

# Modern Geriatrics

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A new unit, interpreting the ideas described in this article, will be opened in Birmingham at the end of this month. One of the most interesting projects is the proposed investigation into malnutrition and hypovitaminosis.

EXTENSIVE RESEARCH recently carried out has laid a firm foundation for what are now accepted principles in geriatric ward organization and the nursing of old people. At a time when hospitals are feverishly trying to do the best they can with what they have, we find it exciting to have a full opportunity to put these principles into practice, derive the maximum benefit from them and explore further.

The new geriatric unit opening this month in Birmingham is designed to do just this, as well as to make further advances by careful planned research into both medical and nursing problems, and to develop new techniques for the future.

## Integration of Specialties

The most novel feature of this unit is the intention to have particular types of cases in each ward. Experience shows that with the increasing complexity of medicine some degree of specialization is often necessary to provide the best management in particular problems. In Stoke and Hastings, special wards have been established for patients with fractured femurs. In both places the results of joint orthopaedic and geriatric supervision of the unit has been most encouraging. In one of our ward blocks a similar unit will be established with the orthopaedic surgeon from Selly Oak Hospital joining forces with one of the geriatric physicians. Eighteen female and six male beds will be used. All patients will receive their operation treatment at Selly Oak Hospital



or the Royal Orthopaedic Hospital in Birmingham and will then be transferred to the unit within 48 hours. Joint weekly rounds by the surgeon and physician will be carried out and full rehabilitation services, backed up by the almoner and health visitors, will ensure as quick a return home as possible. This whole conception has been proved to be effective. We believe the idea should be extended to other particular problems, such as, for example, the management of the enlarged prostate in old men.

## Original Research

If we are to accumulate more fundamental information about the elderly sick, some research must be carried out by every active geriatric unit. Our second special interest will be in failures of metabolism.

Little is known of the basic causes of malnutrition and hypovitaminosis which occur all too commonly in the aged, even when there is a fair intake. Frank scurvy and pellagra undoubtedly occur more often than is apparent, and it is well known that deficiency of minerals occurs in elderly patients even when there is a superficially adequate diet. Osteoporosis, constipation, various nervous and muscular disabilities and blood, skin and mucous membrane disorders may well be due to faulty absorption from the alimentary canal in the first instance, aggravated by faulty metabolism or excessive excretion after absorption.

The malabsorption syndromes are common enough



in all age groups, and old age with its failing organs adds further complications. We intend to investigate some of these in this new unit with special attention to all aspects of malabsorption from the gut.

The kidneys cannot concentrate waste products and re-absorb salt so well at this age and electrolyte imbalance readily occurs as a result of the large quantities of dilute urine and salt which have to be excreted to clear the blood. This, once understood, can be rectified.

The unit is the first phase of a new district hospital for South Birmingham and is situated in farmland adjacent to Rubery Hill Hospital. It has 156 beds and will provide all modern geriatric facilities in new and attractive surroundings.

The building is designed in the shape of the letter H. Each leg of the H contains one men's ward of 36 beds and one women's ward of 42 beds; a smaller block in the centre contains rehabilitation and administrative accommodation. Each ward has either seven or nine rooms containing four beds each; single rooms of contemporary design complete each ward complement.

Each ward is intended to have a special medical interest. Admissions will be through normal geriatric assessments from a waiting list, but selection within the unit will permit about one-third of the beds in each ward for cases of this special nature. A further third of cases will inevitably be long-term ones while the remaining third will be unselected general geriatric patients.

Fig. 1 shows the planned layout of the dining and sitting-rooms. To encourage a normal living atmosphere men and women patients who are well on the way to recovery will share these rooms, one group of rooms serving one women's and one men's ward. The rooms are large and tastefully decorated with lighting variations adding a homely touch. Through the large

picture windows a farm can be seen with plenty of trees, with a school and distant railway line in the background. Heating is by coils behind large glazed areas placed at low level giving warmth where it is most needed. Between dining room and sitting room is a kitchen serving both men's and women's wards in the block. Two wards thus form one unit with its staff integrated under a departmental sister. This eases the feeding of patients and general supervision.

One sister will be appointed to supervise the provision of special individual diets and thus allow the ward sister more time for ward administration. It is hoped that ward sisters will be able to devote some time to trying out new techniques in basic nursing and rehabilitation.

## Rehabilitation Services

The physiotherapy department has a large gymnasium in the central block and curtained cubicles for individual treatments. In addition, in the ward blocks the department will have a room for storage of equipment and for minor ward treatments.

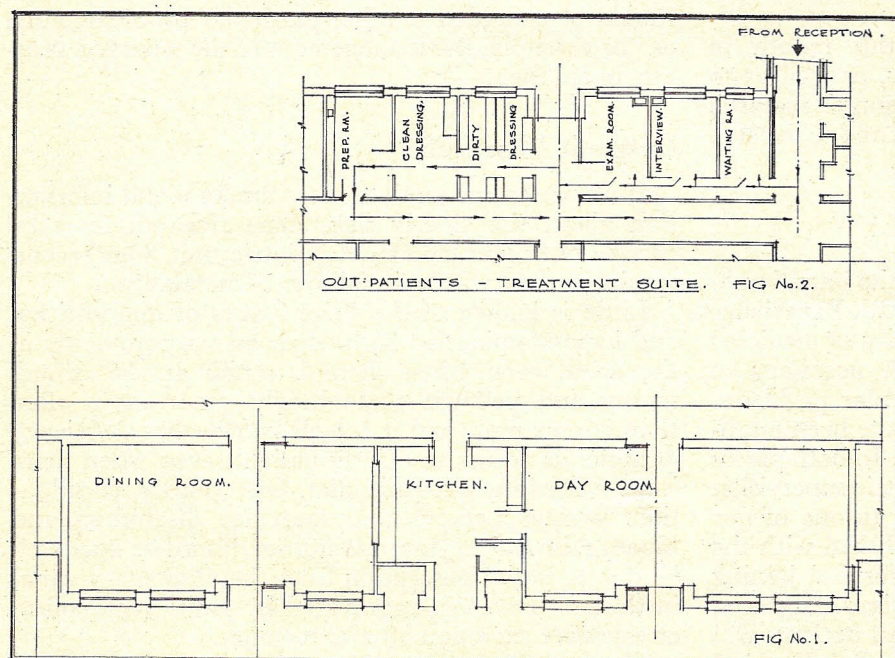
Beside this department in the central block is the occupational therapy department providing facilities for daily living activities. It has a key role in the rehabilitation services and will also have accommodation in the ward blocks. The central departments will be used to treat outpatients and in-patients who have reached the halfway point in their rehabilitation. They will act as a day hospital with meals available in a canteen also located in this central block. In the next phase of building it is intended to have a complete, specially designed, day hospital section.

Close liaison between medical, nursing, rehabilitation and almoner staff will be maintained with frequent joint case conferences in which each patient's individual clinical and social problems will be discussed.

## Outpatient Facilities

Some elderly patients who have been discharged are unwilling to attend for follow-up. Frequently, they are directed to a strange outpatient department where they do not know the staff. This problem has been anticipated. In each of the ward units an outpatient suite is provided which is linked to a treatment centre. So the discharged patient will return as an outpatient to the same surroundings and staff who have treated him as an in-patient. From the nurse's point of view added interest will follow this continuing contact with her patient.

In Fig. 2 the outpatient department is seen as an integral part of the unit. The patient arriving in reception will be directed to the waiting room before passing through to see the consultant





in his office or the examination room, which will have full diagnostic equipment. Should the patient require dressings or other treatment he will be directed to the treatment centre. In this section there is a room for removal of dirty dressings from which the patient passes into a clean treatment area in which a theatre table and other equipment are available. This one-way system reduces the risk of cross-infection and facilitates ease of operation. When the treatment is finished the patient can be directed either to the ward for a short rest or to the canteen for some refreshment while awaiting transport home.



### Other Services

Food, drugs, laundry and linen will be supplied from Rubery Hill Hospital until the new district general hospital is completed. As an essential aid to rehabilitation, chiropody and hairdressing facilities will be available in the central block.

Hospitals, general practitioners and public health departments all have a part to play in the care of sick old people. In the new unit every effort will be made to co-ordinate the work of the three services. The chaplains of various denominations and helpers from voluntary bodies will also give us much help.

A crèche is in the process of being established within the unit, with its own trained nursery staff who will look after the nursing staff's children. This service will be available from Monday to Saturday inclusive, 8 a.m. to 7 p.m. The charge will be 2s. 6d. daily for the first child and 2s. 0d. for a further child. During the school holidays the age limit will be raised to 10 with proper provision for these older children.

This unit has been carefully planned to provide every facility for the patients. At the same time we hope that there will be lively interest in the work for all the staff. With this combination we are confident that a happy staff will achieve great things. We look forward to sending a further report from our new unit in due course.