
Community Case Report

Evaluation and review of educational programs and delivery of care services for the elderly, Western General Hospital, Edinburgh, UK: A practical module for developing countries

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Abstract

The developing world is going grey. These countries need to establish new care services according to the standards of Healthcare Improvement. The present report emphasizes on important management components of the elderly care which can facilitate the initiating and continuing the good practice in context of multidisciplinary team. The principle focus of this assessment is on the team activities. Some of the important features of this team approach include increase in quality of services provided, mutual respect, empathy, increased sense of responsibility, and accurate follow-ups. The aim of the present report was evaluation and review of educational programs, delivery of care services for elderly patients admitted to Western General Hospital to provide a module for developing countries.

Keywords: Geriatrics; Elderly; Care; Developing Countries

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Introduction

The developing world is going grey. Populations in developing countries are ageing at three times the speed of populations in developed countries. By 2050, one in five people in poor nations will be over 60 years old (1, 2). Therefore, these countries need to establish new specialties such as Medicine for the Elderly or Geriatric Medicine. The present report emphasizes on important management components in Western General Hospital (WGH) which can facilitate initiating and continuing the good practice around care for the elderly in the context of multidisciplinary team approach compared with individual based one. The WGH is a 666-bedded tertiary teaching hospital

which provides a comprehensive range of general and specialist services to the people of Edinburgh, Scotland (3). The geriatric medicine units provide a majority of services including acute medicine, in-patient and out-patient services, a medical day hospital and Assessment and Rehabilitation Centre (ARC) for the elderly. The hospital has circa 194 beds in the Medicine of Elderly Department (Figure 1). The care services are according to the standards of Scotland Healthcare Improvement to give the best possible care to the elderly, regardless of their background, gender, condition, and cognition. The National Service Framework (NSF) for older people in the United Kingdom was published in 2001.



Figure 1. A typical patient room for older people in WGH

NSFs are long-term strategies for improving specific areas of care, with funding, measurable goals, and time frames. The eight standards in the NSF for older people are: rooting out age discrimination, person-centered care, intermediate care, general hospital care, stroke, falls, mental health in older people, and the promotion of health and active life in older age.

There is a multi-disciplinary team approach consisting consultant, resident, general practitioner training, medical student, nurses, occupational therapies, and physiotherapists who provide appropriate educational environment for medicine of elderly people. The principle focus of this assessment was on the team activities such as weekend handover meeting, the key features of weekly meeting, morning coordination of team in ward, ward round, evaluation of strengths and weaknesses, weekly multi-disciplinary team meeting, and finally to point out some other special issues. The aim of the current report was evaluation as well as review of educational programs and delivery of care services for elderly patients admitted to Western General Hospital to provide a module for developing countries (4).

The weekend handover meeting:

The morning report meeting is held in a special venue every Monday. All professors, students, and nurses who are working in various wards in Medicine of

the Elderly (MoE) attend this meeting. During this session, newly admitted patients in the weekend are introduced. In addition, a quick general revision of previously hospitalized patients in different wards takes place. Thus, all staff members will be informed of the treatment processes of each and every patient in their ward. This session usually lasts for 30-45 minutes.

The key features of this meeting include:

1. It is an informative session; thus everyone will get to know what updates there have been during the weekend.
2. The presence of professors, residents, and all the medical staff is very impressive and usually the attendance is on time.
3. Different instructions to improve the quality of services are usually provided by one of the consultants.
4. People are seated on the nearest vacant chair as soon as they arrive. If there are no vacant seats, people sit on the floor to quickly keep up with the content of the session.
5. The sessions are led by professors.
6. In case one of the students or residents is absent, another person is replaced in order to receive the information on the patient.

Morning Coordination of Team in Ward:

According to the routine schedule of the ward, nurses, physiotherapists (PT), and occupational therapy (OT) experts provide a quick briefing to other members of the team including professors, residents, students, and general practitioners in order to update them on the treatment processes undertaken during the night. A list of all patients is written on the whiteboard and the processes of treatment for each individual patient are discussed in order. Even if the professor or a resident is not present, the meeting will be held anyway with a medical student.

Ward Round:

The professors, together with the residents and students, visit the patients. The important points that can be noticed during the round (according to handbook for doctors with permission) are as follows:

- Taking a comprehensive geriatric assessment and performing a full clinical examination in the elderly patients (5),
- Appreciating the social context of disease affecting the elderly and how patients may present as a “social crisis”,
- Sympathetically making a behavioral and affective evaluation, using communicating skills for coping with confused elderly patients and/or relatives and the techniques of communicating with people who are visually and hearing impaired,
- Planning to appropriate investigations and interpretation of results,
- Commencement or continuing a plan of management of disease,
- Having effective communication with patients and their relatives,
- Having a suitable and effective communication with colleagues,
- Considering and following the ethical issues,
- Counseling with the other related specialties for patient's problem, and
- Accurate examination of immobility, instability, incontinence, and intellectual impairment.

Evaluation of strengths and weaknesses:

The core component of ward round is using a “Holistic View” during visiting the patients.

- One of the most interesting things during patients’ visit, in almost all cases, was that; appropriate eye contact was maintained with the patients as they were being examined.
- During the patient's visit and interview, the doctors may have to temporarily sit on the floor in order to achieve maximum eye contact, but this could contribute to infection issues and may cause the transmission of hospital infections.
- There is a suitable electronic recording device in ward and some laptop computers are used for saving the data, too. Using laptops in the patient room

can ensure the accuracy and full recording of the data; however, the transition of hospital infections may still be resulted.

- Professors and students have the same clothing in the department and do not use medical covers when entering the ward, which may lead to the transfer of community-acquired infection into the hospital. Of course, other staffs use some kind of dress and gown.
- One of the most impressive affairs is to contact family members of the patients in order to update them with the process of treating the patient.
- An important factor to decide whether a patient can be discharged or not is that the geriatric specialist should determine where the safe place for the patient to continue to live would be, home, center for elderly care or with family members?
- One of the interesting point was the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form for the relevant patient which will be discussed later here.

Weekly Multi-Disciplinary Team Meeting:

Usually, every Monday, members of the team including professors, residents, students, PT, OT and nurses attend a meeting to share information about the treatment process of each patient. And at the end, the geriatric specialist will make the final decision on the continuation of the patient's treatment process. This session is held from 14:10-16:00 PM. In some cases, other people are invited to attend the meeting, as needed. Whatever that is discussed will be documented.

Special issues:

- Among the most important points in ward was a very strong system of cleaning up and hygiene of patients. Almost every day, in a very coherent manner, cleansing activities, including disinfection and sterilization are conducted (some items using multi-purpose or manual devices), and the

replacement of sheets and clothes of patients are carefully done. These health precautions can be regarded as the special privileges of ward.

- Patient relatives attend without any precaution in the ward, which could be considered as one of the possible causes of transmission of community-acquired infections to the hospital.
- In all cases, the family members of the patient are aware of the patient's treatment process.
- In this ward, prescribing antibiotics is kept at minimum, which is an important issue in elderly people.
- Another significant issue is that paracetamol is commonly used for pain relief, and the NSAIDs (especially oral form) are rarely used.
- There is a very good electronic recording in the hospital therefore, patient information is recorded accurately, and whenever necessary, the patient's family doctor or relatives are contacted to complete the patient's information.
- If needed, the geriatrics will consult with other specialists to achieve the best treatment.
- One of the most important issues is the identification of polypharmacy cases in patients, which is usually well thought up by the professors of the department and the students are encouraged to take it seriously as well.
- Given the presence of several cases of Methicillin-resistant *Staphylococcus aureus* infection, it is recommended that precautionary actions be taken in accordance with the National Health Service (NHS) guidelines.
- DNACPR: In the UK, especially in Scotland, there are joint and comprehensive guidelines on decisions relating to CPR (6, 7). The guidelines emphasize that it is crucial to identify patients for whom CPR is inappropriate. Further, it is suitable to consider a DNACPR order where there

is no clear benefit to the patient. There is not such plan in developing countries, therefore, it is suggested that the developing countries consider the use of this important program for decreasing the harm to elderly, frail and end of life people.

In general, The Medicine of Elderly wards are a very advanced and modern in WGH. It can be stated that the basis for success of the Medicine of Elderly in this hospital is the Multi-Disciplinary Team Approach. Some of the important features of this team approach include the increased quality of provided services, mutual respect, empathy, increased sense of responsibility and accurate follow-ups. Therefore, Awareness of management components in developed countries can assist the health care system in developing countries to initiate and endure the good practice around care for older people in framework of multidisciplinary team rather than individual based approach.

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Conflict of interest

Authors declare no conflict of interests.

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