ELDER FRIENDLY HOSPITALS INITIATIVE
ELDFRHI

GERIATRICS UNIT,
UNIVERSITY OF BENIN TEACHING HOSPITAL
BENIN CITY, NIGERIA

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Elder Friendly Hospitals Initiative (ELDFRHI)
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FOREWORD

Geriatrics is one of the youngest disciplines in the University of Benin Teaching Hospital, indeed in Nigeria.

We have been impressed with the commitment and professionalism of the staff of the Geriatrics Unit, which has given this Management additional impetus to support their programmes.

This monograph is a bold step by the team leader, Prof. Obehi Akoria and her team members, to highlight the plight of the elderly who seek healthcare in hospitals in Nigeria. It also emphasizes the need for a culture shift by all stakeholders, if we are to improve on the quality of healthcare provided to older persons.

The monograph introduces the **Elder Friendly Hospitals Initiative (ELDFRHI)**, with an expression of commitment that members of the UBTH Geriatrics team will be responsible to pilot the Initiative.

As Chief Medical Director of University of Benin Teaching Hospital and a firm proponent of "quality healthcare", I invite all stakeholders to thoughtfully read through this document, assess the structures, environments and practices in which they provide care to older persons, and to make necessary adjustments for improvements, particularly to achieve more elder-friendly hospitals.

We are very grateful to the Hon. Minister of Health, Dr. Osagie Emmanuel Ehanire, for throwing his weight behind this laudable Initiative, and for all his encouragement and support, to enable the success of this pilot and hopefully, scale up to other hospitals across Nigeria.

Prof. Darlington Ewaen Obaseki
Chief Medical Director,University of Benin Teaching Hospital.
March 2020.

PREFACE

We began the Geriatrics journey over six years ago when the Geriatrics Unit was set up in the Department of Medicine, University of Benin Teaching Hospital (UBTH) in July 2013. Within this time, we have observed that people age differently, and that frailty is not necessarily a function of chronologic age. We have also realized that it will take more than several Geriatrics units across the country to address the healthcare needs of the elderly in Nigeria.

We desperately need to have a purpose-built Geriatrics Centre in UBTH, but we have become critically aware of another need, since there will always be elderly inpatients and outpatients in several parts of the hospital who will need elder-friendly care outside our unit.

We feel convinced that a way forward is to develop a multi-disciplinary workforce who are knowledgeable and skilled in the principles and practice of Geriatrics. These persons will become the champions of elder-friendly care in

Management, Administration, Finance, our schools, and other departments/units in the hospital. These champions will be on the frontlines in their respective spheres of work to influence policy, model best practices, and by so doing, improve the satisfaction of older persons with the quality of care that they receive in our hospital.

There is no doubt that hospitals are strategically placed to engage and collaborate with various stakeholders in the larger society. This vantage position should be utilized to achieve the mainstreaming of ageing-friendly considerations into politics, policies, programmes and projects.

The Elder Friendly Hospitals Initiative (ELDRHI) seeks to take advantage of hospitals' pivotal positions, to advocate for attitudinal and culture shifts that are critical to improving the quality of healthcare that older persons receive.

We are counting on our supervising Ministry, the Federal Ministry of Health in Nigeria, under the masterly leadership of Dr. Osagie Emmanuel Ehanire to support this Initiative as we offer ourselves to pilot it. We will also need support from other

stakeholders (within and outside the country) to achieve our set goals.

The views expressed in this monograph have been synthesized through extensive reviews of literature regarding ageing friendly hospitals and communities, as well as brainstorming and practical sessions with members of UBTH Geriatrics team, particularly facilitators and trainees at the 6-week in-house training in Geriatrics which held from 15 January to 20 February, 2020.

This document describes ageing demographics and highlights some of the efforts of the United Nations to promote healthy ageing and quality healthcare for the elderly. We hope that hospitals, other facilities and agencies across the country will find it a useful tool to reevaluate the structures, environments and processes in which older persons receive care, with a view to making changes (***no matter how small***) that will ultimately result in the culture shift that is required to achieve quality healthcare for older persons.

Prof. Obehi A. Akoria
March 2020

ACKNOWLEDGMENT

We are immensely grateful to Prof. Michael O. Ibadin, the immediate past Chief Medical Director of UBTH, who championed the establishment of the UBTH Geriatrics Unit, and whose support ensured that we survived the teething challenges.

We are also immensely grateful to the current ChiefMedical Director, Prof. Darlington E. Obaseki, who has not only provided strong leadership and support, but has also challenged and supported us to achieve higher goals.

We sincerely appreciate the Board Chairman, Bashorun Adedoja Adewolu, FHAN, MFR, and all members of the UBTH Board of Management for their wisdom and support.

We are grateful to members of successive Management teams of UBTH who have worked with the Geriatrics team to actualize our goals.

We thank the successive heads of Departments and staff of Internal Medicine, without whose support

we would not have made progress.

We deeply appreciate successive heads and staff of the Department of Nursing Services who provided uncommon support that helped to midwife and nurture Geriatrics in UBTH.

We sincerely thank other heads and staff of departments and units with whom we have worked in the last 6^{+} years. Special thanks to Dr. David Udoh and the neurosurgical team, from whom we learned how to take our ‘baby steps’.

Prof. F.E. Okonofua, Centre Leader of the Centre of Excellence in Reproductive Health Innovation greatly lightened the burden of hosting the International Training of Trainers in Geriatrics and the launch of **ELDFRHI** through a generous financial grant. We are immensely grateful.

Thanks to Mrs. Glory Mogbeyiteren, whose friendship with the team has been a source of encouragement, and whose scholarly support made the completion of this document possible.

We appreciate the courage, resilience and commitment of all staff of the Unit and the bond

that has grown between us over the years, particularly, Mrs Blossom Akene, Mrs Eunice Ugorji, Mrs Imokhai Deborah, Dr Uchenna Ezeaputa, Dr Chidimma Obinya,Dr Fidelia Boniface,Dr Lisa Uyovwiovwa, Mrs Anthonia Olumeko, Mrs Otovo Stacy, Mrs Momoh Joy And Mrs Essien Mary.

Many thanks to the office staff of Deputy chairman, Medical Advisory Committee(Clinical services) :Mrs Paulina Emgbouke, Mrs Joy Akpotor, Mr Famous Enoruwa, Mr Blessing Enomamien and Mr Emovon Ikpomwonsa, for their deep sense of responsibility and strong commitment to goal achievement .

We also appreciate our patients who have been our best teachers, and who have made us feel that the sacrifices are worthwhile.

We sincerely thank our previous trainees at the various training programmes in Geriatrics, for believing in us, and for contributing to the fleshing up of the **ELDFRHI** concept.

The leadership of the Faculty of Internal Medicine, National Postgraduate Medical College of Nigeria

has been pivotal in the establishment and growth of Geriatrics in UBTH and in the country. We are immensely grateful for their support and mentorship.
We thank the National Coordinator of the HEPIQ-C Project for his support and for the insights he shared when he visited our Unit in 2019.

We are humbled by the affirmation and support of the Honorable Minister of Health, Dr. Osagie Emmanuel Ehanire, who in spite of pressing national issues made out time to launch the **Elder Friendly Hospitals Initiative (ELDFRHI)**.

We give sincere thanks to Almighty God who has enabled us to carry on in the last 6^+ years, and who we trust to exceed our best and highest dreams regarding Geriatrics in UBTH, Nigeria and Africa.

INTRODUCTION

Who is an older person?

Debates about the cut off age for who is an older person have been ongoing since the 1800s. The definition could be arbitrary because there is no agreement about the age at which an individual becomes old. In the developed world, eligibility for pension benefits plays a large role in determining the cut off for who is an older person, usually between 60-70 years.

Chronological age plays a less important role in developing countries, where many persons do not have a record of their birth dates. In these societies, socially constructed meanings of age such as declining ability to contribute to society, are more important.

The United Nations agreed cut off for the older population is 60^+ years.

Ageing demographics

Persons aged 60+ years currently make up 10% of the world's population. This proportion is as high

as 24% in Greece and Italy.

The proportion of older persons in Nigeria has remained at about 5% in the past 3 decades, although the absolute numbers have doubled from 4.5 million in 1989 to 9.1 million in 2019.

It is projected that the proportion of older persons in the country will increase to 12% by 2050. Persons living beyond 80 years (i.e. the oldest old) will also increase. These changes will be attributable to declining fertility, mortality rates and migration.

The United Nations, ageing and older persons' health

The first United Nations General Assembly on Ageing (1982) produced the "Vienna International Action Plan on Ageing", popularly referred to as the "Vienna Plan". This was the very first international instrument on ageing, and contained 62 recommendations along the following thematic areas:

1. Health and nutrition.
2. Protection of elderly consumers.
3. Housing and environment.
4. Family.
5. Social welfare.

6. Income security.
7. Education.

The recommendations in the Vienna Plan on the health of older persons are summarized below:

Recommendation 1
Function-focused care with attention to pain relief, mentation, comfort and dignity are as important as curative treatment.

Recommendation 2
Care of older persons should be holistic and person-centred, allowing for family participation, and with a focus on improving quality of life and maintaining independence and participation in society.

Recommendation 3
Preventive measures and early diagnosis and treatment will reduce disabilities and diseases of ageing.

Recommendation 4
Older persons who are challenged with functional and mental impairments as well as the very old deserve special attention. Training and support

for patients and family members, and prevention of social isolation should be prioritized.

Recommendation 5

Care of the terminally ill requires that health practitioners go beyond their usual call of duty in communicating and providing support to patients and their families, even beyond the time of death.

Recommendation 6

Healthcare and social welfare services should be coordinated. A balanced system of care requires the integration of the roles of the family and community, without compromising the standard of medical and social care.

Recommendation 7

The general population and older persons themselves should be educated regarding care of the elderly.

All persons who work with the elderly should receive a minimum level of training that prioritizes participation of older persons and their families in the care that is provided.

Practitioners in Medicine, Nursing, Social Welfare

and other human care professions should be trained in relevant areas of Geriatrics, Gerontology, Geriatric Nursing and Psychogeriatrics.

Recommendation 8
Older persons usually know best about what is needed for their care and should be allowed to contribute to decisions about their lives and care.

Recommendation 9
Older persons should be encouraged to participate in the development of health care, and in the functioning of health services.

The United Nations Principles for Older Persons was adopted by the General Assembly in 1991. It calls on governments to incorporate the following principles into their national programmes as much as possible:

1. Independence.
2. Participation.
3. Care.
4. Self-fulfillment.
5. Dignity.

Action on behalf of ageing has continued in the

ensuing years, with the declaration of the 1st of October as the International Day of Older Persons in 1990. The year 1999 was subsequently declared the International Year of Older Persons.

The Second World Assembly on Ageing adopted A Political Declaration and the Madrid International Plan of Action on Ageing in 2002. The three priority areas are:

1. Older persons and development.
2. Advancing health and well-being into old age.
3. Ensuring enabling and supportive environments.

The World Health Organization has declared 2020-2030 as the Decade of Healthy Ageing, with a call to all stakeholders to work assiduously and collaboratively to improve the lives of older persons, their families and the communities in which they live.

The 10 priorities for the Decade of Healthy Ageing are:

1. "Build a platform for innovation and change.
2. Support country planning and action.
3. Collect better global data on healthy ageing.
4. Promote research that addresses the needs

of older people.

5. Align health systems to the needs of older people.
6. Lay the foundations for a long-term-care system in every country.
7. Ensure the human resources necessary for integrated care.
8. Undertake a global campaign to combat ageism.
9. Make the economic case for investment in healthy ageing.
10. Develop the Global Network for Age-friendly Cities and Communities."

In Nigeria, we need national and local data which are segregated by age and gender to evaluate and address older persons' needs. These needs are multifaceted, and include health and social care needs, which are closely intertwined. From the Vienna Plan till date, the need for action to address the challenges of the growing population of older persons has been stressed by the United Nations. Nigeria, like most other member states is a signatory to the various UN declarations regarding ageing. According to Kofi Anan however, "*...the real test will be implementation. Each and every one of us, young and old, has a role to play in*

promoting solidarity between generations, in combating discrimination against older people, and in building a future of security, opportunity and dignity for people of all ages..." (Kofi Anan, 2002).

It is unfortunate that health systems are usually designed to address episodic healthcare needs rather than the more complex needs of older persons. To address this gap, the World Health Organization advocates for Integrated Care of Older Persons (ICOPE). The ICOPE guidelines focus on community-based care that is centred on the needs of older persons, including care coordination and long-term care.

Ageing and older persons' health in Nigeria

The National Health Policy has its vision stated as "Universal Health Coverage (UHC) for all Nigerians", but notes that less than 5% of the population have any form of pre-payment schemes, for which reason UHC may not be achievable in the near future.

The policy document identifies leading barriers to accessing health services as cost of services, distance to health facilities and attitude of health

workers. It further highlights poor quality care and lack of confidence in the health system as weaknesses of the health system in Nigeria.

High levels of out of pocket expenditures for health (up to 74%) is also cited as a barrier to accessing healthcare, and a reason for inequity in health outcomes, in the National Health Policy document. Given the foregoing, it is clear that older persons in Nigeria are especially vulnerable to encountering barriers in accessing healthcare, and experiencing poor outcomes.

The Federal Ministry of Health in 2017 signed a Memorandum of Understanding with Birmingham City University entitled "Health Package for Improving Quality Care on Ageing Population and Diseases in Nigeria" (HEPIQ-C). The expectation is that the collaboration will yield benefits that will enable older persons live more active and healthy lives.

Nigeria's National Policy Framework on Healthcare for the Aged was launched in 2018. The following were listed as some of the challenges faced by older persons in Nigeria in the policy document:

1. Poor access to healthcare facilities.
2. Negative stereotypes about institutional care e.g. “old peoples' homes”.
3. Pervasive poverty.
4. Increasing prevalence of non-communicable diseases e.g. respiratory diseases and cancers.
5. Displacement and homelessness.
6. A dearth of trained personnel to meet the healthcare needs of older persons.
7. A dearth of recreational facilities for older persons.

The policy framework highlights the need for care in the following domains for older persons:

- Health promotion and awareness.
- Emergency care response.
- Clinical care.
- Rehabilitation therapy.
- End-of-life care.

The document also highlights the need for workforce training, research and development, and community-based geriatric care. The HEPIQ-C approach has been compared with the Sitakund Model which was launched in 2010 in Bangladesh. In the Elderly Care and Support Program (ECSP) in

Sitakund, older persons receive education, counselling and training for independent living and income generation, amongst other forms of support. The programme is driven by a non-governmental organization. We believe that the size, diversity and economy of Nigeria require multilevel approaches to addressing concerns about the elderly.

There is need for interventions that cut across healthcare, social services, education, finance and other related aspects of governance. More players in the private sector and nonprofit organizations will be required to bring their expertise and other resources on board to address the myriad challenges faced by the elderly in Nigeria. The need for trained healthcare workforce for the care of the elderly has also been variously highlighted and should not be ignored.

Geriatrics in University of Benin Teaching Hospital

Since July 2013 when Geriatrics was created as a unit in the Department of Medicine, University of Benin Teaching Hospital (UBTH), it has become possible to provide specialized, interdisciplinary healthcare to address ageing-related challenges of

older persons who use our services. The unit began with 15 operational beds, but increasing utilization and demand necessitated the opening of 5 additional beds in 2019. Bed occupancy rates currently average 87%.

On this occasion of the 6th anniversary of the existence of the UBTH Geriatrics Unit, we reflect on the past and we are happy about the older persons and their families that we have been able to help.

We feel unhappy about our shortcomings, and make new commitments to improve on our attitudes and practices. We realize the magnitude of older persons' healthcare needs, and we admit that in spite of our best efforts and those of others across the country who are rendering their best services, much more needs to be done.

We applaud the Federal Ministry of Health under the leadership of the Honorable Minister of Health for bringing concerns about ageing and the elderly in Nigeria to the front burner of discourse on healthcare and policy.

We wish to hold ourselves accountable for improving the scope and quality of care that we will

be providing to older persons in the coming years. We also wish to extend Geriatrics beyond our unit and department to every other department where older persons receive care in University of Benin Teaching hospital.

Further, we are hopeful that healthcare institutions across Nigeria will buy into the Mission, Vision and Core Values of ELDFRHI, and adopt or adapt them for the benefit of older persons who are entrusted to their care.

This is the basis of the ***Elder Friendly Hospitals Initiative – ELDFRHI*** *(pronounced "eld"... "free").*

7. ELDFRHI

Definition of terms

Elder: an older person, as described by the United Nations (age 60$^+$ years).

Friendly: behaving in a manner that is pleasant and kind towards a person.

Hospital: any place where people who are unwell go to get treatment from doctors, nurses and allied staff.

Initiative: an idea, proposal, strategy or procedure that aims to solve an identified problem.

What are the problems that ELDFRHI seeks to address?

The evidence that older persons use hospital services more frequently and stay longer than younger persons is robust. This creates opportunities for health promotion and disease prevention, in addition to the opportunities to provide treatment. Unfortunately however, these opportunities are not optimally harnessed. There is a delicate balance between functional reserve and vulnerability in older persons. Intrinsic factors such as increasing age and frailty, cognitive and/or physical impairment, as well as biologic factors may tilt the balance towards vulnerability. Extrinsic factors may also impact on the balance between functional reserve and vulnerability in older persons. For example, an acute illness in an older person with good functional reserve may necessitate a visit to the hospital and subsequent hospitalization.

It is widely reported that hospitals are usually designed and function to meet the needs of healthcare providers rather than those of older persons. By virtue of the numbers of older persons who seek care in hospitals, and the frequency with which they do so, hospitals are strategically placed

to promote older persons' health and wellbeing. However, if the structures, environments and processes within hospitals are not designed to address the needs of the elderly, they could unmask or even worsen vulnerability.

There is incontrovertible evidence that hospitalization is a major risk for older persons. In Canada for example, older persons admitted into hospitals experience twice as many adverse events as younger persons.

Hospitalization factors that may impact negatively on an older person include:

- Unfamiliar surroundings and unfamiliar routines.
- Bed rest with resultant reduced mobility.
- Enforced dependence with resultant decondi-tioning, often in a mistaken belief that patients should not 'exert' themselves.
- Depersonalization: thinking of, relating with, and/or addressing patients by their bed numbers, refusing them the use of their personal belongings, etc.
- Isolation: may result from physical, mental, or other changes associated with ageing, family members not being allowed to

participate in care, limited socialization, etc.

- Low/negative expectations: from older persons themselves, their caregivers, or even healthcare staff.
- Disease-focused rather than person-centred care.
- Polypharmacy: may result from multiple morbidities, or from medicalization of ageing.
- Poor discharge planning.
- Undernutrition: food served in hospitals may not meet older persons' preferences, or may be served at times of the day or in ways that do not encourage them to eat.
  Therapeutic diets (e.g. low salt, low protein diets) may also contribute to undernutrition associated with hospitalization.
- High beds and stretchers: increase the risk of falling; also limit ambulation.
- Smooth, shiny floors: increase the risks of slips and falls.
- Absence of clocks of suitable sizes and calendars, which otherwise would have helped with orientation.

Other challenges may include:

- Physical barriers to reaching the healthcare

facility or sections within it.

- Absence of directional signs and other signage, making facility navigation difficult.
- Lack of personnel trained in providing the healthcare needs of the elderly.
- Long queues and long waiting times.

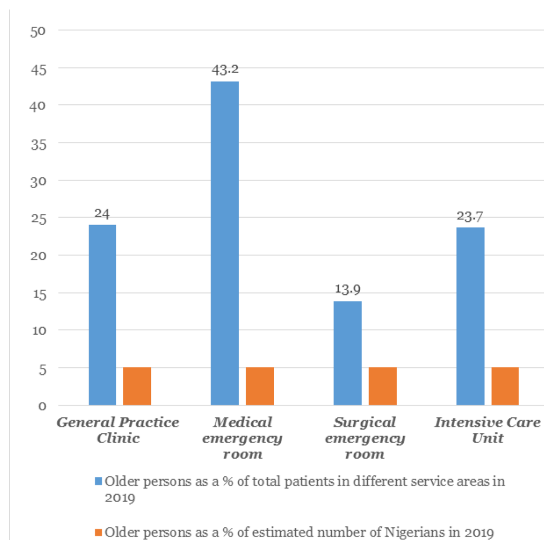
Hospitals in Nigeria traditionally do not provide after-hospitalization or community-based care. Lack of community support and environmental resources that are required for older persons' wellbeing in the community could further increase their vulnerability.

The Elder Friendly Hospitals Initiative (ELDFRHI) highlights the opportunities that visits by older persons to hospitals provides, and proposes approaches to using these opportunities to improve their health and wellbeing, while focusing on their reserves rather than on their vulnerabilities.

Our data in University of Benin Teaching Hospital indicate that older persons contribute disproportionately highly to utilization of healthcare resources. This aligns with reports from most other parts of the world. For example,

whereas population statistics indicate that older persons in Nigeria make up about 5% of the population, ***43.7% of visits to the medical emergency room in 2019 were from persons aged 60⁺ years*** (please see Figure 1).

These proportions would be much higher if we were to add other older persons who access healthcare at secondary or primary levels, ***underscoring the importance of hospitals as potentially strategic gateways for improving the lives of older persons***.



Older persons as percentages of patients who accessed care in different service areas in UBTH in 2019

Becoming an elder friendly hospital requires thinking and redesigning the culture and operations of hospitals along 4 dimensions:

1. Physical design.
2. Social behavioural climate.
3. Policies and procedures.
4. Care systems and processes.

1. Physical design

Does the built environment of the hospital support older persons' abilities? Does it contribute to their independent functioning?

2. Social behavioural climate

What behaviours are evident? Is there team work, or do people prefer to work in silos? Social behavioural climate also refers to interactions and communication between staff, older persons and their family members. It refers to the degree of stress or conflict experienced by older persons and their families in accessing care, for the duration of their stay in the hospital, and when they leave the hospital.

3. Policies and procedures

Do the (implicit or explicit) bureaucratic conditions, attitudes of staff, project a culture and

atmosphere that values and respects older persons' and their family members' autonomy and dignity? Are older persons and/or their family members allowed to exercise their right to make choices about the care they receive – even when those choices are perceived as "wrong"?

4. Care systems and processes

Are the care systems organized to be sensitive to older persons' peculiar physiologic and other needs?
Are the care systems and processes family-centred?
Are there knowledgeable staff to support older persons' care and recovery?
Is multi-disciplinary care coordinated?
Is there discharge planning?
Is support provided for care transitions e.g. when a patient is discharged from hospital to home?

Providing honest answers to these questions will enable hospitals to assess the extent to which they are elder-friendly. There are more sophisticated tools for assessment of readiness of hospitals to become elder-friendly but those are beyond the scope of this monograph.

Vision, Mission and Core Values of ELDFRHI

Our Vision

Our vision is that every older person who accesses healthcare in our hospitals will leave us feeling happy.

Our Mission

To improve the health and wellbeing of older persons through multi-level, multi-dimensional and intersectoral collaboration.

Our Core Values

1. Respect for older persons.
2. Responsive and holistic care.
3. Inclusive participation.
4. Collaboration within and across sectors.

Our slogan

"...making older persons happy"

CONCLUSION

Older persons are major consumers of healthcare. However our healthcare systems are not designed and do not function to meet their special needs: i.e. they are not elder-friendly.

Hospitals are pivotally placed to improve the quality of life and wellbeing of older persons. However, if we must achieve elder-friendly hospitals, administrators, staff and other stakeholders in healthcare need a shift in how we think about healthcare. ELDFRHI was conceived to address this need.

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