

Hospital, healing, then home

Hospitals are beginning to try to help senior patients regain as much of their function as possible, moving away from a model that assumes all older patients decline irreversibly and offering them the hope of getting back to their own homes, Pauline Tam reports

BY PAULINE TAM, OTTAWA CITIZEN AUGUST 22, 2011 6:03 AM



Dr. Fraser Miller, who runs the new geriatric unit at Queensway Carleton Hospital, works with 89-year-old patient Betty Eggens, who developed an infection following gallbladder surgery. The new unit helps transition patients from the hospital bed to their own homes instead of to a nursing home.

Photograph by: Bruno Schlumberger, The Ottawa Citizen, Ottawa Citizen

Almost as soon as Betty Eggens was admitted to the redesigned geriatrics unit at the Queensway Carleton Hospital, the nurses and therapists there started planning how to get her back on her feet.

The goal was to maximize the chances of returning Eggens, 89, to the retirement residence where she lives instead of sending her to a nursing home prematurely.

On a recent afternoon, Eggens sat at the foot of her bed, chatting with her daughter, Chris Dorey. Weeks before, when Eggens was first diagnosed with a post-surgical infection, she was too weak and confused to do even that. Now, with the help of a walker, she could move in short stretches.

"She's starting to get a little bit of physiotherapy," Dorey said of her mother. "There's some young people coming in and helping her go for walks around the room and out in the hallway. And she's able to get back and forth to the bathroom now whereas a couple of weeks ago, she couldn't even make it that far."

Eggens, a slight woman who barely filled her chair, smiled and nodded. "You have to learn to do a lot of things over again."

Within Eastern Ontario, the Queensway Carleton's revamped geriatrics unit is considered a leading example of "restorative care," which combines nursing services with an array of rehabilitation therapies geared toward seniors.

The unit is aimed at frail older patients who lose their strength and mobility while in hospital. Experts say for every day a senior is hospitalized, it takes two days for them to recover their function.

But until recently, hospitals offered little to help elderly patients get back on their feet, resulting in longer, more expensive, often futile hospital stays.

Many seniors were left for weeks or months to weaken until the only apparent solution was to send them to a nursing home. While they waited, some were hooked up to machines that didn't help them very much, while others were prescribed drugs that worsened their function.

A recent report by the Champlain Local Health Integration Network, Eastern Ontario's health authority, criticized the 20 hospitals it oversees for their tendency to label elderly patients candidates for nursing homes before they had even explored rehab.

As a result, the region had hospitals crammed with seniors who didn't need to be there and the province's longest waiting list for nursing homes.

In recent months, however, the Queensway Carleton and a handful of other hospitals have started to emphasize the importance of keeping older patients mobile, or helping them regain as much of their function as possible, with the goal of discharging them home whenever appropriate.

Officials point to the new approach - from rehab to home - as a sign that Eastern Ontario hospitals are finally moving away from a well-meaning but paternalistic attitude that assumes all older patients decline irreversibly, when some of them just need a little extra support to help them recover their day-to-day function.

Queensway Carleton officials view the restorative-care program as a better, more cost-effective way to treat seniors, who make up more than half of all the hospital's patients.

"The elderly patient is our big business and that's why this program is so important," said chief nursing officer Maureen Taylor-Greenly.

Under the program, a specially trained nurse patrols the hospital looking for elderly patients who have been given no obvious plans for discharge, but are considered medically stable enough to be transferred to the geriatrics unit. The emphasis is on identifying seniors as early in their hospital stay as possible.

Betty Eggens was in the surgical unit, recovering from gallbladder surgery, when her daughter noticed something was wrong. "There was some confusion coming back and just by looking at her, you could tell she wasn't the same person," said Chris Dorey.

Doctors eventually determined that Eggens was suffering from delirium, which often occurs in older people with an infection. In Eggens's case, an abscess had developed near where her gallbladder had been removed.

Over the next five weeks, Eggens's delirium lifted as doctors inserted a catheter to drain the inflamed area and prescribed antibiotics.

Even before her treatments were finished, Eggens was transferred to the geriatrics unit. There, patients who have trouble walking are coached by physiotherapists to stand for a few times a day, or do some sitting exercises. That could be followed by short walks to the bathroom, or daily exercises at the unit's specially designed gym.

Instead of having their meals served to them in bed, patients are encouraged to make the short walk to the unit's dining room, where occupational therapists are on hand, if needed, to help them adjust to feeding themselves again.

Family and friends of patients are encouraged to pitch in. "You're coming up to visit your mother? It's fine to bring the Tim Hortons up, but by all means get her up for a walk as well," said Dr. Fraser Miller, the geriatrician who runs the program.

"Many people still expect the hospital to do everything. And that's fine, but if you want great results, then everybody participates."

The approach is decidedly low-tech and informal, but physicians who specialize in elder care have long advocated for such measures as a more humane way of treating hospitalized seniors.

Until recently, however, a shortage of funding limited the type of rehab services that hospitals could offer. Likewise, limited funding for home-care services meant hospitals didn't always have the option of discharging seniors to their homes.

The situation changed last year when the Champlain LHIN, which allocates provincial health care funding in Eastern Ontario, set aside \$12 million to fund 108 restorative care beds at the region's largest hospitals, including \$2.7 million for the Queensway Carleton's 24 beds.

An additional \$3.4 million went to The Ottawa Hospital for 30 beds, while the Montfort Hospital received \$1 million for 20 beds. By far the largest amount, \$4.9 million, went to Cornwall's St. Joseph Continuing Care Centre for 34 beds.

The LHIN also began funding a \$3.1-million-a-year "home first" program, which boosts the level of inhome nursing and personal-support services available to seniors in the first few months after they are discharged.

Typically, that's when seniors are at highest risk of developing complications that could land them back in hospital. Betty Eggens has received daily in-home help from a personal support worker since being discharged several days after she was able to sit up and chat with her daughter.

Indeed, since last December, when the Queensway Carleton launched its restorative-care program, 132 out of 166 elderly patients who went through rehab, or 80 per cent, were able to return to their homes. Fewer than four per cent returned to the hospital within a month.

Likewise, the number of seniors waiting in the hospital for nursinghome beds has dropped steadily, to 20 from 37.

Indeed, for the first time in years, fewer seniors across Eastern Ontario are being stranded in hospital while they wait for nursing home beds - a sign, health officials say, that the restorative care and home-first programs appear to be working.

New figures from the Champlain LHIN show that since the programs were introduced last fall, nearly four out of 10 seniors languishing in hospitals did not end up going to nursing homes.

Instead, half of them returned safely to their homes with intensive in-home services arranged by the region's home-care agency. The other half were transferred to restorativecare programs before being sent home.