

SENIOR-FRIENDLY ASPECTS

Senior-friendly aspects included:

- Security guard and interpreter availability
- Wheelchair accessible parking, covered entrance, automatic doors, no stairs upon entry
- Wheelchair availability
- Information pamphlets
- Tables with rounded corners
- Lever style taps in at least one washroom per site



KEY REFERENCES

- Bakker, R. (2000). Facility design: Getting it right the first time. *Nursing Homes*, 49, 68-71.
- Barlas, D., Sama, A.E., Ward, M.F., Lesser, M.L. (2001). Comparison of the auditory and visual privacy of emergency department treatment areas with curtains versus those with solid walls. *Annals of Emergency Medicine*, 38, 135-139.
- Inouye, S. K., Bogardus, S. T. Jr., Baker, D. I., Leo-Summers, L. & Cooney, L. M. Jr. (2000). The Hospital Elder Life Program: A model of care to prevent cognitive and functional decline in older hospitalized patients. *Journal of the American Geriatrics Society*, 48, 1697-1706.
- Marx, M. S. & Cohen-Mansfield, J. (2003). Hoarding behavior in the elderly: A comparison between community-dwelling persons and nursing home residents. *International Psychogeriatrics*, 15, 289-306.
- O’Keeffe, J. (2004). Creating a senior-friendly physical environment in our hospitals. *Geriatrics Today: Journal of the Canadian Geriatric Society*, 7, 49-52.
- Spence, A. P. (1999). *Biology of human aging (2nd ed.)*. Upper Saddle, NJ: Prentice Hall.
- Stone, M., Ahmed, J., & Evans, J. (2000). The continuing risk of domestic hot water scalds to the elderly. *Burns*, 26, 347-350.
- Watson, G.R. (2001). Low vision in the geriatric population: Rehabilitation and management. *Journal of the American Geriatrics Society*, 49, 317-330.



Evidence-Based Guidelines for Senior-Friendly Emergency Departments

Cara Macanuel, Andrea Saber, & Sally Weeks

McMaster University
Occupational Therapy Students



OUR RESEARCH

Our study sought to examine the existing evidence regarding senior-friendly emergency department (ED) environmental modifications. The EDs under investigation were three Hamilton Health Sciences sites; Hamilton General Hospital, Henderson General Hospital and McMaster University Medical Centre (MUMC). Based on the literature, it was determined what modifications can be made to these sites to improve the services available for older adults.



KEY RECOMMENDATIONS FOR ENVIRONMENTAL BARRIERS

Based on the literature, we recommend the following suggestions:

INTERPERSONAL RECOMMENDATIONS:

NOISE: Noise should be controlled for by putting pagers on vibrate mode and installing doors on rooms with noisy equipment.

STORAGE FOR PERSONAL BELONGINGS:

A secure place should be identified where patients' items can be stored.

PATIENT COMMUNICATION: Amplifiers should be used to help improve communication. A pocket talker may be a viable option.

ENVIRONMENTAL RECOMMENDATIONS:

PRIVACY: Doors should be used for treatment rooms instead of curtains. Alternatively, cubicle dividers as well as curtains may increase patient privacy.

ORIENTATION CUES: Digital clocks and calendars should be used throughout the ED.

SIGNAGE: Duplicate of signs should be removed. All posted signs should be in straightforward language and large print. Perpendicular signage either hanging from the ceiling or attached to the wall should be used.

CHAIR QUALITY: All chairs should have armrests that have a flat top and are located 10" above the seat height (recommended seat height, 17-19").

Chairs should be covered in a non-slip fabric with moisture barrier to protect from incontinence.

AVAILABILITY OR QUALITY OF

EQUIPMENT: Several walkers and canes should be made available. Stretcher cushions should be equipped to provide minimal pressure relief for older adults with poor skin integrity/incontinence. Stretchers should be lowered to 18 inches high to ensure that patients who are mobile can ambulate to the washroom as needed.

CALL BELL ACCESSIBILITY: Call bells must be located in an area that is easy for the patient to access. Call bells should be brightly coloured or dark to ensure contrast with the wall colour. A thick cord with a loop at the end should be used.

FLOOR COLOUR SCHEME: Patients with perceptual difficulties or dementia may perceive the coloured tiles to be holes in the ground. Thus, the flooring should be a solid colour.

WASHROOM SAFETY: Symbols such as a large H and a C should be placed above the appropriate taps. Alternatively, taps with sensors should be installed.

Please refer to our resource binder on your ED unit for further information on existing barriers, recommendations and rationale for suggestions