults' preferences and treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.
 3. Develop advanced care plans based on older adults' preferences and treatment/care goals, and their physical, psychological, social, and spiritual needs.
1. Serve as an advocate for older adults and caregivers within various healthcare systems and settings.
 2. Know how to access, and share with older adults and their caregivers, information about the healthcare benefits of programs such as Medicare, Medicaid, Veterans' Services, Social Security, and other public programs.
 3. Provide information to older adults and their caregivers about the continuum of long-term care services and supports – such as community resources, home care, assisted living facilities, hospitals, nursing facilities, sub-acute care facilities, and hospice care.

DOMAIN #6: Healthcare Systems and Benefits

Partnership for Health in Aging

Interprofessional Geriatric Competencies

- Health promotion and safety
- Evaluation and assessment
- Care planning and coordination
- Interdisciplinary and team care
- Caregiver support
- Healthcare system and benefits

These competencies are endorsed by the following organizations:

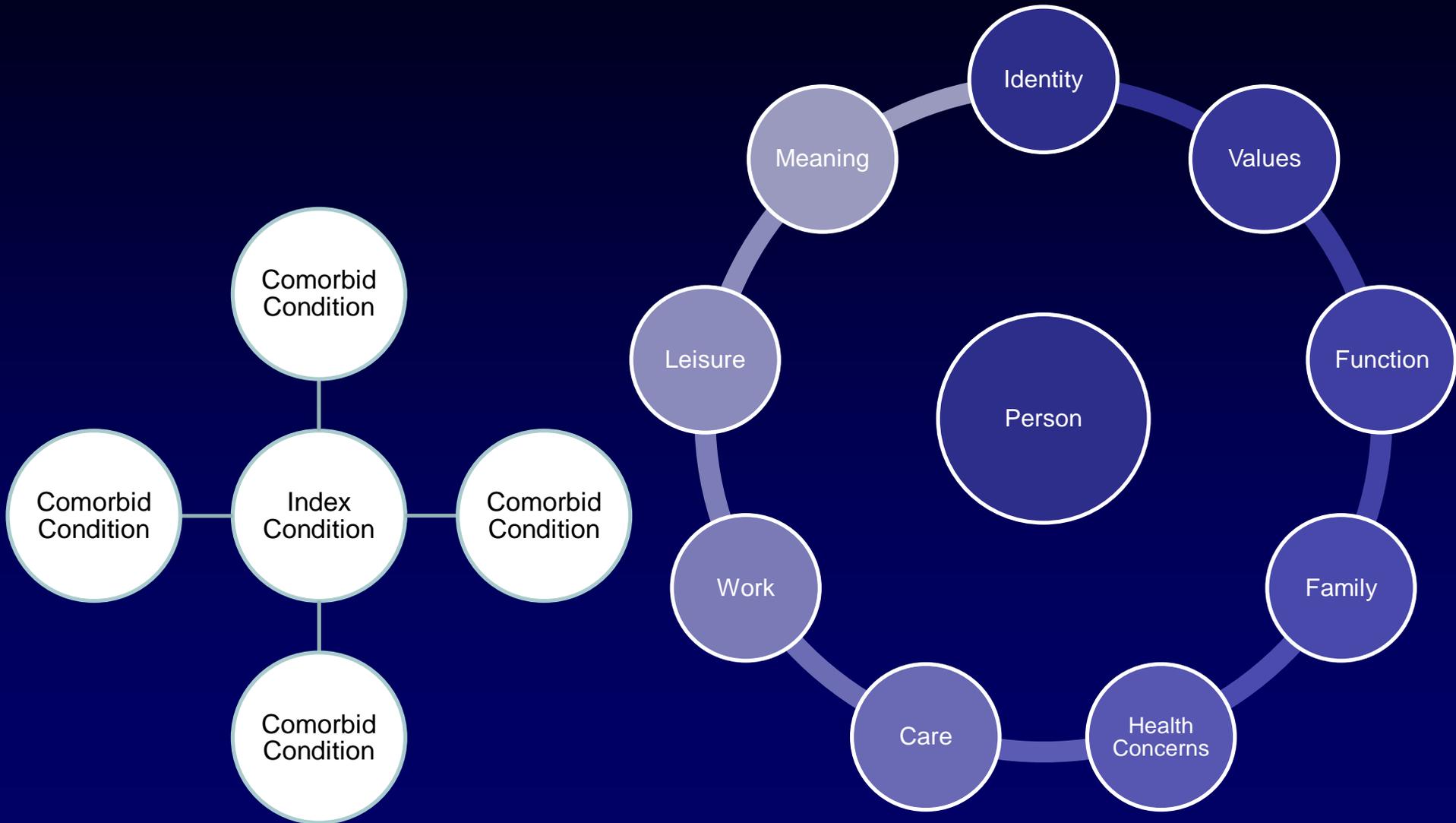
Alliance for Aging Research
American Academy of Nursing – Expert Panel on Aging*
American Academy of Physician Assistants
American Assisted Living Nurses Association*
American Association of Colleges of Pharmacy
American Association for Geriatric Psychiatry
American Association for Long Term Care Nursing*
American Association of Nurse Assessment Coordinators*
American College of Clinical Pharmacy
American Dental Association
American Dietetic Association
American Geriatrics Society
American Occupational Therapy Association
American Pharmacists Association
American Physical Therapy Association
American Society on Aging
American Society of Consultant Pharmacists
Association of Directors of Geriatric Academic Programs
Association for Gerontology in Higher Education
Council on Social Work Education
Gerontological Advanced Practice Nurses Association*
Gerontological Society of America
The Hartford Institute for Geriatric Nursing*
National Association for Geriatric Education
National Association of Geriatric Education Centers
National Association of Directors of Nursing Administration in Long Term Care*
National Association of Professional Geriatric Care Managers
National Gerontological Nursing Association*
New York Academy of Medicine/Social Work Leadership Institute
PHI – Quality Care through Quality Jobs

*Member, Coalition of Geriatric Nursing Organizations

Aren't We Past the Point of No Return?

- Public expectations of competence
- Wise consumers with specific demands
- Limited tolerance for “I’m doing ok”
- Growing skepticism for biomedical “blindness”

Competing Perceptions of Multimorbidity



Reframing Leads Us to Emphasize Gero...

Geriatric

- Allopathic
- Biomedical
- Systems thinking

Gerontological

- Health and wellbeing
- Function and capacity
- Whole person

Action to Achieve Competence

- Realization
- Accountability
- Remediation



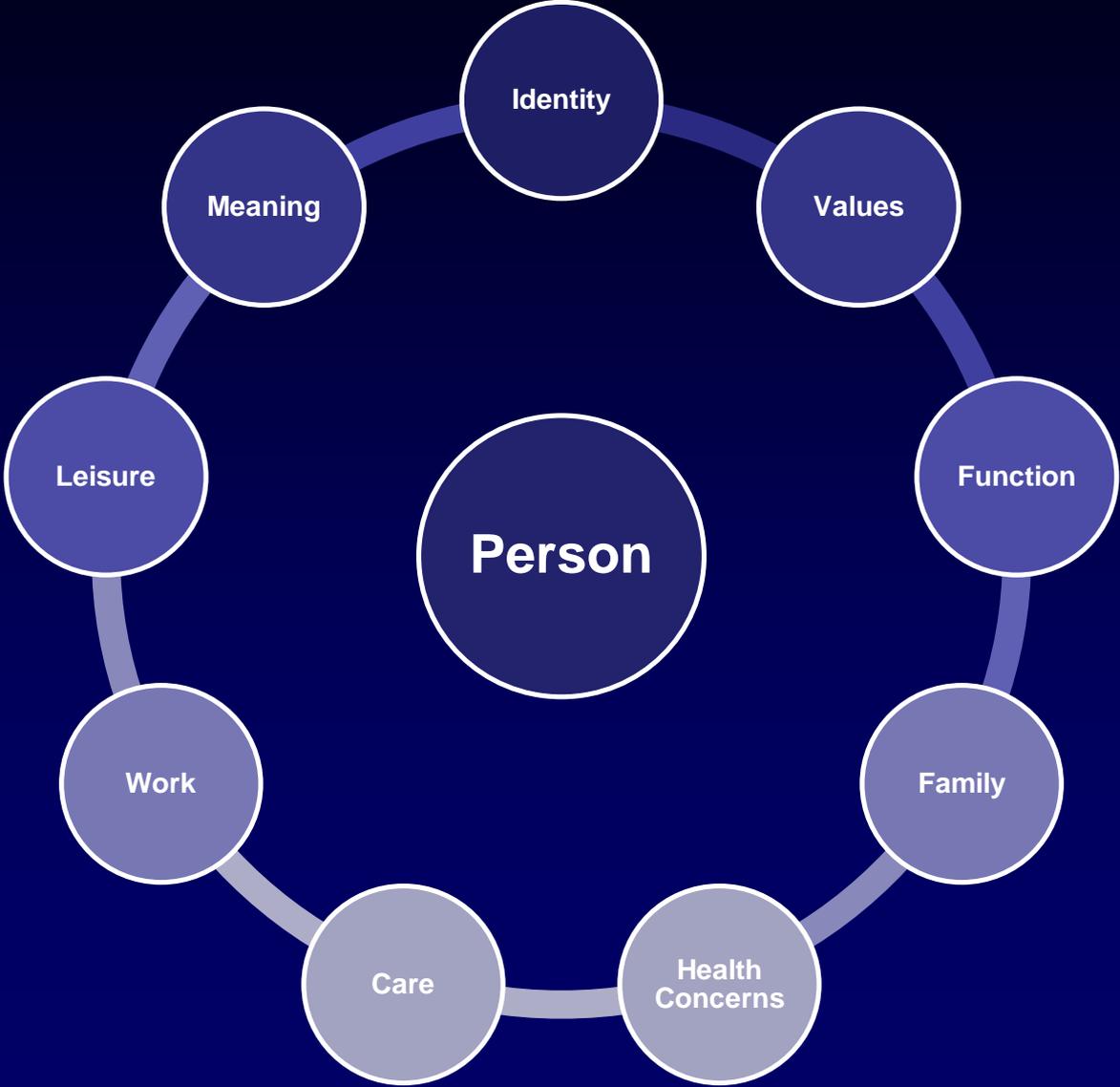
Some Useful Resources

- The John A. Hartford Foundation
 - <http://www.jhartfound.org/>
- The Hartford Institute of Geriatric Nursing
 - <http://www.hartfordign.org/>
- The Reynolds Foundation
 - <http://www.dwreynolds.org/Programs/National/Aging/Aging.htm>
- Portal of Geriatrics Online Education
 - <http://www.pogoe.org/>

Why Healthy and Old is Not an Oxymoron

- “Negativity” viewpoint
 - Inevitable decline
 - Protective stance
 - Custodial care
- “Positivity” viewpoint
 - Strength and decline
 - Rehabilitative stance
 - Person centered action
 - Education and choice

Overcoming our Limitations to See the Person



Finding Ways to Support...

- Humanistic approach
- Assessment strategies
- Relationship building
- Conjoint planning
- Person-centered care

Assessment Tools

- Biomedical orientation and focus
- Clinician/investigator administered
- Problem-seeking not strengths-finding

From Assessment to Action



Thank You!

