



Caring for Older People:

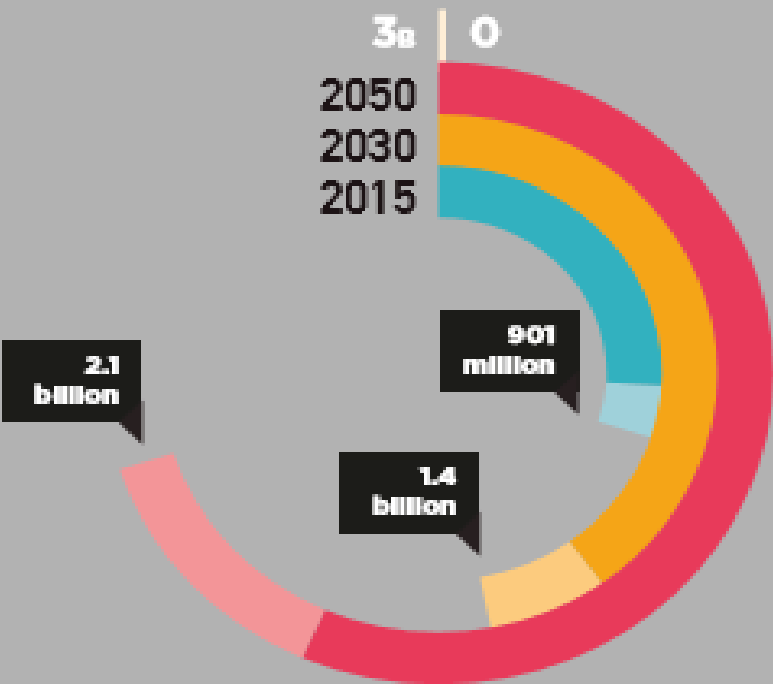
**How Can We Do the
Right Things Right?**

Marieke J. Schuurmans, PhD, RN

Chair Nursing Science University Medical Center Utrecht, Professor Care
Chronically Ill UAS, Independent Governmental CNO

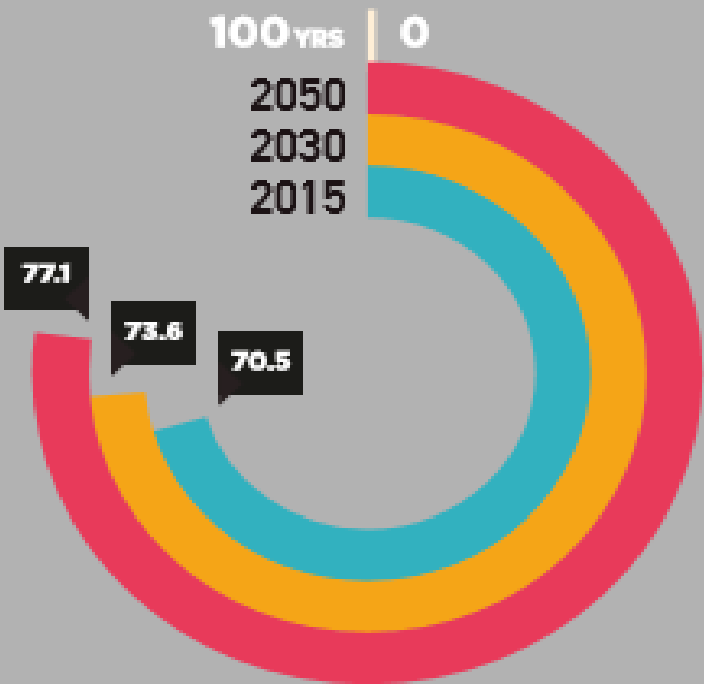
GLOBAL AGEING INDICATORS

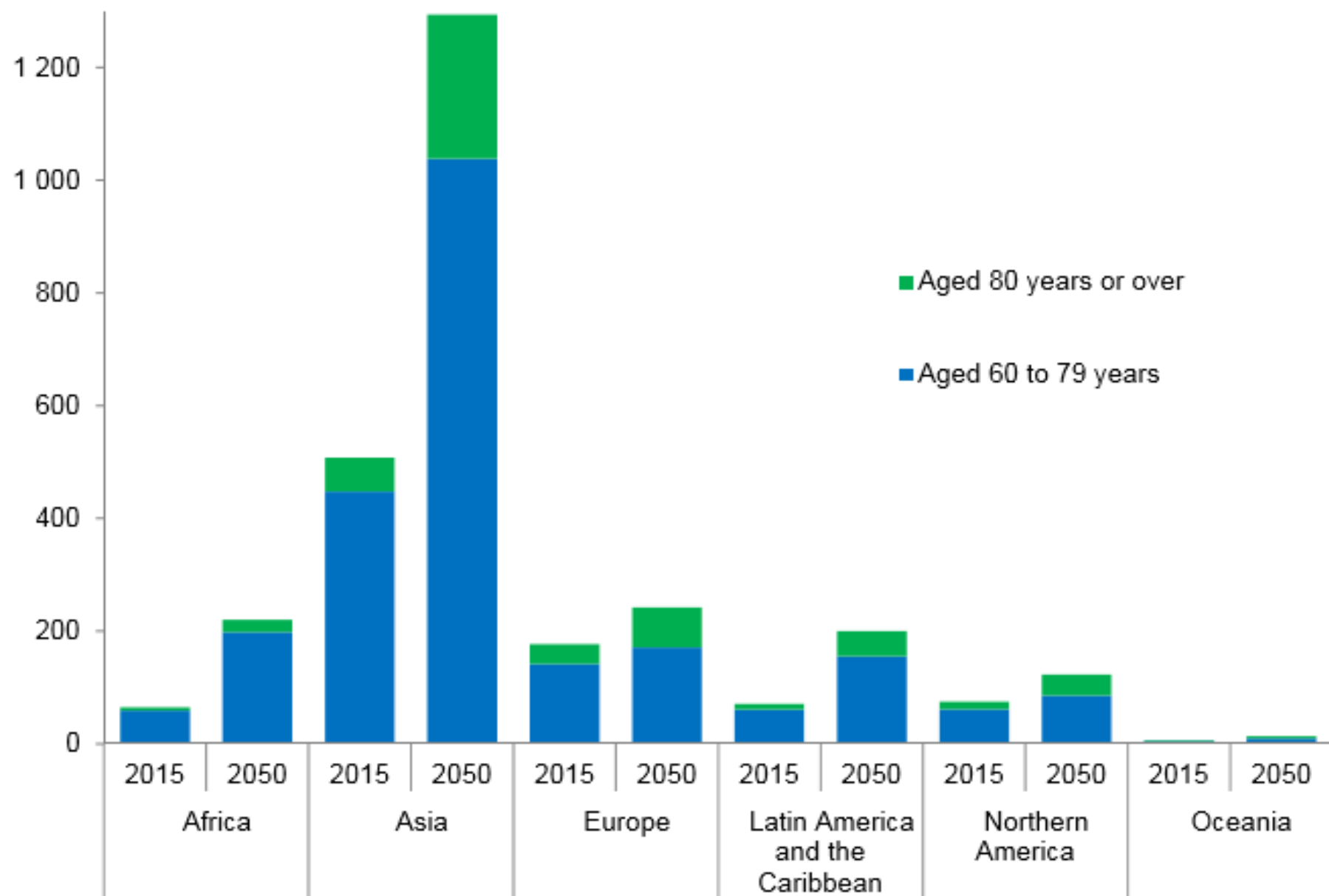
NUMBER OF PEOPLE AGED 60-79 AND 80+
(Billions)



	60-79	80+
2015	<div></div>	<div></div>
2030	<div></div>	<div></div>
2050	<div></div>	<div></div>

LIFE EXPECTANCY AT BIRTH
(Years)





AGEING 2015

901 million

people aged 60 or over in 2015,
projected to rise to 1.4 billion in 2030

67%

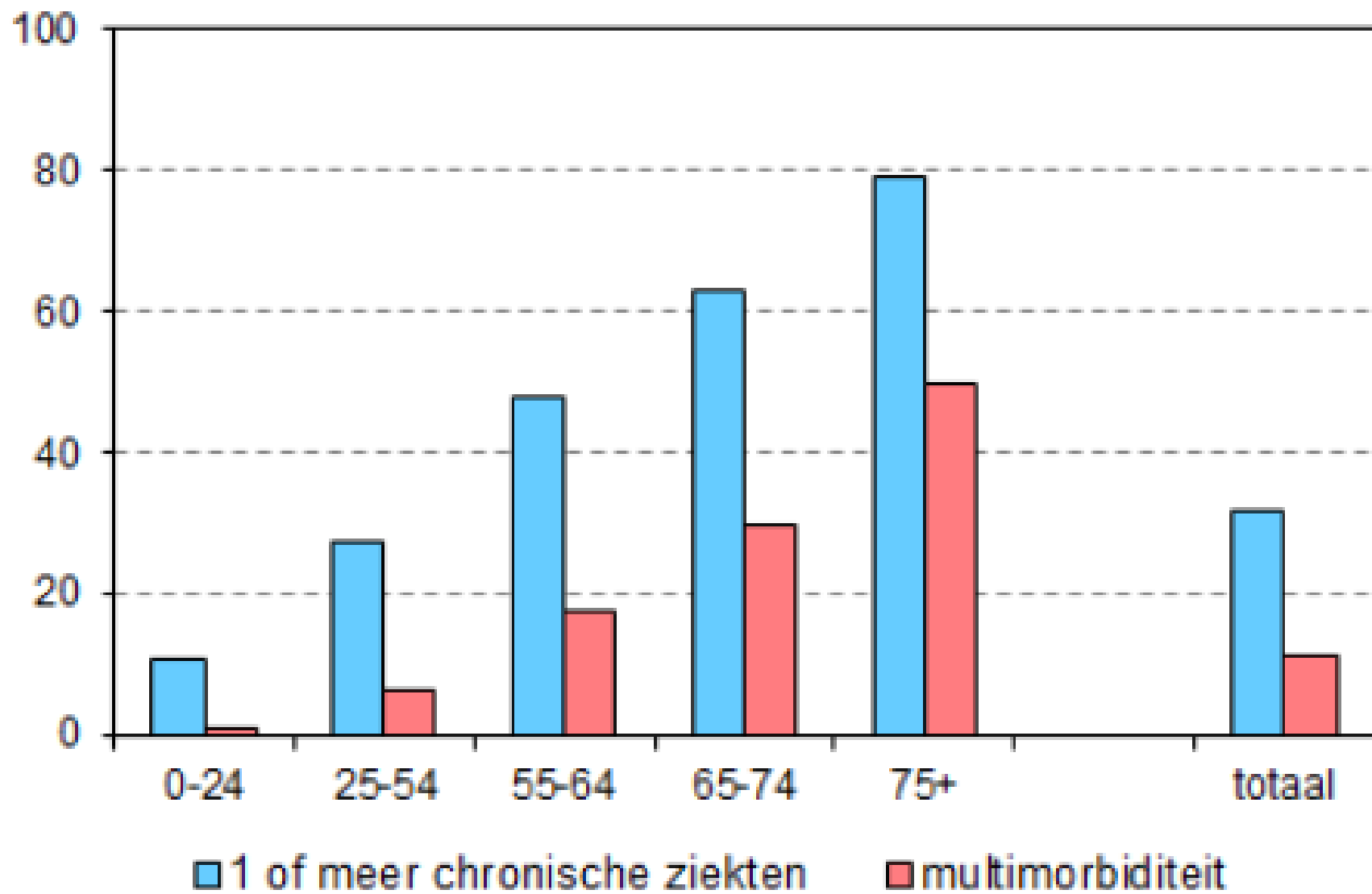
of older persons currently live in
developing countries

6 out of 10 women

and 5.2 out of 10 men born during
2000-2005 are expected to live to 80

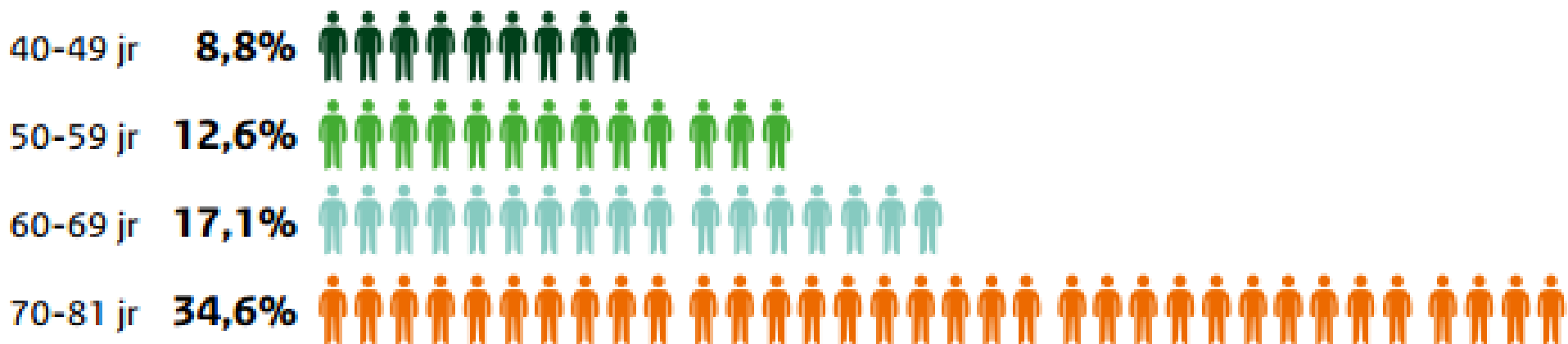


percentage



NIVEL, 2013

VULNERABILITY



As populations age, non communicable diseases account for a growing share of the overall disease burden

Growth in the overall number of older persons has produced increases of non communicable diseases related disability

Preventing diseases and postponing morbidity to later ages

- Improves quality of life
- Mitigates future increases in health care costs

Hospital-Associated Functional Decline: The Role of Hospitalization Processes Beyond Individual Risk Factors

*Anna Zisberg, PhD,*¹ Efrat Shadmi, PhD,*¹ Nurit Gur-Yaish, PhD,* Orly Tonkikh, MA,* and Gary Sinoff, PhD[†]*

OBJECTIVES: To investigate the combined contribution of processes of hospitalization and preadmission individual risk factors in explaining functional decline at discharge and at 1-month follow-up in older adults with nondisabling conditions.

DESIGN: Prospective cohort study.

SETTING: Internal medicine wards in two Israeli medical centers.

PARTICIPANTS: Six hundred eighty-four individuals aged 70 and older admitted for a nondisabling problem.

MEASUREMENTS: Functional decline was measured according to change in modified Barthel Index from pre-morbid to discharge and from pre-morbid to 1 month after discharge. In-hospital mobility, continence care, sleep medication consumption, satisfaction with hospital environment, and nutrition intake were assessed using previously tested self-report instruments.

RESULTS: Two hundred eighty-two participants (41.2%) reported functional decline at discharge and 317 (46.3%)

CONCLUSION: In-hospital low mobility, suboptimal continence care, and poor nutrition account for immediate and 1-month posthospitalization functional decline. These are potentially modifiable hospitalization risk factors for which practice and policy should be targeted in efforts to curb the posthospitalization functional decline trajectory. *J Am Geriatr Soc* 63:55–62, 2015.

Key words: functional decline; activities of daily living; hospitalization; mobility; incontinence care

Hospitalizations for nondisabling conditions such as pneumonia or exacerbations of chronic conditions frequently result in new disability,¹ failure to recover from the prehospitalization functional loss,^{2,3} or even continued functional decline.^{4–8} Because hospital-related function

Original Investigation

Comparison of Posthospitalization Function and Community Mobility in Hospital Mobility Program and Usual Care Patients A Randomized Clinical Trial

Cynthia J. Brown, MD, MSPH; Kathleen T. Foley, PhD, OTR/L; John D. Lowman Jr, PhD, PT;
Paul A. MacLennan, PhD; Javad Razjouyan, PhD; Bijan Najafi, PhD; Julie Locher, PhD; Richard M. Allman, MD

IMPORTANCE Low mobility is common during hospitalization and associated with loss or declines in ability to perform activities of daily living (ADL) and limitations in community mobility.

OBJECTIVE To examine the effect of an in-hospital mobility program (MP) on posthospitalization function and community mobility.

 [Invited Commentary](#)
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 [Supplemental content at](#)
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Original Investigation

Comprehensive Geriatric Assessment and Transitional Care in Acutely Hospitalized Patients

The Transitional Care Bridge Randomized Clinical Trial

Bianca M. Buurman, RN, PhD; Juliette L. Parlevliet, MD; Heather G. Allore, PhD; Willem Blok, MD, PhD;
Bob A. J. van Deelen, MD; Eric P. Moll van Charante, MD, PhD; Rob J. de Haan, RN, PhD;
Sophia E. de Rooij, MD, PhD

IMPORTANCE Older adults acutely hospitalized are at risk of disability. Trials on comprehensive geriatric assessment (CGA) and transitional care present inconsistent results.

OBJECTIVE To test whether an intervention of systematic CGA, followed by the transitional care bridge program, improved activities of daily living (ADLs) compared with systematic CGA alone.

DESIGN, SETTING, AND PARTICIPANTS This study was a double-blind, multicenter, randomized clinical trial conducted at 3 hospitals with affiliated home care organizations in the Netherlands between September 1, 2010, and March 1, 2014. In total, 1070 consecutive patients were eligible, 674 (63.0%) of whom enrolled. They were 65 years or older, acutely hospitalized to a medical ward for at least 48 hours with an Identification of Seniors at Risk–Hospitalized Patients score of 2 or higher, and randomized using permuted blocks stratified by study site and Mini-Mental State Examination score (<24 vs ≥ 24). The dates of the analysis were June 1, 2014, to November 15, 2014.

 Supplemental content at jamainternalmedicine.com

Effectiveness of a Proactive Primary Care Program on Preserving Daily Functioning of Older People: A Cluster Randomized Controlled Trial

Nienke Bleijenberg, RN, PhD, Irene Drubbel, MD, PhD,* Marieke J. Schuurmans, RN, PhD,[‡] Hester ten Dam, MD, PhD,* Nicolaas P.A. Zuithoff, PhD,[†] Mattijs E. Numans, MD, PhD,[§] and Niek J. de Wit, MD, PhD**

OBJECTIVES: To determine the effectiveness of a proactive primary care program on the daily functioning of older people in primary care.

DESIGN: Single-blind, three-arm, cluster-randomized con-

group, 2.03, 95% CI = 1.92–2.13; $P = .03$). No differences in quality of life were observed.

CONCLUSION: Participants in both intervention groups had less decline than those in the control group at 1-year follow-up. Despite the statistically significant effect, the

...the same geograph
same cultural tradition: th
of Belgium; a Bantu langu
language; the English lang
trans·la·tion /træns'lei f
rendering of something into
language or into one's own
language. 2. a version of suc
new translat...



Nurses are critical in the delivery of essential health services and are core in strengthening the health system. Acting both as individuals and as members and coordinators of interprofessional teams, nurses bring people-centred care closer to the communities where they are needed most, thereby helping improve health outcomes and the overall cost-effectiveness of services.

Global strategic directions for strengthening nursing and midwifery 2016-2020, WHO 2016



WHO



**Ensuring an educated,
competent and
motivated nursing
workforce within effective
and responsive health
systems at all levels and in
different settings**

A group of five business professionals are seated around a conference table in a modern office setting. They are engaged in a discussion, with some looking at each other and others looking towards the center. The background is slightly blurred, showing office shelves and windows. The text is overlaid on a white rectangular box in the center of the image.

**Optimizing policy
development,
effective leadership,
management and
governance**



Mobilizing political will to invest in building effective evidence-based nursing and workforce development

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