Advocating for Older Patient Safety and Meeting the Challenges of an Aging Canadian Population: An Interview with Dr. Anna Byszewski, Geriatrician at The Ottawa Hospital

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ABSTRACT

Dr. Anna Byszewski, MD, is a geriatrician at The Ottawa Hospital and Regional Geriatric Program of Eastern Ontario. She completed medical school and residency training in Internal Medicine and Geriatric Medicine at the University of Ottawa. She is currently a full-time professor at the Faculty of Medicine at the University of Ottawa, an investigator at the Ottawa Hospital Research Institute, and is actively involved in developing and teaching communication, collaboration skills, and professionalism in the medical curriculum. Her remarkable dedication to improve the quality of care for geriatric patients through her teaching and practice were recognized in 2011 by The Ottawa Hospital Compass Award. As chair of a task group for the Dementia Network of Ottawa, she also produced the Driving and Dementia Toolkit that aims to improve quality of care and safety of geriatric patients with dementia behind the wheel. Her work is now an internationally recognized resource manual for health care workers, patients, and caregivers. In this interview, Dr. Byszewski highlights the important issues in improving the quality of care and safety for geriatric patients. This topic is of special importance due to the aging Canadian population and the unique challenges faced by health care providers such as reducing the risks of falls, cognitive decline, and polypharmacy.

RÉSUMÉ

Dre Anna Byszewski, MD, est une des gériatres principales à l'Hôpital d'Ottawa et au Programme gériatrique régional de l'est de l'Ontario. Elle a complété sa résidence en médecine interne et en médecine gériatrique à l'Université d'Ottawa. À l'heure actuelle, elle est professeure à temps plein à la Faculté de Médecine de l'Université d'Ottawa, chercheuse à l'Institut de recherche de l'Hôpital d'Ottawa, et est activement impliquée dans le développement et l'enseignement de la communication, des compétences de collaboration et du professionnalisme au niveau du curriculum médical. Son remarquable dévouement à l'amélioration de la qualité des soins pour les patients gériatriques, à travers son enseignement et sa pratique médicale, a été récompensé en 2011 par le Prix Compass de l'Hôpital d'Ottawa. En tant que présidente d'un groupe de travail du Réseau de la démence d'Ottawa, elle a également mis au point la Trousse d'information sur la conduite automobile et la démence, qui cherche à améliorer la qualité des soins et la sécurité au volant des patients gériatriques avec la démence. Son travail constitue désormais un manuel de ressources reconnu au niveau international, pour aider les travailleurs de la santé, les patients et les soignants qui gèrent de tels défis. Dans cette entrevue, Dre Byszewski met en évidence les questions importantes dans le domaine de l'amélioration de la qualité des soins et de la sécurité des patients chez les patients gériatriques. Ce sujet est d'une importance particulière en raison de la population canadienne vieillissante et des défis uniques qu'affrontent les gériatres, tels que la réduction du risque de chutes et la polypharmacie.

TELL US ABOUT YOURSELF, YOUR CAREER PATH, AND YOUR BACKGROUND IN GERIATRIC MEDICINE.

When I started my training in Internal Medicine, Geriatrics was a new and blooming sub-speciality with only about 25 to 30 years of history. I was probably the second or third trainee in Ottawa who was considering Geriatric Medicine residency training. Throughout my medical training, I knew that I really liked general medicine and I was not too keen on doing a speciality that would focus on one organ. I liked looking after the whole person, and especially elderly patients. During my training, I was quite influenced by my experiences with elderly patients and their families. I simply enjoyed listening to their rich life stories and attending to their complex medical issues. I also found that the elderly patients were very appreciative—they are all very grateful for the smallest things that you can do for them. Such experiences

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sparked my initial interest in Geriatrics and this rewarding journey. Another great aspect about Geriatrics is that you get to work with a big team of inter-professionals, which was quite novel in medicine at that time when I chose this sub-specialty.

WHAT PART OF YOUR JOB DO YOU LOVE, AND WHAT PART OF YOUR JOB DO YOU NOT NECESSARILY LIKE AS MUCH?

I believe we are very fortunate as medical professionals to have the privilege to work with diverse people, and to touch and listen to their interesting and often intimate and personal stories. As I already mentioned, I find geriatric patients to be absolutely amazing. Sometimes their situation can be challenging, the care we need to provide can be overwhelming, but we need to remember that we are here to support the patients and their families in crisis. It can also be very rewarding when you are able to resolve their issues.

The part that I like the least about my work is some of the the administrative work in the clinic; this includes paperwork and charting. As important as it is, it takes us away from patients. It's unfortunate how we have to spend up to 25% of our clinic time in front of our computers rather than with patients. I hope that there is something we can do in the future to change this pattern.

WHAT DOES "PATIENT SAFETY" MEAN TO YOU? WHAT ARE THE IMPORTANT COMPONENTS OF PATIENT SAFETY IN CARE OF THE ELDERLY?

Patient safety is about providing the best care, implementing prevention of safety risks, and avoiding errors. We identify cognitive errors and system errors. It's essentially what medicine is all about. When taking the Hippocratic Oath, we declare commitment to do no harm, non-maleficence. Many of our daily tasks could potentially threaten patient safety, including medications we prescribe and investigations we order. In the Geriatric unit, we do our best to implement many safety checks and avoid human errors whenever possible. For example, when I write my medication order, I know the pharmacist will be there to review the order and make sure I am on the right track. Another example would be consulting closely with a dietician regarding a specific diet for a patient. These safety checks are essential in Geriatrics since patients often present with very complex medical problems. There are disease-disease interactions, disease-medication interactions and medication-medication interactions. Keeping this in mind, it takes time to perform what we call a "Comprehensive Geriatric Assessment" with all these safety checks. I feel very fortunate that we have the time and resources to go through all these components very meticulously; this ensures that we are addressing patient safety in Geriatric care, each and every day.

Another quality improvement strategy includes addressing the "geriatric giants". The "geriatric giants" include falls/immobility, incontinence, malnutrition, polypharmacy and impaired memory. De-prescribing, for example, is one of the important quality improvement methods to mitigate the risks of polypharmacy. Over the years, many elderly patients accumulate medications one after another. Although there may have been a good time to prescribe it at one point in their life, sometimes they become unnecessary at a later time and may even reduce the patient's quality of life. I believe Geriatric medicine provides us with an excellent opportunity to review lists of medications and evaluate whether they are appropriate. Some other patient safety/quality projects that members of the geriatric division are involved in include pre-op detection of frailty in older patients going for non-cardiac surgery, on-going collaboration with the Transcatheter Aortic Valve Insertion committee in improved targeting of older patients for this advanced procedure and a major multi-center trial (McGill, uOttawa, uToronto, eventually Calgary, Edmonton, Vancouver) in decreasing potentially inappropriate medication in older patients admitted to Clinical Teaching Unit medicine. We are also looking forward to working with other hospital units, such as the trauma unit, to support care of the older person.

HOW HAS THE INTER-PROFESSIONAL NATURE OF THE GERIATRIC DEPARTMENT AT CIVIC CAMPUS (THE OTTAWA HOSPITAL) PLAYED A ROLE IN IMPROVING GERIATRIC PATIENT SAFETY?

The inter-professionalism of our team is one of the keys to ensuring patient safety. The Ottawa Hospital has been at the forefront of encouraging inter-professionalism work and patient safety and has been recognized as a centre of excellence for this. For instance, we have introduced patient safety rounds in most divisions, including Geriatrics. During these rounds, we review cases of patients in our unit with the entire team. Specifically, we talk about the potential errors that were committed, how we could improve, and how that improvement would affect the patient's course differently. We have these rounds several times a year and follow-up actions are taken to improve our clinical practice in the future. There is also an electronic system for tracking events. In daily clinical care, we also have rounds to review cases in order to provide every patient with a complete multi-disciplinary summary. Once the patient has been with us, whether they are inpatient or outpatient, they get a package with information from different healthcare professionals. The patients often find this quite helpful and this improves compliance with recommendations.

COULD YOU TELL US ABOUT YOUR PROJECT ON THE "DRIVING CESSATION MODULE" AND HOW IT IS RELATED TO QUALITY IMPROVEMENT AND PATIENT SAFETY OF GERIATRIC PATIENTS?

The Driving Cessation Module will complement the Driving and

Dementia Toolkit, and is designed to help physicians communicate retirement from driving. This is an area in which we haven't done such a great job in society, and yet it's such an important part of dementia care. Physicians have a legal responsibility to address this. We have developed a communication module that will be available to trainees or physicians to educate them on different approaches to disclose the information with respect to driving, how to answer difficult questions, and how to deal with emotions. This module complements tools that we have already developed for physicians and families. It is certainly a very difficult conversation to have—especially when patients are losing awareness that they may not be safe to drive, but they insist that they want to drive. This accredited module will be available online.

WHAT WAS YOUR INSPIRATION TO START THE "DRIVING CESSATION MODULE" PROJECT?

The Regional Geriatric Program of Eastern Ontario, based in Ottawa has been instrumental in developing resources, with recent uptake at an international level. It also started from family physicians communicating to us that they often have great difficulty addressing driving cessation with their patients. This is certainly a challenging discussion to have, as it may destroy the patient-physician relationship. Although physicians have a legal responsibility to discuss this, to preserve the patient-physician relationship they may refer to someone else to hold that conversation. They also find difficult to fit this conversation into their already overloaded schedules, and they may not have all the tools for these specialized assessments. We initially searched for available tools and there was no module of similar depth available. Thus, we created a set of tools, including the module to help facilitate this sensitive discussion.

IN YOUR OPINION, WHAT ARE THE MAJOR CONCERNS AND CHALLENGES IN GERIATRICS PATIENT SAFETY RIGHT NOW?

The biggest challenges in my experience are time and resources. Geriatric comprehensive assessment takes time, and it is definitely a challenge to provide these assessments to all the senior patients who are in need of them. This becomes especially challenging with a limited number of geriatricians and other health professionals trained in care of the elderly to provide these kinds of services. There is often a limit to time that we have to allocate to complete medical documents. We also need to ensure that there is an equal distribution of programs, such as outreach programs for isolated senior patients in rural communities, as they may be experiencing an even greater shortfall of resources.

DO YOU HAVE ANY ADVICE FOR MEDICAL STUDENTS WHO ARE INTERESTED IN IMPROVING THE QUALITY OF CARE AND SAFETY OF GERIATRICS PATIENTS?

I hope all trainees will have an opportunity to gain some expertise in Geriatric Medicine, learn some of the principles of safety and prevention, and apply it to every patient they see on other rotations, as likely this will be the population they will be looking after, whatever they decide to do. I believe we are taking steps towards it. This would be particularly important for the tsunami of baby boomers that are coming. And remember: treat the older person with the care you would like your own grandmother or mother to receive!

FOR FURTHER INFORMATION ABOUT GERIATRIC MEDICINE, PLEASE WATCH THE FOLLOWING PODCASTS:

Course: Ontario Geriatrics Learning Centre. (2017). Geriatrics. otn.ca. Retrieved 11 March 2017, from http://geriatrics.otn.ca/#tab0

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