**The External Environment (Data Gathering)**

**Golden Age Hospital (GAH)**

**Introduction**

 The proposal for a hospital catering to the senior populations of Mission Viejo and surrounding areas is an excellent idea, if demand for such a facility can be established. (It is for you to so determine and recommend) The region is served by two hospitals, though only one serves adults. The other is a specialty hospital of sorts, serving the population of children in Mission Viejo and surrounding areas. Though the children’s hospital is successful, this does not ensure a hospital geared toward the senior population will be as successful. It is true; the population of aging citizens in the U.S. is increasing. However, whether the region has a suitable number of aging people to support the development of a senior hospital must be investigated. Other considerations include the types of services to offer and the specific needs of seniors within the community.

**Background Information**

 Mission hospital is a member of St. Joseph Health and is sponsored by St. Joseph Health Ministry and has been serving the Orange County population for more than 40 years. Orange county’s population of over 3 million (California State Association of Counties) has steadily risen and there is no exception to senior citizens and baby boomers whose numbers have continue to grow. National Statistics predicts the numbers to go up even more in future. People age 65 and above accounts for 13 % of total U.S population; a number that grew from 3 million to 40 million within a period of 10 years. On the other hand “Baby Boomers” numbers is projected to grow to 72 million by 2030 from the current 35 million which will nearly equates to 20 % of the total U.S Population (Federal Interagency Forum on Age-Related Statistics (2012).

 Due to the large population of older adults (60 years and above) in Orange County which accounts for 16.5% of total county population; the growing baby boomers numbers of nearly 800,000 by 2006, limited senior services at the mission hospital and only two retirement communities in the service area, provides a calls for another specialty hospital that will cater to the special needs of the senior population in Orange County (Orange County government)

The population of seniors in retirement centers within the communities may support the development of a senior hospital. The 26,000 seniors (format) in the two centers will require medical services at some point. Many of them will require hospital services for chronic health issues, for diagnostic testing, surgical interventions, and other outpatient procedures. Senior hospitals offer many benefits for patients and healthcare workers. For patients, physicians in emergency medicine and other departments gain experience that is focused on meeting the unique health challenges of seniors. The organization can focus on the resources utilized in treating seniors. Costs for providing services may be less than for a typical facility that must supply a variety of medications, devices, and diagnostic equipment, to cater to all age groups types of medical problems. Most emergency rooms, for example, are equipped to handle major traumas from gunshot wounds, injuries from auto accidents, cardiac arrest, stroke, Diabetic coma, and a host of other problems. By focusing on those emergent health problems common in seniors, the need for some resources is greatly reduced (Sancya, 2011).

**Health Issues Facing Seniors**

 Health issues seniors commonly face include Diabetes, high blood pressure, heart disease, stroke, infections, dehydration, dementia and Alzheimer’s disease, infections, injuries from falls, and cancer. Coronary heart disease, cancer, stroke, pneumonia, and influenza can all be serious conditions requiring urgent care (Levy, 2013). Hospitals catering to aging populations have an opportunity to compete with institutions that treat all adults, by focusing on treating the conditions seniors face, as a competitive advantage.

Institutions that cater to seniors can focus on hiring only those specialists that have specific Knowledge related to treating the illnesses common in seniors. Supportive care for influenza and knowledge of epidemiology may be one specialty. Cardiology, Neurology and Oncology may be other specialties requiring specialized knowledge and experience of providers.

**Organizations Serving Seniors**

 Seniors seek medical care in a variety of places. Senior residential facilities are typically utilized for those who can no longer care for themselves, due to decline in physical health or mental functioning. Seniors in such facilities may receive basic care, such as assistant with daily activities and monitoring/administering medication. They may receive total care for a multitude of health problems.

Increasingly, seniors are choosing to stay home and receive home care services as long as they possibly can. This requires a pool of skilled, trained, and knowledgeable home care professionals. “The average hourly wage of the home care worker in the U.S. is under $10 per hour. Lack of opportunity for advancement and training create a situation where turnover is high” (Poo, 2012). Often, spouses care for each other at some point. Those who care for spouses need health care services to address their basic needs. Usually, primary care physicians see seniors in their offices. However, often they fail to address health issues related to caring for an ill spouse. Seniors caring for spouses often have their own health challenges to address, receive inadequate help or respite services, and may be more prone to infections and depression (Spaun, 2010). Many seniors are cared for at least part time, by children or grandchildren. When women must balance caring for children, the home, an aging parent, and full time work, they may also feel the ill effects of taking on so much responsibility.

 Seniors frequently require hospital stays for treatment. Often, the need to arrange home care services lengthens the stay, beyond what is necessary. However, other factors, such as fragility and gender may affect the length of stay. For example, women make up 74% of stays related to hip fracture that are greater than 20 days. The average stay for seniors age 65 and over was 5.5 days in 2010. They number of stays was 13,591 in the same year, for both genders (CDC, 2010). Length of stays for seniors is slightly higher, about 1 day longer, than for infants and children. However, the number of stays is significantly higher than for children. It is likely that only the most ill children are admitted to the hospital. The data suggests, as many experts claim, that many seniors are hospitalized unnecessarily, for observation (CDC, 2010). The implication is that hospitals treating seniors may need to focus more on coordinating home-going services. This is one area in which the senior-focused hospital has an opportunity to gain a competitive advantage. Better coordination of home-going services and resources may reduce costs for seniors and the organization, while increasing satisfaction among senior patients.

**Data Related to seniors**

 In order to determine demand and number of beds necessary to support the region, the hospital organization must consider the population of seniors. The senior population in Mission Viejo is 13,532, comprising over 14% of the population. 8.9% of the population aged 65 and older leave alone. The communities with the largest senior (Age 65 and older) populations in the region are Mission Viejo, Laguna Woods, and Laguna Nigel. The senior population in the region totals roughly 43,000, based on U.S. Census data. (U.S. Census Bureau, 2010). The chart below shows how the population is dispersed among the various Communities in the region.

Aliso Viejo 2,458, 5.3%; Ladera Ranch 835, 3.6%; Laguna Hills 3, 890, 12.8 %; Laguna Nigel 8,197, 13%; Laguna Woods 12, 874, 79.5%; Lake Forest,7,091, 9.3%; San Luis Capistrano 5,413, 15.6%; Rancho Santa; Margarita 2,711, 5.7% ( ; checking source, laguna woods has over 22 thousand seniors

**Conclusion**

 Though a population of 43,000 is enough to support a small hospital, it may not be enough to support a senior hospital, based on the average number of senior hospital stays each year in the U.S. However, the U.S. Census data does not divide older adults into an over 55 category, which makes up a large portion of both senior centers in the region.

Therefore, a population of residents 55 and over can support such a facility, in terms of potential demand. Many in the age 55 and over group, but under age 65, may be in independent living sections of the communities, with fewer health problems that the latter group. They will utilize the emergent care or inpatient services less. They may utilize the diagnostic services like x-rays and laboratory more frequently than other services. In addition, the potential exists for the new hospital to include physical and occupational therapy departments, to serve both populations. **Recommendations**

 Recommendations for developing a senior hospital involve the consideration of the general health of the target population, demand for services, and size of the facility to adequately serve the population, without utilizing unnecessary resources, both physical and financial. Many hospitals across the U.S. have dedicated units or services geared toward treating seniors.

To target the population of seniors with the most relevant services the organization must first, determine the number of beds it can potentially fill at one time, determine the types of rehab services to offer, select the specialties necessary to treat patients in emergent situations and chronic illness situations. Knowing the health of the communities the facility will serve can help determine which services are most critical. A health survey questionnaire for residents 55 and older in all communities of the region can provide the organization with data on the most common senior health problems. Developing a competitive advantage means targeting the consumer with the most in demand services, and providing those services better than competitors. For example, patient transport times from the emergency room or from registration, to radiology, and back, may be one way to improve diagnostic services (Cornell University, 2007). Another way to focus on service is to offer top notch dietary consulting for patients with Diabetes and other special dietary needs. Each department can contribute to the competitive advantage, by making employees aware of the special service goals.

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**Boards Chairman Review and Recommendations (to** be incorporated in the PPT)

1. Since it’s a feasibility study, gather the information and then interpret it.

2. A table of the data is preferred with a breakdown of demographics;

3. Pointing out more to the salient findings – e.g., that in the Laguna Woods community the mean age is 77! And this should be our target segment of focus, etc.

4. Listing all/ most common illnesses of the elderly and expounding on them.

5. Conclusions/ recommendations: Always asking “So What”, lesson learnt and what that implies etc.

6. Recommendation should be definitive as the chairman of the board will need to act on my advice.

7. References: conforming to: Author, A. A., & Author, B. B. (yyyy). title. journal; sort by author; do not number.

8. Presentation should more on the data gathering and its interpretation than general approach.