A Day-Hospital Program for Brain-Damaged Confused Geriatric Patients*

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The day hospital is another means to care for brain-damaged aged. By rendering a range of services, a significant percentage of such patients may be kept at home, avoiding full institutional placement.

IT is the purpose of this paper to discuss day-hospital programs for brain-damaged confused geriatric patients, one of which was initiated in February 1974, as a pilot project within an already existing day-hospital for mentally alert geriatric patients, at Maimonides Hospital and Home for the Aged, Montreal, Canada. This program sought to determine whether the rendering of certain services could help maintain a significant percentage of such patients at home, thus avoiding having to place them in an institution on a permanent basis.

Maimonides Hospital and Home for the Aged is a 247-bed geriatric long-term hospital, financed by the government of the Province of Quebec. Its day-hospital occupies 6,596 square feet of space in which the following rooms are provided: an arts and crafts room with ample space for a piano and lounge furniture; a general purpose room; a room for retraining patients in the activities of daily living (ADL), containing a fully equipped kitchen including an electric washer and dryer; a dining room where meals are served cafeteria style; a nursing station; a social worker's office; an office for a Coordinator, who is the administrative head of the day hospital; ladies' and men's rest rooms and storage rooms. The entire area adjoins an outside garden where planting and other recreational activities are pursued during the summer.

The day hospital for mentally alert patients had been established at Maimonides in 1966 and was staffed to serve an average of 30 patients daily. It was planned that a total of approximately 70 such patients would be served, each one, depending on his needs, attending from one to five days per week. On the eve of the inclusion of confused patients within its patient body, the day hospital consisted of an administrative head called the "coordinator," who was accountable directly to the Executive Director of Maimonides, a registered nurse; an occupational therapist; an occupational therapist's aide; a social worker; a part-time physician; a part-time psychiatrist; a part-time bus driver and a part-time waitress.

The suggestion made to the professional staff that confused patients be admitted into the day hospital was met with resistance on their part. While they based their resistance on the anxiety that the presence of confused patients would probably arouse in the mentally alert patients, it was apparent that their unwillingness to consider the admission of confused patients was also rooted in considerations which had little to do with the predicted reactions of the mentally alert patients. It was finally decided in February, 1974 that confused patients would be admitted into the program and that a nursing aide would be added to the staff to help meet their needs.

The following criteria govern the admission of an applicant into the day hospital program for confused patients: (1) He must be 65 years of age or older. (2) He must be ambulatory and capable of eating without assistance but need not be totally independent with respect to the other activities of daily living. (3) He must be capable of *utilizing* the services of the day hospital to maintain at least his current level of health so that he avoids deteriorating to a point where he would have to be admitted into an institution as an in-dwelling patient. (4) His need for the day hospital may be based on social or emotional factors or both. (6) He must not require constant supervision or be violent in his behaviour toward others or himself. (7) He must be continent if toileted. (8) The family of the applicant must be able to involve itself in his welfare.

A medical report is required for each applicant seeking admission into the day hospital. He is then seen by a home-visiting nurse on the staff of Maimonides. Each applicant's request for admission is considered by the Admissions Committee of Maimonides Hospital which consists of the Executive Director, the Medical Director, the Director of Social Service and the home-visiting nurse. This committee has at its disposal medical and nursing reports for each applicant. The Admissions Committee incidentally also considers all applications for admission into the program for in-dwelling patients at Maimonides.

As already indicated above, the Coordinator is the administrative head of the day hospital and is directly accountable to the Executive Director. While all professionals in the day hospital are directed in the professional aspects of their functioning by the department head representing their respective specialty, they are all accountable to the Coordinator for their overall functioning within the unit. Every Tuesday morning the entire day hospital staff, both professional and para-professional, meet as a team to analyze case material pertaining to specific patients and to evaluate various aspects of the total program.

How long a patient is to remain within the program is determined by the day hospital staff meeting as a team. In the event of a difference of opinion within the team, the final decision rests with the Coordinator in consultation with the Medical Director who in Quebec, is called the "Director of Professional Services."

The day hospital is open five days per week, from Monday to Friday inclusive, to both the confused and the mentally alert patients. Each patient, however, attends an average of only two days per week. The maximum number of patients, both confused and mentally alert, that may attend daily is 30. Because the number of confused patients assigned in a group to one staff member should not exceed 6, it has been ascertained that, with the number of staff available currently, no more than 12 confused patients should be included in the active case load at any one time. Of these, six attend on Mondays and Wednesdays and six on Tuesdays and Thursdays. It is felt that, under ideal circumstances, the number of confused patients assigned to a staff member should not exceed 4.

All patients are brought to the day hospital by chartered bus at 10:30 A.M. and re-enter the bus at 4:30 P.M. to return home. Thus, they spend six hours at Maimonides during the course of one day.

It is the purpose of the day hospital program for brain-damaged confused patients to (1) stimulate the latter to utilize their remaining abilities and

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maintain their physical health in order to retard the process of deterioration; (2) help meet their need for acceptance; (3) relieve the families of these patients of some of the strain involved in caring for them, thus strengthening their ability and resolve to keep them at home.

Among the specific abilities which the day hospital program seeks to stimulate in confused patients, the following may be included: (1) Awareness of time, place and person. (2) Memory of recent and remote events. (3) Awareness of body. (4) Carrying out various functions independently. (5) Utilizing old skills. (6) Socializing. (7) Fine and gross motor coordination.

In the process of helping patients utilize the abilities and satisfy the needs mentioned above, encouragement is given them to participate in the following activities:

1. A group of activities called collectively, "intellectual retraining" activities.
2. Activities related to the kitchen.
3. Various arts and crafts activities.
4. Recreation activities.
5. Self-care activities.
6. Group physical exercise.
7. Attending the various medical services of Maimonides for treatment.
8. Activities related to the dining room.
9. Travelling in the chartered bus of the day hospital.

Intellectual retraining activities are led by a nursing aide with a bright warm personality who is a graduate of a 150-hour course, given at Maimonides Hospital, geared specifically for nursing aides and orderlies. The group led by the nursing aide does not exceed six patients. It meets in a large cheerful room equipped with comfortable furniture. The following activities are designed to stimulate intellect and memory in patients.

a.) Identification of plastic letters and numbers by name and colour and grouping them to form words and sentences. Seated around a table containing vari-colored letters and numbers which are magnetized to adhere to a special blackboard, each patient is given a few letters and numbers which he is asked to identify by name and color. Once the patients have completed this task, each one is asked in turn to participate in arranging the letters and numbers into words and sentences. Thus a sentence may be formed which reads, "Today is Wednesday, May 7th 1975." Each patient is given the opportunity to pick up a letter and place it alongside another letter in order to form particular words, first on a table then on a magnetized blackboard.

b.) Recitation by each patient of the names of the days of the week and months of the year and identification of the current date, including the year.

c.) Recitation by each patient of the names of the four seasons, identification of the current season and a description of the characteristics and effects of each season.

d.) Identification by each patient of plastic replicas of various fruits.

e.) Description by each patient of the menu he had for each of the last breakfast, lunch and dinner he has eaten.

Kitchen activities are led by the occupational therapist in the ADL room containing a fully equipped kitchen. Sitting with the patients around a table which has spread out on it various jars containing foods such as honey, cinnamon, salt, poppy seeds, sugar, flour, baking soda, oil, vanilla and nuts, the therapist will give each patient a small portion of one of these foods asking him to identify it by name.

The group may then be asked to decide what kind of cake they would like to bake together. This permits the group members an opportunity to express their preferences individually, following

which a concensus is reached concerning the kind of cake they prefer to bake. Finally, all members of the group participate in baking the cake together. The product of their work will be shared with all patients of the day hospital including those who are mentally alert.

Arts and crafts activities are led by the occupational therapist's aide. These activities include pasting the entire surface of a glass with attractive multi-coloured bits of material; winding wool; creating objects from papier mache; painting with water colours and crayons; pasting pictures in various arrangements to form collages; tearing synthetic material and using the pieces to create stuffed animals; threading beads; sorting tiles.

Recreation activities may be led by any one of several members of the staff. These activities include among others, a bean-bag game, basketball, bowling, singing, music and dancing.

Self-care activities are led by the occupational therapist. They include brushing the hair and teeth, nail clipping, dressing and toileting. These activities are carried out on a one-to-one basis, the therapist helping each patient to perform them individually.

Physical exercises carried out in a group may be led by any member of the day hospital staff and also by one of the physiotherapists of Maimonides.

The registered nurse accompanies patients to the various medical services of Maimonides for treatment as required. These services include diagnostic radiology, laboratory, dentistry, physiotherapy, chiropody, dermatology, cardiology, gynecology, neurology, ophthamology, orthopedics and urology. The nurse is also present when one of the doctors of the organized medical staff of Maimonides, who is assigned to the day hospital, gives each patient a monthly medical check-up.

The confused patients share the same dining room with the mentally alert patients, although they sit as a group at a separate table. They are served, cafeteria style, by a waitress who stands behind a counter. Each patient picks up his own tray and carries this tray unaided to the table after he has been served. Morning juice and afternoon tea are served in the same room to both confused and mentally alert patients.

The bus driver happens to be a Chassidic Jew who takes a personal interest in the confused patients and treats them with consideration, kindness and respect. He helps them enter and leave the bus as required.

In stimulating patients to utilize their remaining abilities, the following methods are employed during the course of the activities just enumerated.

(1). *Structuring of activities*. Activities are presented to patients in a pattern which is *unvarying* with respect to sequence, place, time and the person leading the activities. Thus, they enter the same bus at a given time which brings them to the day hospital at 10:30 A.M. Upon arrival, they remove their coats, hang them up in a designated area and are then served juice. At 11:00 A.M., they engage in intellectual retraining activities or in kitchen work within specific rooms. At twelve noon they have lunch in the day hospital dining room following which they perform their toilet activities and rest until 1:30 P.M. From 1:30 P.M. — 2:30 P.M., they participate in arts and crafts, following which they exercise and have afternoon tea until 3:00 P.M. Between 3:00 P.M. and 4:00 P.M. they engage in recreation activities which are followed by activities of self-care such as dressing, grooming and toilet activities. Between 4:00 P.M. and 4:30 P.M., they listen to music, then put on their coats and re-enter the bus in order to return home.

This unvarying pattern of activities which may be likened to a physical structure whose parts are related to

each other in space in a pattern which also is unvarying, supplements the patient's memory and supplants in part his decision-making apparatus which, in a mentally alert person, depends for its proper functioning on a brain capable of discerning accurately the realities of the surrounding environment. Thus, structured activity helps the patient remember time, place and person and also helps him know what he is to do next.

(2). *Establishing realistic expectations* for each patient which are in line with his abilities.

(3). *Graduating the complexity of tasks* given to a patient so that the task initially given to or taught him is rather simple, whereas tasks given him subsequently increase gradually in complexity.

(4). *One-step instruction.* A patient is never given two instructions simultaneously. He is given a subsequent instruction only after having completed a preceding one.

(5). *Repeating instructions or questions* until the patient understands them.

(6). *Rewarding the patient for appropriate responses*, thus reinforcing his impulse to repeat them. These rewards may take the form of praise by the group leader or a gift of a voucher of specified value entitling the patient to purchase goods in the Hospital Gift Shop.

The self-confidence of the patient grows as he is stimulated by these methods, to relate more effectively to place, time and person in the day-hospital setting and as he regains proficiency in old skills or even learns new ones. To a large extent, he achieves these benefits as a member of a group consisting of other patients led by a group leader who guides the interaction that takes place among the patients themselves and between each one of them and the group leader. Through such guided interaction, the need of patients for acceptance, not withstanding their reduced intellectual powers, is met.

The brain-damaged confused patients of the day hospital are keenly aware of their reduced mental capacity. Some defend themselves against this knowledge by being self-critical. "It's no good to get old." "I'm a little mixed up." "My speech is bad." Others defend themselves against the knowledge of their flawed ability by blaming factors extraneous to themselves. "My glasses are no good." Still others defend themselves by giving wrong verbal responses, as for example, inappropriate answers to specific questions, even though they know these responses are wrong, in the vain hope that they may somehow be accepted as being correct. The embarrassment of patients as they struggle to solve problems is painfully evident.

In response to their failures, however, the group leader is uniformly courteous, kind and respectful. The patients develop the feeling therefore, that the leader accepts them exactly as they are with all their imperfections. Furthermore, the other members of the group are obviously in the same boat. They too are unable to identify accurately various aspects of the environment. Each patient feels therefore, that he is not unique in his affliction. He has company. The fact that one's affliction is shared by others in itself constitutes partial consolation. It is this knowledge which also impels each patient to be more accepting of the others in the group.

The group leaders will encourage other members of the group to help a patient who is not able to solve a problem at a given moment. Since every patient at different times finds himself in a predicament where other patients are called upon to help him, all begin to feel that they are among friends. They are even able then to laugh at each other's mistakes. One senses that the patients

feel at ease with and accepted by each other.

The fact that they are able to engage in certain activities in common with the mentally alert patients also helps the confused patients feel more accepted. These activities include having morning juice, lunch and afternoon tea in the same room in each instance, performing exercises together and travelling together in the same bus. Some mentally alert residents are very pleased to be in the company of those who are confused because they have a heightened consciousness of their own good fortune in having been spared damage to their brains. They are anxious to be as helpful as possible to their less fortunate comrades. Other mentally alert patients react with anxiety in the presence of the confused, presented as they are with the concrete evidence of what could happen to them too. Their reaction nevertheless, has not prevented the latter group of mentally alert patients from making constructive use of the day hospital.

During the sixteen months that the day hospital of Maimonides has been open to brain-damaged confused patients, a total of 26 such patients have been served. Among them, 14 were discharged and 12 are currently under treatment. Of the 14 discharged, 9 were men and 5 women. The average age of the 14 patients as a whole, was 76 years. The average age of the women among them however, was higher than that of the men, i.e. 77.4 for the women and 75.2 for the men.

The average length of stay in the day hospital for the 14 patients was 4 months 21 days, with a range of one month 13 days to 10 months 27 days. Three patients remained for longer than six months.

Only two among the 14 patients had no children. The average number of children in the families of the remaining 12 patients was 2.8. Eight patients were living at home with their wives; 1 with her husband; 3 with a daughter and 2 were living in nursing homes.

The reasons for discharge from the program were as follows: 1 was too weak to continue coming; 3 exhibited violent or very difficult behaviour; 3 were committed by their families to a psychiatric hospital; 2 were placed by their families in nursing homes; 2 were admitted into a general hospital for acute illness; 1 was admitted into Maimonides Hospital as an in-dwelling patient and 2 died.

Of the 12 patients currently being served, 4 are men and 8 women. The average age of the 12 patients as a whole, is 73.1. The average age of the women among them, however, is higher than that of the men, i.e. 75.3 for the women and 68.8 for the men.

The average length of stay in the day hospital for the 12 patients as of May 31st, 1975, is 9 months, 21 days, with a range of one month one day, to one year three months thirteen days. Five patients have been attending longer than one year and two longer than six months.

The average number of children in the families of the 12 patients is 2.3. Four patients are living at home with their wives; 1 with her husband; 5 with a daughter; 1 with a son and 1 lives in a boarding home.

For the year 1975, expenses for the day hospital, including both mentally alert and confused patients, was budgeted at $78,500.00. This includes $46,000.00 for salaries, $20,500.00 for bus transportation; $7,000. for food; $1,500.00 for drugs and $3,500.00 for various other expenses.

The anticipated number of days care is estimated at 6,000. Hence, the per diem cost for a day hospital patient in 1975 is estimated at $13.08 as con-

trasted with a per diem cost of $40.00 for an in-dwelling patient in Maimonides Hospital.

In evaluating results to date, it should be kept in mind that we are dealing with patients who will never be able to manage their own affairs independently again. The irreversible damage they have suffered to that part of the brain governing intellectual activity precludes this possibility. Their dependence on others requires therefore, that they be given care either at home or within an institution.

The day hospital attempts in a number of ways to encourage the relatives with whom these patients live to continue maintaining them at home. (1) It relieves these relatives altogether of the burden of caring for the patients during those hours that the latter spend at the day hospital, thus enabling the relatives to relax and replenish their energies. (2) By helping the patients utilize their remaining abilities more effectively, by meeting their need for acceptance and by maintaining their physical health, it enables them to function at a more adequate emotional and physical level, thus reducing the problems involved in caring for them at home. (3) It makes available to families a trained social worker with whom they can discuss problems as required.

It is difficult to know how many among the 26 patients would have had to be institutionalized if they had not been receiving treatment in the day hospital. It is likely, however, that without the day hospital, most of them would already have been placed in institutions by now.

The Jewish Aging: Problem Dimensions, Jewish Perspectives, and the Unique Role of the Family Agency

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Because the elderly are largely hidden, because they are constitutionally not capable of militant advocacy in their own behalf, we must become their advocates—not only in the direct services we provide, but in representing their interests in the general community, in pressing for ameliorating legislative action, in helping them to utilize to the full their government entitlements, not as handouts but their just due as citizens of this land.

To discuss the service needs of the Jewish elderly is to confront what is probably the major social problem of our society. This discussion will attempt to relate the issues to the realities of our service parameters and available dollars. It will deal with:

1. Identifying the dimensions of the problem.
2. The Jewish perspective
3. The unique role of the Jewish family agency.
4. The special contribution that can be made by the volunteer.

There is a remarkable similarity about the needs of the Jewish aging almost everywhere in the United States — whether in San Francisco, Cleveland, Baltimore or Essex County. In Boston, several years ago, a daily count was kept of the kinds of services for which the aging were asking. During the same year, the Jewish Counseling and Service Agency of Metropolitan Essex County was gathering the same data, and it came as no surprise that the three priority concerns were exactly the same: living arrangements and housing, medical and health needs, and need for income.

Almost without exception the target group in each of our major Jewish communities that receives the most attention by our Federation social planning committees is the elderly. And this is properly so because they are the poorest, the sickest, the loneliest and most forgotten, and the fastest growing in percentage.

The validity of these judgments is borne out by the findings of the National Jewish Population Study of the CJFWF, completed several years ago. While some communities have from time to time conducted local Jewish population studies, until now, there has never been any scientific sampling of the national characteristics of the Jews of the United States.

What the National Study tells us about older people only serves to confirm some of our deepest anxieties.

1. The Percentage Growth of the Aging

We are at zero population growth. We are just barely reproducing our number. One of the consequences of zero growth is the percentage rise in the number of our aging. In the general community ten percent of the population is over 65 years; among the Jews it is about fourteen percent. The percentage is rising every year.

Government has the major responsibility for providing for the basic needs of the elderly, the poor, the handicapped. This is a lesson that came painfully out of the Great Depression, but gov-