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Project title
Elder-friendly Nursing Care - A Paradigm Shift

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Introduction
In planning a new acute medical ward, Department of Geriatrics of Ruttonjee & Tang Shiu Kin Hospitals was given the opportunity to help design the ward with practical elder-friendly considerations. We believe elder-friendly care is far beyond the enhancement of physical environment only. During the past one year, we have been continuously re-engineering care processes and cultivating positive emotional and behavioral climate within the department.

Objectives
1. To address the unique needs of older persons 2. To promote health, dignity and participation of older persons on the care process 3. To train up a skilled workforce who can understand the physical and emotional needs of elderly patients, and provide quality of care.

Methodology
Essential care processes were targeted, including care of delirium/dementia patients, end-of-life care, fall prevention, appropriateness use of physical restraint, team collaboration with physiotherapist, occupational therapist and dietitian, family engagement program, re-organization of daily ward routine. Intensive training on dementia/delirium care was widely conducted in the department. Moreover, all supporting staff attended 5 training workshops which covered ten basic gerontological care topics.

Result
1. Care of delirium patients: Short Confusion Assessment Method (CAM) and care plan were developed and implemented in all geriatric wards. 60% of in-patients in geriatric ward identified at high risk of delirium were managed proactively with delirium care protocol. 2. End-of-life care: Terminally-ill in-patients (n=58) with documented Advanced Care Plan (ACP) and/or 'DNA – CPR" Form in place received compassionate care compliant with ACP. 3. Fall prevention: Geriatric specific 'Red flag system' in addition to Morse score was developed and educational leaflet on hospital fall prevention was designed. 4. Physical restraint: A low 3% physical restraint rate, with senior audit round by DOM and Geriatric AC to verify appropriate restraint use. 5. Team collaboration with physiotherapist and occupational therapist to provide ward-based rehabilitation exercise which increased therapy time by at least 10 minutes per patient due to transport time saved. 6. Team collaboration with dietitian to provide appealing food choices for frail elderly with restrictive diets. 7. Family engagement program to encourage relatives to participate actively in exercises and practice caring skills for patients particularly during evening (5 no. of patients/day), weekend and holidays (15 no. of patients/day) to increase functional activity time for elderly. 8. Re-engineering daily ward routine e.g. flexible visiting hours, systematic booking mechanism for patient progress enquiry, sit out round, toilet regime, hydration and supplement round etc. Patient satisfaction survey and focus group interviews were conducted with highly positive feedback for these newly introduced measures; relatives appreciated the professional and caring approach of frontline staff. 15 Workshops on Gerontological Care for Supporting Staff were conducted with 285 attendances. Evaluation showed marked improvement in

knowledge level by 11% - 38% ($p<0.05$). Conclusions: Developing elder friendly nursing care processes in an acute hospital requires a paradigm shift in thinking towards safe, compassionate and effective person-centred care. Beyond the physical environment, the critical success factors are staff education, leadership influencing ward culture, harnessing the strength of the multidisciplinary team support and family engagement.