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Participation in ward occupations: Could a focus on occupational performance during acute illness facilitate early discharge home?

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Background: Functional decline associated with acute hospitalisation is a common problem among older persons. This may result in increased length of stay; need for rehabilitation or discharge to a supported environment.

An attempt to prevent deconditioning in Victoria in 2005 was promising. It focussed on maintaining capacity to perform occupations that are meaningful to community dwelling older people during acute illness. However it reported that staff and client expectations of hospitalisation were barriers to client participation.

Assistance with feeding and hydration has been shown to prevent delirium and falls. This makes feeding, drinking, and subsequently toileting, important occupations to be maintained in the ward environment.

Aim: To determine whether intervention to support performance of ward occupations will increase the number of aged care clients who can be discharged home with support from a short stay ward to recover from acute illness.

Method: A 5 week pilot project will be conducted, incorporating: occupational therapy assessment of individual patient requirements for optimal participation in 3 ward tasks - feeding, toileting and drinking; communication of needs to nursing staff via checklist; daily set up of the bedside environment to optimise independence; establishment of a water drinking routine; assistance with feeding as required; and assistance with toileting 3 times per day.

Findings/Results/Discussion/Conclusion: Percentages of clients discharged to their usual residence; transferred onto other wards; and requiring rehabilitation will be recorded pre and post intervention. Presentation will discuss findings, challenges and directions for further projects. The implications of this project for occupational therapy and nursing practices in acute hospital based aged care will be discussed.