



SERVICE-AT-A-GLANCE

(MGH) Geriatric Day Hospital

Location – *Are you located on one floor or in several locations in the hospital?*

- MGH – D17., room 173

Population – *Describe in point form the characteristics of the patient population.*

- Frail older adults, who live in the community, either in their own home or apartment, or in a semi-autonomous residence – many live alone, with or without help from CLSC, family, or private resources
- Clients have multiple medical conditions that impact on their general health, mobility, and functional ability in ADL / IADLs, and many have mild to moderate cognitive impairment as well – conditions include movement disorders such as Parkinson's and Progressive supranuclear palsy, post CVA, post fractures, falls, cardiac conditions, deconditioning, peripheral neuropathy, arthritis, chronic pain, low vision and hearing, spinal stenosis

Age range

- 65 and up, including clients up to 100 years old

Impact of illness/injury

- Impacts both their level of independence in ADL / IADLs, and mobility, making it difficult for them to function at home, and leads to increased risk of falls, deconditioning and cognitive decline
- Increases their level of frailty and can lead to readmission to hospital, multiple ED visits

Medications: *be aware of their indications as well as side effects affecting functions and precautions*

- Verify if they are on anticoagulants

Role – *Describe the role of your service in point form.*

- Swallowing Ax – screening and bedside assessment of swallowing difficulties, and recommendations for safe eating strategies provided – referrals sent to RVH dysphagia clinic if further assessment needed, eg. MBS
- Global functional assessment of ADLs and IADLs, including assessment of physical skills with objective measures, task observation , and kitchen assessment if necessary
- Cognitive appreciation and driving screen, eg. MMSE, MoCA, Trail B Test
- Positioning, need for U.E. splints, eg. For carpal tunnel syndrome
- Clients attend GDH 2x/week, for half days, and are seen by the interdisciplinary team for a comprehensive assessment, and then continue to attend 2x/week for up to 2 months for recommendations / task practice / rehabilitation
- Are referred to CLSC if necessary for an OT home safety assessment or nursing / hygiene services, and also to community Day centres for seniors to maintain their activity level and for socialization

Team and Key Contacts– *Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS's and other specialists.*

Interdisciplinary team: geriatrician, nurse, OT, PT, and assistant nurse manager

- OT local -- 35707

Rounds – *List the day(s), hours and location(s) of the clinical rounds for your service.*

- Morning team meetings several x / week, as needed, for case discussions / planning for client care, done at GDH

Medical Tests – *Describe in point form the principle/**most frequent** risk factors that you assess specifically related to your patient population.*

- Fall risks
- Risks associated with cognitive difficulties, eg. Stove safety, ability to perform ADL / IADLs safely, ability to learn and remember information

Assessments - *Describe in point form the principle/**most frequent** forms that you complete specifically related to your patient population in addition to the psychosocial assessment.*

- MoCA, MMSE, BARTHEL INDEX of ADL, OARS (Interdisciplinary Geriatric Profile)
- Assessment of physical skills
- OT reports completed on ' Oword ' INITIAL EVALUATION template

Resources - Describe in point form the principle/**most frequent** hospital and community resources that you allocate specifically related to your patient population.

- Referrals to CLSC's
- Community Day Centres
- DSIE to complete

“Insider” Info – List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.

- Be knowledgeable about objective measures such as grip strength, 9 hole peg test, AROM, sensory tests, measures for bradykinesia / rigidity, standing tolerance, MMSE, and MoCA, BARTHEL INDEX of ADLs, and OARS for IADLs
- Also review bathroom adaptations, technical aids; and fall prevention, joint protection, and energy conservation principles