

THE OLDER PERSON ´S CHARTER OF STANDARDS

Background Of The Old Person ´s Charter Of Standards

THIS document produced by the IAG European Region conforms standards for the care of old people, common to all European Countries.

IT was an initiative of the British Geriatrics Society, presented by Prof. JLC Dall at the Meeting of Presidents of European National Societies in Parma, March 1996.

THE document has been widely distributed, and multiple amendments were proposed to conform the present document, approved at the IAG European Region Executive Committee, Madrid January 1997, and approved at the IAG European Council Meeting in Adelaide, August 1997. The initiative was endorsed by the IAG Council Meeting, Adelaide, August 1997.

THIS is the first document of its type to be produced by the IAG European Region, and represents new perspectives to the Association. Old Person ´s Charter of Standards, can be translated to other languages and be used by the different National Societies as convenient.

INDEX

Introduction

1. General
2. Communication and Information
3. Health Promotion
4. Drugs and Medicines
5. Transport
6. Health Problems
7. Illness
8. Recovery and Rehabilitation
9. Discharge from Hospital
10. Day Hospitals
11. Respite Care
12. Community and Social Services
13. Changing Home

INTRODUCTION

AS one gets older the risks of falling ill are greater and it may be possible that one's ability to lead a full life becomes reduced. If this happens good, affordable health care becomes even more important.

THIS charter is for the older person. It is appreciated that some functions like sight or hearing may be reduced as part of ageing and that it may take longer to recover from illnesses or operations. Old age is not an explanation or cause of physical or mental illness. The level of care needed by the older person ranges from none at all to a comprehensive service which caters for the frail dependent older person. It is the aim of a health service to:

PROMOTE good health and well-being and to prevent and lessen illness, disability and long-term infirmity among older people

TREAS illness when it does happen

ASSIST older people to lead as full and independent a life as possible as active members of the community

PROVIDE a full and seamless health and social service to support people in their own homes in the community with provision of hospital and residential care where this becomes necessary

ENSURE that there should be no discrimination either by age, sex, creed, or nationality in the provision of health care to an individual irrespective of their place of residence

1. GENERAL

AS an older person you are entitled to receive health care which takes account of your level of dependency, on the basis of your clinical need alone, not on your ability to pay, your lifestyle or any other factor.

YOU may expect that your Primary Care Team will deal with most of your medical problems. If you develop a more serious and complex problem you can expect to be referred to the appropriate hospital department.

2. COMMUNICATION AND INFORMATION

YOU may expect to:

BE considered a partner in the healing process and in all decisions made about your health and care

BE listened to in a patient, caring and uncritical manner by all staff who deals with you

BE represented by a relative, friend or helper if you have difficulty in communicating or understanding the health care staffs communications with you

HAVE facilities available to make communication easier if you are either hard of hearing or have difficulty with your sight

BE told in a clear and sensitive manner about your medical problems

HAVE the diagnosis in writing if you wish

BE fully informed about the treatment options including risk related to your condition

RECEIVE information regarding your illness before your relatives do, unless your illness makes this impossible

HAVE access to your health records and to know that everyone is under a legal obligation to keep your records confidential

HAVE any complaint fully investigated and to get a quick written reply

RECEIVE detailed information on local health and social services and on benefits

HAVE easy access to support and information to help you understand and come to terms with your illness and to receive similar support for your family and friends

3. HEALTH PROMOTION

YOU may expect to:

A healthy lifestyle

HEALTH eating

EXERCISE

A health check at 65/75 years of age

4. DRUGS AND MEDICINES

YOU have the right to:

BE prescribed suitable drugs and medicine for the treatment of your condition

YOU can expect to:

HAVE labels that are easily readable by or to you, on your medicine containers;
HAVE your medicine stored in containers that you are able to open without difficulty;
HAVE your medicines provided in a way that helps you to remember to take them and, if necessary, for a helper or carer to give them to you.

5. TRANSPORT

YOU may expect that:

IF you are unable to make arrangements to get to hospital, suitable transportation will be provided

THERE will be clear sign-posting in hospitals

FACILITIES will be provided to make transfers between hospital departments as easy as possible

6. HEALTH PROBLEMS

HOSPITALS have departments which specialize in the medical and psychiatric problems of older people. These departments go under different names, for example, Department of Medicine for the Elderly or Department of Geriatric Medicine, and have access to other specialists and specialized rehabilitation and support services.

MEMORY PROBLEMS

AGEING alone does not result in failing memory. If you do have problems with your memory it may be because you are ill with a treatable condition. If your memory problems are particularly difficult to cope with:

AND there is a treatable cause for this, you may expect to be referred to a Physician or a Psychiatrist with specialist knowledge of the mental problems of older people, for specialized assessment.

AND they are not curable, you and your carers may expect to receive ongoing support and advice which will be provided in a manner which is acceptable to you and those who care for you.

FALLS AND DECLINING MOBILITY

AS one grows older, there is an increased risk of falling and a possibility that movement will become more difficult. If you are falling for no explainable reason, or movement becomes difficult, it may be because you have had a stroke or because you have another underlying medical condition. Many of the conditions causing your falls or failing ability to move may easily be treatable and if this is the case, you may expect:

TO have a full assessment of the cause of your condition, done by a panel of specialist staff

IF necessary, to be provided with equipment on loan and advice on its use, which will make it easier for you to move around

IF necessary, to be given assistance to get help in an emergency, for example, you could be supplied with a body-worn alarm

INCOTINENCE

IF you find it difficult to control your bladder or bowel (incontinence) it may be because you have an illness which could be treated with either medicine or by surgery. Whatever the cause of your incontinence:

YOU may expect to go to hospital for a specialized assessment of your condition

IF the condition is irreversible, you can expect to be given advice and/or aids to help you to cope with your incontinence

7. ILLNES

YOU have the right to receive emergency medical treatment at any time that you may need it, either from your doctor or at a hospital accident and emergency Department.

IF your condition requires that you have to go into hospital, you may expect:

TO be cared for by the most suitable medical team for your needs in an environment tailored to meet your needs

IF necessary, to be cared for by staff who have specialized training in dealing with the complex medical problems of older persons

AN accurate diagnosis and the proper treatment of all your medical and psychiatric problems

IF necessary, a full multi-disciplinary assessment of your condition and social needs

PROPER communication between the professional who are involved with your care to ensure that the treatment of your various problems goes smoothly

TO stay in hospital as long as your condition requires in-patient care and facilities

8. RECOVERY AND REHABILITATION

OLDER people often need a longer period in hospital in order to recover from their illness so that they can confidently return home. If you are treated in hospital, you may expect:

TO stay in hospital until you can safely return home

IF your condition makes an independent lifestyle impossible, to have a package of social and health care support to be arranged within two weeks of your discharge assessment to support you at home

TO be treated and cared for by a multi-disciplinary team which recognizes your potential abilities and encourages (rehabilitates) you by means of exercise and other programmes so that you can return to as independent a life as possible

YOUR family and other informal carers to be involved in your rehabilitation

9. DISCHARGE FROM HOSPITAL

BEFORE you are discharged from hospital you can expect a decision to be made about how to meet any needs you may continue to have. Your hospital will agree arrangements with agencies such as Community Nursing Services and Local Authority Social Services Departments. You and, if you agree, your carers will be involved in making these decisions and will be kept up to date with information at all stages:

TO receive instruction and education which will help you to be aware of what you need to do to ensure your continuing recovery, including the medicines which you will need to take

IF you have complicated medical and social needs, but want to remain in your own home, that Social Services will assess your needs and arrange a package of support

10. DISCHARGE FROM HOSPITAL

IF you do not need to go into hospital or have been discharge from hospital, but you have complicated medical problems you may expect:

THAT your General Practitioner could refer you to a Day Hospital for assessment and rehabilitation

WHEN attending a Day Hospital, that a multi-disciplinary team will assess and manage your health problems

THAT if you are unable to make arrangements to get to the Day Hospital, arrangements will be made to transport you to the hospital and back home after your treatment

11. RESPITE CARE

IF you are being helped by either professional or informal carers, both you and your carers may feel the need for a temporary break (respite) from each other, or your carer may develop health problems of his/her own which makes caring for you difficult. You are entitled to:

SUPPORT in an emergency, which will be arranged by either your General Practitioner or Social Services

TWO to three weeks respite care on a pre-arranged basis

THIS respite care will be provided in a Residential Home, Nursing Home or in hospital depending on your needs

12. COMMUNITY AND SOCIAL SERVICES

IN order to ensure a seamless and full health care system, there needs to be good communication between your General Practitioner, the doctors who treat you in hospital, District Nurses and Social Services. In your social care package, you may expect, when needed:

DAY care facilities

HOME care

NIGHT sitting and night visiting

APPROPRIATE equipment and aids to assist you in your daily living

AIDS to help you control you bowel and bladder

A laundry service

COMMUNITY Physiotherapy and Chiropody (care of you feet)

BATHING services

A system for monitoring your care and safety if you live alone, specially with a view to preventing accidents from happening

THAT your package of care will be reviewed regularly

13. CHANGING HOME

IF you are no longer able to manage at home, you are entitled to receive care in Sheltered Accommodation, a Residential Home, Nursing Home or long stay care ward in hospital, depending on your needs.

BEFORE this happens you are entitled to a full multi-disciplinary assessment in the community. If necessary, you may be sent for further assessment, treatment of your medical conditions and rehabilitation in hospital. You and your family will be given information on how the assessment will be done. If in the opinion of the team assessing your condition, you should be transferred into care:

THERE will be an agreed care plan for you in your new home, which will be regularly reviewed

AS far as your health will allow you may expect to decide your own lifestyle including whether you would like privacy and whether you would like to go out

YOU are entitled to have unobstructed access to people outside your residential accommodation by means of mail, telephone and visits

YOU may expect that the Nursing Home in which you stay will be subject to regular and through checks to ensure the quality of care given there

IF you require continuing in-patient care because of the complexity of your medical or nursing needs you are entitled to have your care supervised by a Consultant