Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios at Saint Barnabas Hospital in the Bronx. I'm Steven Clark. The most recent US Census shows that an estimated 15 percent of the American population is now 65 or over. In 20 years that percentage will grow to about 22 percent, and those people living long enough to form a sub group of elderly patients who are those over 85 years old has been shown to grow three to four times faster than the general population every 20 years. So how can health care providers keep up with a growing population that is living longer, but not necessarily living in good health during their later years? With us to discuss this is Doctor Joel Sender, the Director of Geriatrics at SBH Health System. Welcome Doctor Sender.

Thanks Steve. It's great to be here.

So let's discuss. Is there a hospital that is Geriatric friendly or what incorporates such a thing?

Across the country right now, hospitals are trying, hospital systems are trying to become age friendly, and this means that everywhere along the line from the emergency room to their outpatient services and especially on their in-patient services, they're trying desperately to improve their functions so that they can attend to the real needs of seniors in the health care system and we've been doing that in a straight line of progressive function here at Saint Barnabas since 2005.

Now you talk to me before about the four M's. What do they stand for? And what does it mean?

Well, they're among the different plans to do this correctly. It's important for all health care workers to understand that seniors have special needs and by paying attention to the four M's, we can get them to learn and practice better care for seniors and the first thing to ask a patient is what matters to them, what matters, what do they want for their aging years? How would they like to see their health progress? Do they want special care when they're very sick? Do they want to use special services to stay alive? What are the real goals? Is it pain relief? Is it mobility? Is it to be with family? Where do they want to live? What matters to a patient is frequently overlooked by people in the health care system. So the first, one of the four M's is, what matters? The second is what medications are they on? So many of our seniors are on medications that have really negative side effects and those side effects can really ruin a patient's later years and a lot of doctors in the community and here in the hospital need to be educated on the medications and their value versus their risks. We do a lot of deep prescribing. We take medicines away from people all the time with excellent results. The third is what is their mental ability? Are they able to think for themselves, do they need help? Are they losing cognitive ability? Are they not able to do the things they used to because of their mental abilities or they depressed? The prevalence of depression in our population is so high at times in the outpatient clinic is over 40 percent of the people who come to our clinic. Addressing depression is one of the most satisfying things I've done with

my years in Geriatrics. And the last M is mobility, because people who are aging may have trouble walking. They may have trouble getting across the room. They may have pain stops them from ambulating. They may not be able to get out of the bed, to get to the bathroom and these are critical for living healthy and happy senior years. So the four M's, what matters, your medication, how are you thinking whether you're depressed and whether you can move around, are the crucial parts that every health care worker needs to address to make an age-friendly hospital.

I read somewhere that while 15 percent of the community consists of what we call elderly patients almost 50 percent of inpatients in hospitals are elderly. I would guess that in general, a hospital is not a good place for an elderly person.

Absolutely, and that's why we need to make the hospital more age friendly one of the things that we've been doing is we've developed the ace unit or the acute care for the elderly unit. And our very newest of these endeavors has beautiful rooms with nurses who are receiving training in Geriatrics, with a nurse practitioner and in the future geriatrician as well to manage their impatient stay. The big problem with a hospital stay for a senior is de-conditioning and the risk of confusion. If patients who are hospitalized suffer from delirium, it severely impacts what happens to them whether they can go home and whether or not they're gonna have the same set of mental functions when they leave. So it's crucial for us to pay attention to any particular senior when they're admitted so that de-conditioning and confusion and delirium do not take hold.

Now, I know you're a geriatrician, you're certified as a physician who works with older patients whether it's an in-patient, or out-patient setting, how important is it for a senior to deal with the geriatrician?

It can be extremely valuable to a senior because a lot of the things that we do are not yet taught across the board in medical school. They're catching up. I know the curriculum and all medical schools today is now including Geriatrics training along with internal medicine training, and this is a goal of major societies because it shouldn't be an option for an intern or to a family physician or a surgeon for that matter, to not know about the particular nature of how we age and whether or not the medical treatments that were going to receive are appropriate for us or safe for us.

You told me before about delirium being concerned that you have for inpatients, let's define what it is and how does it manifest itself?

Delirium is a sudden change in mental function, not typical of the patient's baseline and it can come on for a variety of reasons, large number of patients will be fine on Monday and then on Tuesday, when they have an illness suddenly become confused and it's characterized by inattention and either a problem with staying awake or oriented to their environment along with theological thinking. When a person goes through this, it is not just a simple confusion. It may be a harbinger of really bad illness. It could be because of an infection it could be cause of a drug side effect it could be because of heart failure. So many different risk factors go into it. But in the end, it has

a price to pay because most of those patients will have a declining mental function, a much higher death rate and they may not be able to live alone after that event. They may actually be referred to a nursing facility which is really a sad outcome, for people otherwise should go home and able to rejoin their life and take control of their lives.

Like I guess the advantage again, talking about a dedicated impatient unit is that you've got specialists who are looking out for things like this, looking out for changes in the patient's function delirium, bed sores, that sort of thing, nutrition, mobility. That's all part of what you and your staff really are on the lookout for.

You know the three things that we can do in a unit like that, that make the most sense are to make sure the patient gets fed, to make sure the patient gets moving, cause' you must get them moving, and to reorient them and remind them where they are or they will become confused. And then the families can be of such incredible help because they can help with that. They can encourage them to eat. They can take them for walks, okay, and they can also help them to remain oriented obviously by talking to them and they can bring in their hearing aids, and their glasses, and make sure that they have their teeth because if the patients come into the hospital and they can't hear what's going on or they can't see what's going on. They're much more likely to waste away. They're much more likely to have the bad outcomes of delirium that were so afraid of.

I guess it's fair to say that you and your staff also work closely with family. It's how you encourage family.

Absolutely. And for that reason visiting hours on units like that are always expanded and nurses will go to great lengths to help the family come and stay at the bed side and be of assistance.

Now I know we've talked about this before the problem of Poly Pharmacy. You've got patients who may take 6, 10, 12 different medications and I guess if suddenly you're introducing new medications, this can be a problem. So that's something you also monitored very closely. I would assume right.

I think one of the best parts about doing geriatric consultations and evaluations is taking a look at these endless lists of medications that have accumulated from a variety of different places because people today frequently go to a series of different doctors who don't necessarily talk to each other and one of the keystones of being sensitive to geriatrics is to collaborate with different parts of the health care system and simplify the medications. Everyone should be on the same page with how they want to approach a particular treatment. It's a pleasure to de-prescribe.

Also, Saint Barnabas Hospital is about to open a geriatric ED. First of all why is that? Why do you need an emergency room that is dedicated towards older patients?

This is a trend that has been going on now for about 10 to 12 years. We had a Grant with the Samuels Foundation from 2013 through 2015, in which we explore the value of a geriatric capable emergency room and I'm so proud of our Emergency Department because they have never lost the focus of that Grant time and opening this new four bedded unit is just a wonderful thing. First of all seniors in the emergency room, it's a primary for becoming confused. If you've ever been to a busy emergency room, you know that there's just such a great degree of noise and distraction and for a compromised senior this could be the first step towards confusion and delirium.

I know you told me it's taking them away from the mayhem of a busy ER, but there's also differences as far as the lighting goes, as far as the surface, floors, things like that right?

Some of the geriatric emergency rooms have done as much as to try to control the lighting of the space between the beds, the ability of the families to be next to the patient. We will have some lighting controls. We will also have more space for families. Those are very important and also removal from the mayhem, from the noise level. There may be other very sick people around them and things going on that could be very distracting and confusing.

Now, also your staff is also involved in the transition. I would think it's very important. The patient is in the hospital for whether a couple of days or a couple of weeks, and then there's the next step.

Short stays are obviously better than long stays for many reasons and one of the things that we're going to be able to do is to definitely focus on getting people home, okay, and if they come from a facility, getting them back to that facility as quickly as possible. Long hospital stays benefit really nobody.

Something we touched on earlier is about cognitive impairment, about mental illness. I know there's no secret that older people have a very high suicide rate. That's something you're also I guess always on the lookout for whether it's an in-patient or an outpatient right?

Especially on the in-patient, on the outpatient side because the issue about suicide and the elderly is really that they're very good at getting it done. So the efficiency of a suicide attempt is scary and older patients, they really mean it when they do it and it's not for attention. It's for effect, so psychiatrists are very, aware and medical staff need to be aware that when people are depressed enough or have psychiatric problems that are severe enough to take that extraordinarily seriously.

We did talk about it briefly, is the importance of family. I know a lot of us who are getting older are dealing with elderly loved ones. Who may have been very independent, at one time they had everything pretty much together and suddenly they're more forgetful. Suddenly the question whether they can be independent is a

loss of independence. I guess family again plays an integral role in everything that you're doing right?

I think that you know this particular generation that is being called the sandwich generation because they're taking care of their own children and then they're taking care of their own parents and the pressures that are on them are astounding. So we invite families to come in and work with us whether it's in-patient or out-patient and we respect the fact that they're under incredible pressure. That means that we have to pay attention to the needs of the caregiver and to be sensitive to whether or not they are suffering from this interaction.

And I guess education then is a big part of that?

Absolutely. Also, support there are agencies and free resources and social work resources, in the community, and in Barnabas that make things easier and more manageable for these people. The Medicaid program for empowering family to become the home health care worker for their own family has been a big boom for many patients.

They actually get paid for that right?

Yes, they do, and of course it answers the question. Where will the workforce come? It's going to take care of all our seniors. You mention that we're in a population explosion basically for seniors where is the workforce? It's not coming from outside the country, it's gonna have to be us and it's gonna have to come from our own families so efforts like this to get family members who are willing to help out with their own parents, are the most beneficial and you know we find that in the vast majority of cases that these are more caring and dedicated people for their own relatives.

And I guess in the Bronx, you know, and I know, I don't wanna make generalization, but I know a lot of Hispanic families keep their elderly very close and I guess you see that too.

Different ethnic groups can really show you a different sense of honor and respect for their families. Of course, all people pay attention to their parents in general, but there are some where seniors are considered truly honored and it's wonderful to see how families rally around a senior and help take care of extraordinarily difficult circumstances.

Well Doctor Sender we've run out of time now, thank you very much. We really appreciate a few minutes.

It was a pleasure to be here.

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