



## DECEMBER 2005

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### Mobility Guidelines for a Senior Friendly Hospital

The RGAP developed a "Vision for Care" strategic plan to support the restructuring of the health system to meet the needs of the aging population. The plan includes a strategy for the prevention of de-conditioning and functional decline of hospitalized geriatric patients.

Kathy Bouchard (Registered Physiotherapist) and Dianne Rossy (Geriatric Nurse Specialist) developed an evidence-based decision tree for clinicians to ensure that elderly patients in an acute care setting receive adequate exercise training, no matter how frail they are.

An initial assessment by the admitting nurse establishes the patient's baseline level of function (up to three months prior to hospital admission) and classifies the patient as either ambulatory or non-ambulatory. The patient's current level of function in hospital is established through direct observation and completion of a fall risk screen. Consultation to PT/OT is identified for assessment and instruction in appropriate use of mobility aids, presence of actual or potential impaired mobility due to severe general weakness or balance problems, and the risk for de-conditioning.

The result is an individualized care plan. The decision tree and its supporting documentation have been presented at the Annual International Conference for Older People, the Ontario Gerontology Association's Annual Conference and the National Gerontological Nursing Conference. It is currently being considered for publication in Canadian Nurse. For more information on the mobility guidelines for senior friendly hospital initiatives, please contact Kathy Bouchard, BSc(KIN), BSc(PT) at [kbouchard@ottawahospital.on.ca](mailto:kbouchard@ottawahospital.on.ca).

### SPECIALIZED GERIATRIC SERVICES DAY HOSPITALS AT A GLANCE

#### Queensway-Carleton Day Hospital (QCH DH)

The QCH DH was established in 1978, eventually expanding to a multidisciplinary day hospital focused on reactivation, rehabilitation, and treatment. At present it offer a 4-day a week program with a 10-place capacity. Since 1998, the DH has been located in Bell Mews Plaza in Bells Corner and clients have commented, "that they liked the idea of NOT attending a hospital setting". Referrals come from a variety of sources including QCH inpatient units, family physicians, Geriatric Assessment Outreach Team, The Ottawa Hospital, families and self-referrals. For further information contact Lenore McCartney, DH Coordinator ([lmcartney@qch.on.ca](mailto:lmcartney@qch.on.ca)).

#### Elizabeth Bruyere Day Hospital (EB DH)

EB DH provides interdisciplinary assessments, diagnostic and treatment services to geriatric clients with medically complex problems. It partners with community organizations and services to support clients to remain in their homes and communities for as long as possible. These services are available if required: Neuropsychological assessment, speech and audiology assessment; specialized medical consultations; radiology and laboratory investigations; pastoral services; and multidisciplinary assessment and treatment. A Falls Clinic is available for the assessment and treatment of problems that contribute to falls, one of the leading causes of injury amongst the elderly. Services are provided in both official languages. Please contact Francine Boutet, Program Manager, for further information ([fboutet@schohs.on.ca](mailto:fboutet@schohs.on.ca)).

#### The Ottawa Hospital Geriatric Day Hospital (TOH GAUDH)

TOH GAU DH provides comprehensive multidisciplinary assessment for clients experiencing a change in function, memory, mood or complex medical issues. The majority of patients seen are assessed for cognitive decline. Short-term treatment followed by triage to community and community agencies is provided. Most clients are have 4 to 5 visits over a span of 1 to 2 months. A family conference or meeting with a geriatrician provides feedback at the end of the assessment. A written discharge summary is given to the patient/family. Admission and discharge letters are sent to family physicians to maintain continuity of care. Further information can be obtained from Robin Morash, Clinical Manager ([rmorash@ottawahospital.on.ca](mailto:rmorash@ottawahospital.on.ca)).

### WHAT'S NEW

#### Multidisciplinary City Wide Rounds: Pharmacological and Non-Pharmacological management approaches to OA in the elderly

Dr. Patricia Morrasult

13 January 2006 8.00 – 9.00 am

"Amphitheatre" The Ottawa Hospital Civic Campus

#### Elder Abuse

Dr. Rory Fisher

10 February 2006

8.00 – 9.00 am – City Wide Rounds

9.30 – 11.00 – Education Session (seating is limited so please RSVP if you would like to attend)

We will be seeking input and contributions from all of our partners. Please forward submissions for comment to Kelly Milne at [kmilne@ottawahospital.on.ca](mailto:kmilne@ottawahospital.on.ca) or call (613) 798-5555 extension 13930.