# Welcome to the Rehab-Geriatric Program

Helping you to be more independent







Many people who have been in hospital find they are not able to do things as well as they used to at home. The goal of rehabilitation is to help you be stronger, steadier and safer and as independent as possible to go back home, or a place that best meets your needs. The team will discuss your goals for discharge so you can stay informed.

You will stay out of bed during the day to build your strength. You will be encouraged to dress in your own clothing and to wash and feed yourself as much as you can. If you are having trouble, we will help you find new ways of doing things to help you be more independent.

## **Scheduled Therapy**

Therapy or treatment to help you improve (walking for example) is scheduled on weekdays. This may take place in your room, hallway, another room on the unit, or in the therapy department. Therapy may be in groups or individually. You may also be shown exercises or activities to do on your own or with family or nursing staff to help you get stronger. You will benefit from active involvement in your rehabilitation process.

# Things to Bring from Home

Put your name on your personal items

- Personal wheelchair/walker, if you use one
- 3-4 days of clothing (underwear, socks, and comfortable loosefitting clothing).
- · Good walking shoes or runners
- · Pictures, books, or hobby items

Note: Laundry service is not available.

Laundry will be placed in a
plastic bag in your closet.

# **Planning for Discharge**

The healthcare team will develop goals for discharge with you and your family and post them by your bedside. Weekly goals will be set during your stay. Please ask your team for an update on your progress.

As you near independence, your ability to participate in activities of daily living will be tested to determine your discharge needs:

- If you do not need daily home care you will be ready for discharge and need to make arrangements for keys, a ride home and outdoor clothing.
- If you will need help at home after discharge, the Hospital Based Home Care Coordinator will meet with you to plan that help.
- If discharge home is not recommended, the team will assist you in choosing appropriate alternate housing.
   Please do not give up your present residence until discharge plans are clarified with the team.

## **Tips for Visitors**

Visitors and family are part of your rehabilitation team and will be encouraged to support you to do as much as possible for yourself. It's also important for visitors to support your scheduled therapy, and to avoid interupting group activities or exercise.

Visitors are welcome to help you leave the unit for a break at other times. Please make sure staff know where you are going.

#### **Your Healthcare Team**

- Doctor
- Nurse
- · Physiotherapist
- · Occupational Therapist
- · Speech-Language Pathologist
- Social Worker
- · Recreation Therapist
- Dietitian
- Pharmacist
- Health Care Aide
- · Rehabilitation Assistant
- Unit Clerk
- · Aboriginal Services
- · Pastoral Care

# Asking Questions or Expressing Concerns

Let your nurse know if you would like to speak to a particular member of the team, or call the Patient Care Team Manager. If you or your family have questions or concerns about your progress or discharge plans, please ask. It's helpful if you designate one family member as spokesperson to provide information to other family members

#### **Before You Leave**

You may need equipment to help you stay strong, steady and safe after you leave. You might need a walker, bath seat, dressing aids, or other equipment.

The team will give you a list of what you need and places to buy or rent, so you and your family can obtain this equipment before your discharge date. It is your responsibility to have this in place when it is time to leave.