

Are your elderly patients safe to go home?

A 75-year-old woman scheduled for a knee arthroscopy repeatedly says she has no one to drive her home and no one to care for her at home after surgery. How would nurses in your ambulatory surgery facility handle this situation?

It's an increasingly important question as the population ages and more surgery is performed on an outpatient basis.

"It can be challenging to meet the needs of this age group," says Donna DeFazio Quinn, RN, BSN, MBA, CPAN, CAPA. "They're from a stoic generation. Many don't want to impose on anyone to help them. But ambulatory surgery requires some at-home postoperative care, and elderly people can't always do that."

She says ASC managers need to make sure their centers have a well-developed program of preoperative assessment and discharge planning to ensure the needs of elderly patients are planned for. Nurses need to be especially attuned to eliciting preoperative information and reinforcing discharge instructions for older patients.

When the 75-year-old patient was scheduled for surgery at Quinn's facility, the Orthopaedic Surgery Center in Concord, NH, the preoperative nurse persisted in asking the patient about her postoperative plans.

"We were just about to cancel the surgery, when she finally told us she had a son from Massachusetts who would come up for the day of surgery," says Quinn.

Discharge planning for elderly ambulatory surgery patients should begin as soon the surgery is booked, advises Nancy Burden, MS, RN, CPAN, CAPA, director of health services at Morton Plant Mease Health Care in Clearwater, Fla.

Writing in the *Journal of PeriAnesthesia Nursing*, Burden says successful discharge planning relies on:

- comprehensive preoperative assessment
- effective communication among the surgical facility's caregivers, physician's office, patient, and family
- consideration of the patient's preoperative status
- strong patient and family education.

During the preoperative interview, nurses need to act like detectives, identifying any issues that might affect the patient during or after surgery, especially at home, Burden says.

These issues include:

Underlying medical issues

Elderly patients may have more underlying medical conditions that could make outpatient surgery riskier, Burden says. They must have a thorough medical evaluation before surgery to determine if the ambulatory setting is appropriate.

At Mease Countryside Hospital in Safety Harbor, Fla, about 95% of patients, and 100% of the geriatric population (defined as 85 and older) visit the Preadmission Testing and Teaching (PaTT) unit prior to outpatient surgery, says Debbie Goodwin, RN, BSN, MS, CAPA, manager of ambulatory care, PACU and PaTT.

The PaTT unit is part of the main hospital, an advantage for a hospital-based outpatient surgery center, Goodwin says, adding that more than 60% of her surgery patients are age 65 and over.

After a phone interview by an outpatient surgery nurse, patients visit the PaTT unit 1 to 2 days prior to surgery for an anesthesia assessment. They come with

preprinted physician orders for necessary radiology, laboratory, and ECG tests. A staff nurse sees the patient first, obtaining a health history and vital signs and listening to heart and lungs. The staff nurse also performs patient education or required testing. Then a nurse practitioner assesses the patient, adding any findings to the same history form.

"If nurse practitioners have any questions or concerns beyond their scope, they seek anesthesiologist input or request that the anesthesiologist see the patient," Goodwin says.

The patient's surgeon will perform a complete history and physical within 30 days prior to surgery to meet Medicare and Joint Commission on Accreditation of Healthcare Organization requirements. Then the surgeon or anesthesiologist will perform another history and physical just prior to surgery to confirm the patient's health status, Goodwin says.

"We re-review everything the day before surgery to ensure that the person is suitable for outpatient surgery," she says. "This process has made a dramatic improvement in our cancellation rate."

Goodwin relates how nurses struggled to get medical history from one elderly man. Finally, when the man came to the PaTT, they learned he had ignored his physician's advice to have open-heart surgery.

"His issues were huge," Goodwin says. "His left anterior descending artery was about 90% occluded, and his circumflex artery was about 80% occluded. It could have been very serious if we didn't know this."

Quinn says it can be difficult to elicit information from elderly patients.

"When you ask them if they have medical issues, many say no," she says. "If they've had a cardiac bypass, they don't tell you. They think because they had their bypass surgery, they're fine and don't have to mention it."

"They don't look at surgery as a big deal, and we've brought that on ourselves. We provide so much more treatment on an outpatient basis. But it's always risky when anyone goes under anesthesia, especially older patients who usually have multiple medical issues."

At-home care

Many elderly patients underestimate or don't take seriously the amount of home care they will need postoperatively.

"Sometimes the surgeons don't fully educate patients about what is involved in outpatient surgery," Goodwin says. "The patients think it's going to be a walk in the park. We need to do a lot of education about what to expect after surgery."

"Often it's not until we say we will have to cancel the surgery or tell them that Medicare won't pay for an overnight hospital stay, that they will come up with someone to take them home," Quinn says. Her freestanding surgery center requires patients to have someone with them overnight or for 24 hours after discharge.

"This is especially important if they take pain medication," she says. "Pain medication has a more profound effect on the elderly because their bodies don't metabolize as efficiently as a young, healthy person. They could get dizzy and fall."

Arranging for home care often is a challenge because many elderly patients are widowed, have family far away, or are the primary care giver to their spouses. Medicare usually does not cover postoperative home care for outpatient surgery.

"There are a few instances where we had to admit patients to the hospital because they had no one to care for them at home and Medicare wouldn't pay for assistance," Goodwin says. "The hospital had to pay for the patient's stay."

Quinn tells of an obese man in his 60s whose orthopedic procedure was rescheduled for inpatient surgery because his wife could not care for him after surgery.

"It took her an hour just to get him ready and in the car to come here," she says. "She broke into tears and said she couldn't care for him after surgery." The center determined he was not an appropriate candidate for ambulatory surgery.

For at-home help, ASCs steer patients to social services and community resources such as religious organizations, the Visiting Nurse Association, volunteer groups, neighbors, or apartment or condominium managers.

Volunteers at Mease Countryside Hospital drive buses that take patients home

after procedures. The drivers are trained in first aid. "But there is still the issue of who will care for patients when they get home," Goodwin says.

Home environment

Nurses need to elicit information during the preoperative assessment about the patient's home environment, such as stairs, location of the telephone, and the need for medical devices.

Nutritional needs

The preoperative assessment determines patients' nutritional needs after surgery and if the patient has appropriate food ready at home. Nurses often recommend to elderly patients that they cook and freeze meals prior to surgery or contact Meals on Wheels. Dietitians at Mease Countryside visit patients in the ambulatory care unit after surgery and make follow-up phone calls or even home visits.

Mental capacity

Nurses must assess patients' mental acuity, especially ability to follow discharge instructions and take postoperative medications.

"We need for them to be alert enough to continue the medication regimen they may be on already and to be aware of any potential adverse interactions with pain medications," Quinn says.

Quinn and Goodwin emphasize the importance of the preoperative assessment in planning safe care for the elderly.

"I don't know how ambulatory surgery centers or hospital outpatient departments plan care without a thorough preoperative interview of elderly patients," Goodwin says. "I have encountered centers that do little to no preoperative assessment. Basically, they get snippets of information. If we did that here, we would have a lot of cancellations and a lot of angry patients and physicians."

Discharge instructions

Upon discharge, Goodwin and Quinn say their organizations provide thorough discharge instructions printed in large type that have the phone numbers of the patient's physician, surgery center, and hospital emergency department. "If they don't already have a follow-up appointment with their surgeon, we make it for them," Goodwin says.

Nurses call elderly patients the day after surgery to check on them, a standard procedure for all patients.

"Some elderly patients understand the discharge instructions the first time we explain them," Goodwin says. "For others, you need to go over instructions several times."

Patience, persistence, and understanding are necessary aspects of working with elderly patients. As Burden wrote in the *Journal of PeriAnesthesia Nursing*, "The elderly patient deals with the imperfect: isolation from family or friends, aging bodies, hearing and visual loss, financial limitations, and emotional challenges.

"Although the nurse cannot reverse these challenges of old age, he or she can still make a difference by providing guidance and resources to blunt the potential complications of surgery and anesthesia." ❖

—Leslie Flowers

Reference

Burden N. Discharge planning for the elderly ambulatory surgical patient. *J PeriAnesth Nurs*. December 2004;19: 401-405.

Elderly discharge planning checklist

Social support

- Does the patient live alone?
- Who will be with the patient? For how long?
- What is the ability of the caregiver?
- Who will drive the patient home?
- Does the patient provide primary care for another family member?
- Does the patient drive?
- Who is the emergency contact when the patient is alone?

Home environment

- Does the home have stair steps?
- Is an elevator available?
- How far is the walk from the car to inside the home?
- What is the relationship of bedroom, bathroom, and kitchen?
- Where is the telephone located?
- List of emergency contacts available by telephone
- Remove safety hazards such as scatter rugs and small objects
- Move cooking utensils to countertop as needed
- Is there adequate food in the home?
- Advise the patient what type of clothing to wear on day of surgery
- Entertainment sources: books, puzzles, television, movies, radio, crafts.

Medical and surgery-related needs

- Supply of prescription medications: ongoing and surgery specific
- Equipment needed for recovery: wheelchair, crutches, braces, cold packs, etc
- Wound-care supplies
- Follow-up physician appointment: Date? transportation?

Source: Burden N. J PeriAnesth Nurs. December 2004;19:401-405.