

Geriatrics Program Plan Guidelines

Objectives

1. Provide care to meet the health and psychosocial needs of the elderly.
2. Perform assessments to identify problems.
3. Provide interventions for the problems identified.
4. Maximize patient functional ability and independence.
5. Provide support to maintain patients' viability within the community.
6. Provide assistance and transition support for extended care needs.
7. Create health, social service, and community resource networks.
8. Provide community outreach to elders and their families.
9. Provide support systems for elders and their families.

Components

Physical Health Assessment and Maintenance

Preventive Health Care

Psycho-Social Health

Functional Ability Assessment/Independent Living Maximization

Community Outreach Strategies

Long-term Care/Rehabilitative Services

Family Support Services

Community Resource Networks

➤ Physical Health/Preventive Health Care Focus

Annual Physical

Immunization Program (pneumococcal, Td, influenza)

Annual Dental Visit and Follow-up Care

Osteoporosis Risk Screening and Treatment

Annual Nutritional Assessment

Cardiovascular Assessment and Exercise Program

Medication Review and Management /"Brown Bag" Evaluation (with each visit)

Substance Abuse Screening

Annual Eye Exam

Annual Hearing Testing

Fall Risk/Gait Assessment

Safety/Injury Risk -Home Environment Assessment

Functional Assessment/ADLs (Activities of Daily Living) - in home and office

Musculoskeletal/Joint Function Assessment (Arthritis Program)

Movement Disorders/Screening for Parkinson's

Continence/Genitourinary Assessment

Sexual Function (Impotence and Postmenopausal Evaluation)

Memory/Mental Status Assessment/Dementia Evaluation

Social Connections/Patient Network Assessment

Depression/Mental Health Screening

Hospitalization and Discharge Planning

Community/Nursing Home Needs Evaluation

Living Will/Advance Directive/Health Proxy/DNR Status Identification