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**AGNA's Response to CARNA's November 2010 Request for Feedback on the AHS
Overcapacity Protocols**

The Alberta Gerontological Nursing Association (AGNA) is pleased to offer our feedback on the *Emergency Department Surge Capacity Protocols* (OCP) as announced by Alberta Health Services to address current overcapacity issues in Emergency Departments across the province.

The OCP have been developed as a contingency response when demand exceeds supply. Emergency Department (ED) waits are long in some parts of the province and the ability to respond in an emergent manner is compromised by sheer volume. While easy to believe the problem root lies in ED staffing and capacity issues alone, we as nurses working across the continuum of health service contexts understand this is not the case. ED overcapacity is the result of a myriad of related issues ranging from staffing, capacity, internal hospital flow, availability of adequate home care resources and options for support, and public belief in the role of emergency room as an equivalent substitution for family doctor services, to individuals adopting responsible self care activities to maintain their own health.

Neither is ED overcapacity a new problem; but it is a problem that has current public, media, and political attention. As such AGNA believes the OCP strategies cannot be "knee-jerk" responses to public opinion but rather careful, conscientious, and ethical interventions. "*Everyone Acts So No Sick Person Is Left Behind*" is an admirable goal and reflects the "we are all in it together" philosophy needed to address overcapacity issues.

Older adults make up 25% of individuals using emergency services. The majority of older adults coming to emergency need emergency services as measured by the acuity index in place across the province. Therefore, it is important to Gerontological Nurses these older adults are not victims of ageism and denied the urgent care they need. AGNA is cautiously pleased to note the OCP plans indicate this will not be the case. Individuals in emergency will be assessed for their need for care regardless of age, based on a standardized set of priority situations. AGNA advocates for continuation and expansion of ED based Seniors Health care coordinator positions that can immediately link older

adults to community assistance and can authorize immediate additional home support to assist the individual to return home safely.

Older adults can and do experience negative effects including delirium when they are transferred between units or between sites. Older adults are often less able to articulate their needs and transitioning runs the risk of losing important information, the continuous thread of effective care planning and staff-family relationships. Such risks are more acutely possible in larger hospital sites. Therefore AGNA advises caution and supportive transitional care and communication regardless of the type of move. AGNA notes the OCP plans indicate people will be assessed prior to moving; clients who are medically stable and waiting a living option will be considered first – contributing to a timely discharge, an ongoing goal of gerontological nursing.

Therefore, given the OCP plans that have been developed in part by our nursing colleagues as a supportive strategy for equitable patient care across the province, AGNA can cautiously support OCP in principle. Operationally however, careful and deliberate assessment of effects and outcomes is required and we trust nursing judgement holds appropriate weight in any global or individual transition decision making.

Two types of beds have been created within the acute care system to operationalize a response to two different types of capacity issues. The use of additional beds associated with OCP makes sense as a way to keep emergency clear for emergent issues and to remove people from the proverbial “stretchers in the hallway”. However, unless these units are staffed with adequate numbers and appropriate expertise they will become holding places rather than a health service. Therefore decision makers need to be aware of and respond to the needs of those individuals moving into overcapacity.

The other capacity related beds are transition units, units set up to support individuals assessed and waiting for another living option. Again this temporary service makes sense but can succeed or fail to give health service depending upon the nursing staff’s understanding of transition as a client experience. AGNA strongly recommends AHS consider the staffing type, numbers and expertise required to provide care in this challenging time.

That OCP has to be put in place regardless of how well care is provided during these events is of concern to AGNA. But the solution lies not in isolated responses through increased resources or moving patients to one area or another, but in examining the “hot spots” as system issues. Examining opportunities for change in the health system as a whole is the answer because the health system as a whole has created the problem.

So what does AGNA recommend in response to OCP and as contribution to eliminating the need for OCP in the first place?

Response to OCP

1. Entering into the OCP plans and activities with a sense of trust in each other as professional and caring nurses trying to make the right decisions for those in our care
2. Ensure gerontological expertise is included in assessment and decisions regarding transfers of older adults
3. Ensure any OCP units created as a short term “holding” place are staffed adequately and gerontological expertise is available
4. Ensure comprehensive communication between sites with the goal to support the client through a transition rather than the goal to reduce capacity demands
5. Ensure support in the way of supplies or medications are available to be there when the individual transfers back to the community rather than adding their acquisition to the required tasks of an already stretched support system
6. Use the added care resources available for short term intensive support to individuals in the community
7. Monitor both anticipated and unanticipated consequences of the protocol weighing the benefits and the adverse outcomes before identifying the protocol to have addressed capacity issues
8. Monitor individuals returning to acute care or ED immediately following a discharge under OCP. These numbers are another source of efficacious data

Eliminating the need for OCP

1. Support capacity increases in home care and continuing care programs through funding – eliminate the need for home care to cut their budgets yet serve higher numbers of people
2. Support the use of Seniors Case Managers in ED to assist older adults to access community services and short term added resources
3. Support the use of Nurse Practitioners in the care of older adults not only as physician extenders but as nursing experts
4. Support the expansion of living options and the training of all levels of staff in gerontological care especially in the area of dementia and delirium
5. Support Zone based expertise to address common problems that send older adults to seek emergency services such as falls, medication mismanagement, and care giver fatigue
6. Support expansion of community based short stay beds for assessment and care provider respite
7. Support the appropriate community case load numbers so nurses have the opportunity to speak with clients and plan for future contingencies thus

- eliminating ED visits because of client fear, miscommunication, or not knowing what to do
8. Support the need for gerontological nursing leadership across all settings where older adults receive health services

These are trying times. Nurses have and continue to work hard to do what they came to nursing to do: care for people and support them in their journey to health. AGNA does support the need for the right care in the right place and at the right time. OCP is intended as a contingency plan but like all protocols could experience slippage into common everyday practice. AGNA believes this slippage is more the danger than the stated intentions of OCP. AGNA encourages CARNA to advocate for eliminating the need for OCP through recommended longer term strategies. AGNA can help and are ready to respond with membership expertise and commitment to care of older adults. Again, we are here because of our clients and they remain our focus.

Thank you for the opportunity to respond.

Respectfully submitted
Alberta Gerontological Nurses Association