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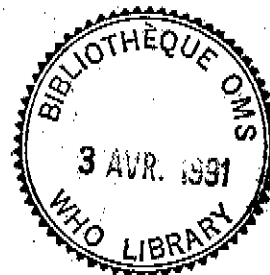
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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SUMMARY REPORT

Seminar on healthy aging - Maximizing the health potential of hospital patients

Hochzirl, Austria
26-29 March 1990



1990

EUR/HFA target 2

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TARGET 2

Adding life to years

By the year 2000, people should have the basic opportunity to develop and use their health potential to live socially and economically fulfilling lives.

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Introduction

The Seminar was convened in collaboration with the Austrian Ministry of Health, the *Landeshauptmann von Tirol* and the *Landeskrankenhaus, Hochzirl, Innsbruck*. Eleven temporary advisers, three observers and the WHO Regional Officer for the Elderly, Disability and Rehabilitation attended.

The purpose was to review the placement and misplacement of elderly patients in hospitals or institutions and the hospitalization of elderly people with acute and chronic conditions. The participants were asked to recommend immediate steps for making the most of the hospital-care system for the elderly, and to consider the difficulties associated with transferring them from one form or level of care to another. They were also asked how to create an integrated system of care for these increasingly large groups of people.

Conclusions and recommendations

The group felt that it was important for Member States to make the most of elderly hospital patients' health potential as part of the effort to achieve HFA target 2, summed up by the slogan "Add life to years". They emphasized that early planning for discharge or transfer is a prerequisite for efficient and effective continuity of care and rehabilitation, which should start on the day of admission. If elderly patients are discharged before they have recovered to the maximum extent possible in hospital, the result is likely to be either readmission, and/or an impaired quality of life, and/or a lack of rehabilitation for frail elderly people, and/or unnecessary long-term placements.

The group made the following recommendations, which they felt would facilitate and accelerate the discharge of elderly hospital patients into the environment most appropriate to their capacity and social conditions.

1. Each unit or department caring for elderly people should:
 - (a) clearly define its purpose and objectives;
 - (b) clearly define its admission criteria;
 - (c) adopt an approach of prevention and/or early detection and attention to potential complications;
 - (d) adopt a rehabilitative approach entailing:
 - "activation" of patients during routine procedures (such as daily living activities, transfer, movement) according to their capacity, so that each can perform the activity alone, within his or her capacity but not beneath it;
 - "activation" of patients during treatment (physiotherapy, occupational and group therapy);
 - creation of a supportive environment.

(Note: this approach requires the understanding and involvement of the patients' family and friends and individually oriented programmes which make the most of the best morning hours by rearranging administrative and other routines as necessary); and

- (e) if possible, establish a day-care unit.
2. All health and allied professionals taking part in the treatment of hospitalized elderly people should be suitably educated and trained.
 3. An assessment should be made of the environment into which the elderly person will be discharged.
 4. Each elderly patient's discharge should be planned from the day of admission.
 5. Studies and research on the organization, management and practice of care of the elderly should be encouraged, especially projects likely to result in:
 - better hospital care;
 - recommendations concerning community services for elderly people (the independent and the partially dependent); and
 - recommendations on the functioning and objectives of geriatric wards.