Institutional Care

Long stay institutions started during the 1940's in U.K

Some Points

- No one should enter long term care without prior assessment, rehabilitation and treatment. This should reduce inappropriate long term care.
- Comprehensive geriatric assessment helps better transferring to long term care
- Any placement in long term care should not be final but open to review and reassessment.
- More domiciliary care Less Institutionalization

Institutional Care

- Hospital type wards
- Nursing homes
- Residential homes

Hospital Type Wards

– Multiple chronic problems

– Very dependent in A.D.L's

– Recurrent illness

– Continual supervision, monitoring and interventions

Nursing Homes

- Dependent
- Chronic Problems
- Stable clinical condition

Residential homes have the following factors

- Protected environment
- Need help in activities of daily living
- Services are run by: State
  Private sector
  Voluntary
  Church

Residential Homes

- Old persons unable to live independently **even** with the help of domiciliary services
- Care usually limited to what might have been provided by a competent and caring relative
- Help required in activities of daily living such as toilet needs, taking medicines and attention when sick
- People with disabilities should also be considered if they are nearly self- sufficient or require help such as wheelchair, colostomy and artificial leg.
- Intractable incontinence that cannot be managed
- Manage and help confused patients but not to behaviour problems
- Should not be used as nursing homes or extensions of hospitals
- Demands will depend on domiciliary services

Nursing homes

- Provide Nursing care
- Spectrum of care wider
- Needs of residents may alter over the time

Criteria for admission

- Condition/ disability/ behaviour that:- progressively deteriorating changes weekly with no set of patterns
- Persistent vegetative state
- Short term terminal illness
- Severe behaviour problems not anticipated to improve, places individual or others at risk

Services for the elderly long stay care

– Last resort

– Strict entry criteria

– Quality care

– Quality environment

– Audit tools to measure and improve care

Implications in the U.K.

- Lack of privacy, homely surroundings and personal space
- Commodes in full **view** of others, toilets without doors or curtains
- Overcrowding
- Use of restraints
- Excessive use of pooled clothing
- Minimal medical participation
- Poor communication among professions
- Minimal ward rounds
- Poor standard ward used as punishment wards
- One prescription chart to last for a lifetime
- (BMJ 1990)

Others problems

- Fixed routines and batch treatment
- Depersonalization

Threats

- Autonomy vs Depersonalization and infantilisation
- Choice vs. Rigidity of routine and structured living
- Dignity vs. Block treatment of old persons
- Individuality vs. Levels of social distance between staff and residents
- Individuality vs. Residents seen as homogenous
- Self determination vs. Healthy levels of resident determined behaviour
- Integration vs. Levels of social distance between staff and residents
- Privacy vs. Balance of public and private living
- Citizen vs. Isolation from the community, segregation.

Principles of management in long stay institutions

- Accommodation is acceptable environment with Maintenance of Standards
- Maintain patient's physical and mental capabilities by appropriate stimulation and rehabilitation activity
- Active therapy if indicated for acute illness
- Apply principles of good terminal care
- Encourage healthy relationships between patients, staff relatives and visitors

REMEMBER

- Objectives in the care of old people are **INDEPENDENCE** and **DIGNITY**.
- If not independence than **DIGNITY**