The Impact of Ageism on the Healthcare Experience

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The State of the Union

• For us in this room, ageing is honorable. Working with older adults is our life's work.

• For many individuals, ageing is viewed as:
  – Preventable disease process.
  – Something that happens “to other people, not me.”
  – Looked down upon because of the perception of dementia, incontinence, and other challenges associated with ageing.

• Negative perceptions are further reinforced by media images and messaging:
  – Commercials for products that either reinforce stereotypes or poke fun at ageing.
  – Television programs that reinforce the idea that beauty equals youth.
How does this happen in a society?

Generalization ➔ Stereotypes

Enculturation ➔ Socially Acceptable Discrimination
Possible Outcomes of Ageism in Healthcare

• Too little or too much intervention.

• Decrease in:
  – Shared Decision Making.
  – Critical End of Life conversations and preferences.
  – Efforts to engage and activate in their healthcare.

• Increase in adverse outcomes or reactions being associated with “normal aging.”

• Polypharmacy and the negative outcomes associated with it.

The next civil rights movement of the Baby Boomers will be ageism!
A Solution: Person-Centered Care

Perhaps it is the individuals experience with vulnerability which may need to be examined instead of what makes them different. It is perhaps time that all understand that is no longer appropriate to group older people as a group unto themselves, but as individuals who experience similar vulnerability with healthcare as others when they are grouped by gender, sexual orientation, disease, socioeconomic status and race. (Kydd, et al 2015)
Hierarchy of needs

- Food, water, shelter
- Security of body, employment, family
- Friendship, family, intimacy
- Confidence, achievement, respect
- Creativity, spontaneity, problem solving

Choice

Access

Inclusion

Activation

Quality Care
5 Steps to Putting Persons First

**Theory**

1) Ask people

2) Empower staff

3) Engage “families”

4) Activate Patients

5) Redesign your organization

**Practice**

Independent Focus Groups

Steering committees; Inclusive decision making; care for the caregiver

Care partners; Patient Advisory Board; Social network assessments

Open records; Access to information; Education; Preferences

Organizational structures; care delivery; care modalities; intentional re-education

Safe Quality Care

Across the Continuum

In a Healing Environment
"I felt like I was interrupting them when I asked a question."

Ultimately it is the culture that has to change!
What concerns peoples of all ages

Dismissal or Trivialization of Their Voice

Absence of Caring Attitudes from Caregivers

Coordination of Care
Preference Identification

Solutions for working with vulnerable populations!

Advanced Care Planning

Conversational Assessment provides the 'how' for interviewing persons

Shared Decision Making/Conversational Assessment

Assist in having the values and preferences influence EOL decisions

Gateway to discussing end of life issues. Once core preferences are defined, natural crossover to ACP.

Preference Identification

Addresses a person's values, choices and preferences creates the foundation of SDM.

Conversational Assessment provides the 'how' for interviewing persons

Shared Decision Making cannot succeed in absence of knowledge regarding preferences

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Conversational Assessment provides the 'how' for interviewing persons

Shared Decision Making/Conversational Assessment

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Self Determination with Vulnerable Persons

CASPER REPORT- 2013 TO 2014 change

- Falls
- Anti-Anxiety Meds
- Excessive Weight Loss
- New Pressure Ulcer

E Dene Moore
Care Center
Rifle Colorado

Patient Days

Employee Satisfaction: Percent “Excellent” and “Good”

Overall Satisfaction
Recommend as a Place to Work
Recommend as a Place for Care

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The patient experience and employee experience are intertwined

- 173 hospitals in the British National Health Service

- Examine effects of person-centered care

  person-centered care is associated with lower turnover intentions, which are positively related to the quality of care (hospital error rates and perceptions of care)

- Effectiveness of person-centered care is enhanced when complemented by high involvement work practices
To Summarize

• As we continue today, consider how our advocacy and clinical efforts should focus on the vulnerability of being old and not the actual state of being old.

• Begin to identify how Person Centered concepts can respond to the other topics of the day.

• And in the words of Maggie Kuhn, continue to:

“Stand up, Stick Your Neck out and Make Some Noise!”
References


