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Improving home safety in people with dementia following hospital discharge

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Health professionals practicing in geriatric units routinely assess their patients with dementia prior to hospital discharge for their ability to perform safely their daily living activities. The aim of this assessment is to know what type of home care services are needed when they will return in their living environment. Because of a home visit cannot usually be done prior to discharge, this assessment is performed in hospital. This situation raised two questions: One is to what extent the risks assessed and the home care services recommended in hospital setting prior to discharge truly reflect and predict home safety; and second is how can we improve home safety in people with dementia following hospital discharge. Based on a systematic review and an international panel of experts, our data suggest that some risks (such as fire) may be overestimated while others (such inappropriate medication intake) may be underestimated before hospital discharge. These results may be explained by the characteristics of the assessment setting (unfamiliarity of the context), differences in clinicians, patients and caregivers' perceptions and values toward ethical challenges (safety vs. autonomy) and difficult to predict how safety issues will change in the months following hospital discharge (progression of the disease, reduction of delirium). Developing a clinical decision tool to support assessment and management of risks by health professionals as well as optimizing transitions of care (through case manager and technological aid) may help to improve home safety in people with dementia following hospital discharge.

Biography

Véronique Provencher is an occupational therapist who has completed his PhD in geriatric rehabilitation from the University of Montreal in 2012. She is Professor at the University of Sherbrooke and Researcher at the Research Center on Aging, Quebec, Canada.

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