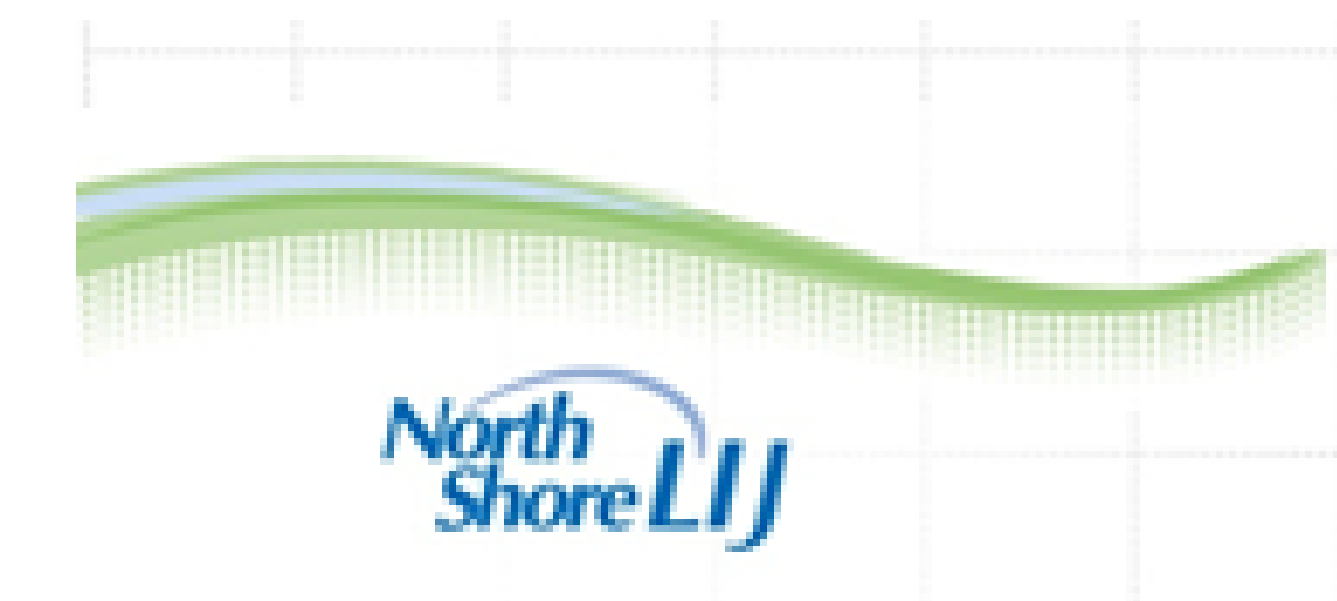


# Identifying and Caring for a Vulnerable Geriatric Patient Population (Elder Orphans) with OASIS

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## ISSUE AT HAND

### *What are Elder Orphans?*

- Aged, community-dwelling individuals who are socially and/or physically isolated without a known family member or designated surrogate
- A vulnerable population
  - Utilize few community resources
  - At high risk for failure to thrive and loss of independence and safety
  - Often do not create advanced directives before crisis occurs
  - Not adequately highlighted as a burden to health care
  - Specialized multidisciplinary care required for this population
  - Requires a public-private partnership between healthcare and community resources

## SCOPE OF ISSUE

### *Prevalence*

- Using the Health and Retirement Study published by the University of Michigan, prevalence estimated at 22% of over-65-year-old population
  - » The HRS (Health and Retirement Study) is sponsored by the National Institute on Aging (grant Number NIA U01AG009740) and is conducted by the University of Michigan
  - » The HRS surveyed a representative sample of 22,000 people 65 + years about their personal and family life.

### *Selected Risk Factors*

- Loneliness
  - » Predictor of functional decline (including loss of ability to complete ADL and IADLs), coronary heart disease, and mortality
- Social Isolation
  - » Correlated with medical complications, poor psychosocial well-being, mental illness, restricted mobility, and poorer functional capabilities
  - » People in social isolation typically lack adequate long-term commitment and support in both medical and social arenas
- Low Social Support and Interaction
  - » Correlated with increased mortality, low affect and arousal, poor cognitive and social skills, and altered neurophysiological functioning

## SUGGESTED SOLUTION

### *1) Advocacy*

#### *Use of Term*

- A benevolent but potent label for this group who finds themselves in a difficult situation
  - » Label used to incite empathy and action in medical and social community
- Alternate verbiage has been used (e.g. un-befriended elderly, lone elder), but may stigmatize individuals and has limitations

### *2) Screen*

#### *Identification of Elder Orphans*

- Adequate identification, needs assessments, community/social resources, and advanced planning can stem or prevent medical and social crises
- Those at risk but not already elder orphans:
  - » Encourage to create advanced directives and plan for potential crisis
- Those who already qualify as elder orphans:
  - » Society must work to get these individuals the proper care

### *3) Assess Needs*

- » Medical, social work, community, or government services determine what these individuals need to survive and thrive independently
- » These agencies and organizations are not often linked should be more collaborative.

### *4) Care Provision*

- » Connect elder orphans with correct community resources, such as Meals on Wheels, senior centers, physicians, and day programs
- » Encourage the completion of advanced directives
- » Plan for the future, prior to crisis

### *Older Adult Services for Independence and Safety (OASIS)*

#### *Services of OASIS:*

- Medical (Geriatric and Palliative) consultation
- Multi-disciplinary individual needs assessments
  - Psycho-social
  - Pharmacy
- Identify high risk issues
- Monitor their health, safety, and functionality
- Assesses and promotes decision-making abilities
- Connects them to needed community resources

#### *Ten Step Guide to Caring for Elder Orphans*

1. Identify all medical issues
2. Assess cognitive and functional abilities
3. Obtain all social support information
4. Create a manageable and realistic treatment plan
5. Use service delivery to home
6. Address any safety or injury risk issues
7. Address goals of care and advance directives
8. Understand privacy laws (i.e. HIPAA)
9. Assess decision-making capacity
10. Determine if guardianship is needed

#### *OASIS Specializes in:*

- Quality of Life improvement
- Failure to Thrive
- Fall assessment and Injury prevention
- Memory impairment
- Decision-making capacity
- Nutrition and weight services
- Driving safety concerns
- Community outreach
- Advance Care Planning



## CONCLUSIONS

- The medical and social community must actively screen for elder orphans before they lose function or are admitted into a healthcare facility
- Advocacy for this population will raise awareness of their needs and create a culture of improved care
- Public-private partnership services, such as OASIS, provide a good beginning for the care of these and other vulnerable older adults
- Measurement of this developed program and how it assists individuals is vital next step.