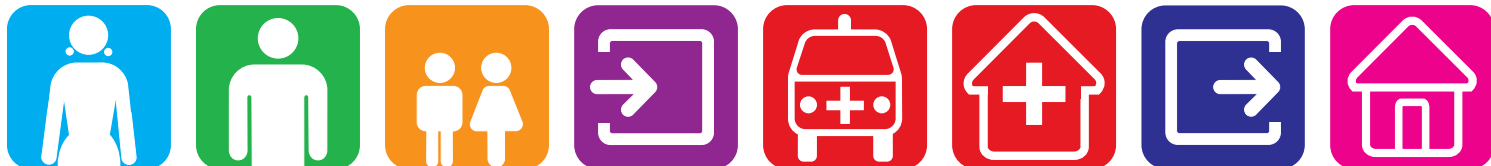


Improving the Patient Experience Program

Improving the environment for older people in Victorian emergency departments
Audit report 2009



Improving the Patient Experience Program

Improving the environment for older people in
Victorian emergency departments



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Introduction

As the population ages, the proportion of older people presenting to emergency departments (EDs) is increasing. Compared with other ED patients, older people tend to have multiple diagnoses and more complex health needs; they are more likely to be admitted and often require longer stays in hospital. In 2007–08, people aged over 64 years accounted for 19 per cent of all ED presentations in Victoria. Of these, 48 per cent were admitted to a hospital ward.

Some older people experience functional decline in perception, cognition, mobility or continence. As a result, they may have a reduced ability to navigate the physical environment, communicate effectively, and maintain a level of independence, particularly in an unfamiliar hospital environment.¹

It is now well recognised that the physical environment of health services can impact on patients' experiences and health outcomes. Emergency departments are busy places with many competing demands on staff and environmental hazards for older people and their companions. The delivery of high quality, person-centred care for older people in EDs therefore requires consideration of how the ED environment can be improved to meet the specific care needs of this group of patients.²

About this report

This report describes the findings of a project in which Victorian health services evaluated the ED environment for older people using an audit tool developed collaboratively by the Department of Human Services (the department) and the National Ageing Research Institute (NARI).

The objectives of the project were to:

- apply a standardised audit tool to assess the accessibility, safety and comfort of Victorian EDs for older people
- identify existing good practices and innovations in the provision of care for older people in EDs, including waiting rooms
- identify opportunities to improve the physical environment to meet the needs of older patients
- provide funding for specific, high-priority activities identified by health services as necessary to improve ED care for older people
- reduce variability in the service environments provided by Victorian EDs
- increase clinicians' awareness of quality and safety issues in the delivery of care to older people in the ED.

1 Fisk, A, Rogers, W, Charness, N, Czaja, S & Sharit, J 2004, *Designing for older adults: Principles and creative human factors approach*, CRC Press, Boca Raton, Florida; The Kendal Corporation 2002, *Untie the elderly: a resource manual for the elimination of restraints in the care of the elderly in health care facilities*, 5th edn, Kennett Square, Pennsylvania.

2 Hwang, U, Morrison, S 2007, *Models of geriatric care, quality improvement and program dissemination*, The Geriatric Emergency Department, The American Geriatrics Society.

Background and context

This section of the report describes recent government work to improve health care for older people and to enhance patients' experiences of emergency departments.

Improving health care for older people

Over recent years both the Commonwealth and Victorian Governments have provided policy direction and implemented initiatives to enhance the care of older people across a range of health care settings. Key policies and resources are listed in Appendix 1.

In Victoria, the Improving Care for Older People policy was implemented from 2003 to 2007 to address the factors that place older people at risk of functional decline and other adverse events while in hospital. Three key platforms were identified to ensure that care for older people was integrated and informed by best practice in Victorian health services. These were to:

- adopt a strong person-centered approach to the provision of care and services
- better understand the complexity of older people's health care needs
- improve integration within health services' community-based programs and between health services and ongoing support services available in the broader community.

In 2006-07, Victorian health services were invited to use an audit tool to identify environmental improvements needed for older people. Most focussed the audit on their inpatient and sub-acute services. The audit tool is described on page 4.

The Long Stay Older Patients Initiative of the Council of Australian Government (COAG) is a four-year strategy (2006-2010) focusing on long stay older patients in public hospitals and their access to long-term care. In 2006, the Commonwealth Government committed \$150 million over four years to the states and territories for a range of initiatives to address these issues.



Promoting positive experiences for patients and visitors

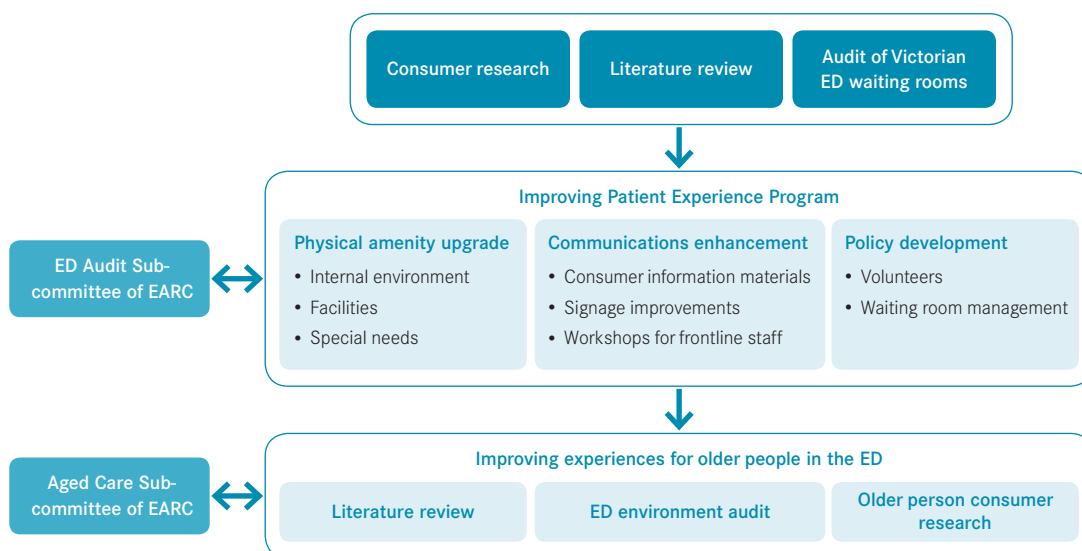
Enhancing the experience of ED patients and visitors is one of ten priorities identified in the Victorian Government's key policy on emergency care.³ The 2005–06 state budget allocated \$8.3 million over four years to promote positive experiences for ED patients and visitors. An audit of emergency department waiting rooms in 2004, consumer research, and a review of the literature were used to inform a range of interrelated initiatives. Work undertaken to date as part of the Improving the Patient Experience Program includes:

- communication strategies (such as communications workshops for frontline staff, standardised consumer information materials and condition-specific fact-sheets) to ensure patients are better informed about their care
- improved facilities in waiting rooms (including facilities for those with special needs and upgrades to general amenities)
- consistent signage in all Victorian EDs
- guidelines for volunteers in EDs
- enhanced measurement of patient satisfaction.

Specific initiatives to improve experiences of Aboriginal people and older people have been developed in response to consumer research showing that these groups have special needs that may not be met in traditional hospital ED settings. The initiative to improve the experience of older people in EDs is overseen by the Aged Care Sub-committee of the Emergency Access Reference Committee (EARC).

Figure 1 shows the links between the Improving the Patient Experience Program and the initiative to improve ED experiences for older people.

Figure 1: Improving the Patient Experience Program



³ Department of Human Services 2007, *Better faster emergency care*, Department of Human Services, Melbourne.

Improving experiences for older people in emergency departments

The initiative to improve experiences for older people in Victorian EDs commenced in 2007–08. Its aims are to:

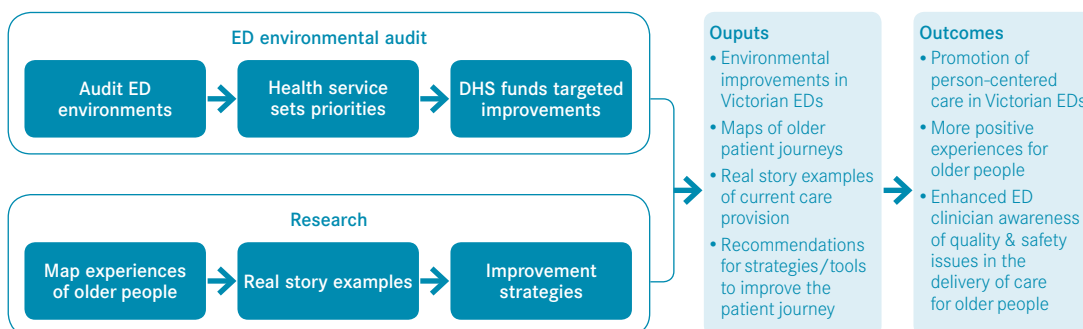
- support health services to improve care for older people in EDs
- link EDs with broader health service and government policies and strategies to improve healthcare for older people.

As shown in figure 2, the two main components of the initiative are:

- an audit and associated funding for activities to improve the physical environment of EDs
- research to describe older people’s experiences and perspectives of ED care.

In addition to the environmental audit, which is the subject of this paper, the perspectives of older ED patients will be obtained to inform future planning and service development. Patient stories that illustrate the older person’s journey through the ED have been used successfully in other jurisdictions to help clinicians understand and improve older people’s experiences of ED care.⁴

Figure 2: Improving experiences for older people in the ED



The environmental audit

This section describes the tool and the process used to assess the appropriateness of the emergency department environment for older people.

Audit tool

Improving the environment for older people in health services: an audit tool,⁵ is a validated tool that identifies the key principles underpinning ‘age-friendly’ physical environments. The tool enables health services to identify and plan environmental improvements for older people accessing its services, thereby fostering a safer, and more accessible and comfortable environment. It also provides information and resources to increase staff awareness and knowledge of how the physical environment impacts on older people and the safety of staff when they are caring for older people.

4 Health Reform Implementation Taskforce 2008, *Patient Stories: A toolkit for collecting and using patient stories for service improvement in WA Health*, Department of Health Western Australia, Perth; McDonald, B, et al 2006, *Evaluation of the Maggie Program: A journey in health service improvement*, Hunter New England Health Service, Editor, NSW Health.

5 Department of Human Services 2006, *Improving the environment for older people in health services: an audit tool*, Department of Human Services, Melbourne. <www.health.vic.gov.au/older/audittool>

The audit tool is ‘not intended to replace existing processes and audits for occupational health and safety, hygiene, infection control, emergency equipment and air quality in health services. It complements and, in some cases, assists with these processes’.⁶

The audit tool was developed for broader hospital settings. Not all sections are equally relevant to emergency departments. For example, Part B of the tool considers the requirements of environments designed for rehabilitation (inpatient and community) and is therefore not applicable to the ED. The sections used in the audit of EDs were:

- **Part A: General audit**

The general audit section consists of environmental recommendations grouped around locations and equipment within the health service.

- **Part C: Environment is adapted to the individual**

This section assesses any policies and practices that allow for the physical environment to be adapted to meet individual patients’ needs.

- **Part D: Night time audit**

Overnight stays for older people are considered in this section. While this section is less relevant to EDs, given that most patients requiring admission are admitted to a ward within the target of eight hours, some of the recommendations can be applied to the night time ED environment.

Each part and subsection of the audit tool contains a number of recommendations. The audit is based on assessment of whether each recommendation has been achieved.

Process

In March 2008, 21 major Victorian hospitals were invited to audit their EDs using the tool and to apply for funding for specific high-priority items identified as necessary to create a more ‘older person friendly’ environment.

Two hospitals deferred the audit due to concurrent major capital works. Table 1 lists the 19 hospitals that participated in the audit.

Table 1: Hospitals participating in the audit

Northern Hospital	Monash Medical Centre
Sunshine Hospital	St Vincent’s Hospital
The Alfred Hospital	Ballarat Hospital
Austin Hospital	Goulburn Valley
Frankston Hospital	LaTrobe Regional Hospital (Traralgon)
Barwon Health (Geelong)	Casey Hospital
Angliss Hospital	Sandringham & District Memorial Hospital
Box Hill Hospital	Werribee Mercy Hospital
Dandenong Hospital	Rosebud Hospital
Maroondah Hospital	

⁶ Ibid.

It was suggested that an ED clinician familiar with the care of older people should conduct the audit in collaboration with the health service's Improving Care for Older People Strategy project officer. The project officers were experienced in using the tool and knowledgeable about the broader care requirements of older people in hospital settings.

Outcomes

This section of the report describes the results of the audit and the priorities for improvement identified by health services. The discussion highlights examples of good practice used to foster an 'older person friendly' environment.

The completed audit tools and funding submissions were analysed by departmental officers. Evaluation of the funding submissions revealed that they complemented and did not duplicate previous improvement initiatives. This suggested that broader population-based approaches must be complemented by specific strategies to meet the needs of older people.

Overall, the audit showed significant improvements since the previous general audit of ED waiting rooms in 2005 with regard to:

- the comfort and privacy in ED waiting rooms
- lighting
- access to food, drink, public toilets and telephones
- areas where patients are not to enter being locked or camouflaged
- safe flooring
- wayfinding and signage
- access to quality information materials.

The department provided funding of approximately \$600,000 for 129 specific items or upgrades to facilities and equipment. Table 2 shows the most frequently requested items.

Table 2: Frequently requested items

Item	Number of requests	Area of implementation/examples
Chairs	27	<ul style="list-style-type: none"> • Waiting room • Cubicle • Specialty chairs
Commodes	19	<ul style="list-style-type: none"> • Shower and toilet
Signage	18	<ul style="list-style-type: none"> • Bathroom/toilet • Other designated areas
Aids	12	<ul style="list-style-type: none"> • Bathroom aids
Trolleys	9	<ul style="list-style-type: none"> • Cubicles • Lower height/adjustable trolleys
Rails	6	<ul style="list-style-type: none"> • Grab rails in bathrooms • Hand rails • Coloured hand rails
Other	38	<ul style="list-style-type: none"> • Bedding, clocks, hoists, flooring, lighting, painting, phones, scales, screens, steps

Details of the audit results are discussed on the following page.

External areas, entrances and hallways

The audit tool's recommendations for external areas, entrances and hallways concern aspects of the environment that allow older people to safely enter and navigate the health service and its surrounds. The EDs participating in the audit performed well in relation to having:

- accessible parking
- automatic doors wide enough for easy clearance of wheelchairs and scooters
- no full-length glass panel doors or these doors clearly marked for visibility
- private and comfortable waiting rooms with access to food, drinks, telephones and toilets
- reception, waiting rooms, consulting rooms and treatment areas within the ED area in close proximity to each other
- areas where patients are not to enter (for example, cleaners' cupboards, storerooms) kept locked and camouflaged.

Five health services were funded to improve:

- the surface of external pathways
- drop-off zones at ED entrances to meet the audit tool recommendations about weather cover for these areas and access for wheeled equipment.

Other opportunities for improvements identified by the audit included:

- clearly defined internal and external paths to guide patients
- sufficient seats and toilets along internal and external paths
- reception areas that are immediately evident and accessible on arrival and which incorporate a high-low design to accommodate wheelchair users
- handrails in corridors, along paths and on all steps and lifts in accordance with regulations.

Good practice



Casey Hospital adjusted the height of the ED triage desk to improve access for patients in wheelchairs.



Sunshine Hospital uses line markings on the floors in the ED to assist people navigate the ED and help staff direct patients to different treatment areas.

Flooring

Older people are vulnerable to accidents and falls. High-quality flooring with a matt, non-slip finish and a constant colour rather than patterns can enhance their confidence in moving through the ED. The audit results showed participating EDs performed well with regard to having:

- flooring free of clutter and hazards, in good condition, firmly attached and appropriate for tasks undertaken in the ED
- non-slip floor surfaces with a matte finish
- absence of raised edges on the floor/ground
- joining strips between different floor surfaces that are as smooth as possible so as not to create resistance when using wheeled equipment

- carpets, other flooring and upholstery of a constant colour rather than strongly flecked patterns
- clear definition of changes in floor surface
- appropriate floor cleaning equipment for the type of floor coverings
- cleaning procedures that take the safety of patients and staff into account.

Four health services were funded to implement flooring improvements. These included the installation of floor strips, replacement of carpet to provide a constant colour and resurfacing works.

Equipment and furniture

It is important that EDs provide comfortable and height-adjustable chairs, as older people in the ED may be seated for long periods of time and have difficulty getting in and out of chairs. Equipment such as mobility aids and adjustable low trolleys are necessary to provide safety, comfort and dignity for older patients.

The audit highlighted that EDs performed well with regard to having:

- doors and drawers that are easy to open, accessible to patients and positioned so they do not have the potential to strike other objects when in the open position
- chair legs that are straight, rather than sticking out on angles and posing a tripping hazard.

Additional opportunities for improvements to ED furniture and equipment identified by the audit included:

- secure furniture to support patients should they overbalance
- secured and sturdy arms on chairs and commodes
- chairs with non-slip, easily cleaned fabric
- devices such as telephones, speakers and warning sounds that can be adjusted to the needs of the individual
- equipment and mobility aids to promote patient independence and safety of patients and staff
- wheelchairs with all features working effectively, including easy-to-move footrests, wheels and brakes in good condition with good tread on tyres and wheels that move freely on the floor surface
- proactive maintenance programs for equipment.



Wheelchair that has an attached IV pole



High back chair that has non-slip and easily cleaned fabric

Furniture and equipment were the items most frequently requested by health services that completed the audit. The 46 individual funding requests included 27 requests for appropriate chairs, nine for trolleys, six for doors, two for hoists, one request for a phone, and one request for a portable step.

Good practice



Frankston Hospital purchased hoists with washable slings to assist with repositioning patients with decreased mobility and to reduce the risk of injuries to both staff and patients.



Box Hill Hospital installed a shed in the ED breezeway to store furniture when not in use. This area provides storage space for equipment, mobility aids and furniture so that it is easy to access when required.



Several EDs received funding to purchase comfortable, easy-to-clean and height adjustable chairs for use by older patients and visitors.



Something as simple as increasing the volume on telephones can promote the independence of older people. As a result of the audit findings, Maroondah Hospital increased the volume of its taxi phone. The Northern Hospital purchased two mobile Cisco telephones, which are adjustable for the hearing impaired and can be used for telephone interpreting and family consultation at the patient's bedside.

Bathrooms and toilets

A variety of aids and design features can improve older people's access to bathrooms and toilets, and enhance patient's comfort and safety while using these facilities. Most of the EDs that participated in the audit provide:

- soap receptacles designed so as not to create a striking hazard
- bathroom hand basins that allow wheelchair access
- accessible toilet paper dispensers
- taps with maximum water temperature set so that it cannot scald
- step-less shower bases, bathroom floor gradients that ensure adequate drainage after the shower, and location of the shower base far enough away from the toilet to avoid wheelchairs rolling away from the toilet down the slope.



Commodes and shower trolleys that are height adjustable and have rubber stoppers

Opportunities for improvements to ED bathrooms identified by the audit include:

- toilet facilities that are visible from the areas patients frequently occupy
- sufficient number of toilets close to activity areas so patients do not have to travel too far
- walls around the shower/bath and sink marked in contrasting colours
- chairs and commodes with adjustable heights so patients can rise and sit with ease
- doors into bathrooms and toilets that open outwards so older people cannot fall against the door and block access
- adequate space in the bathroom to place soap, shampoo and washers
- receptacles for soap, shampoo and washers that are easy to reach, including when seated, and which do not require bending over to reach them
- commodes and shower trolleys with rubber stoppers in place and which are in good condition, with wheels moving freely, brakes working properly and good tread on tyres
- clothing hooks and towel rails that are easily accessible from the seated position.

Health services were funded to implement 22 priorities related to improving bathroom and toilet facilities for older people in EDs. These included five requests for bathroom fittings, 12 for bathroom aids, and five for renovation.

Good practice



St Vincent's hospital received funding to undertake renovations to its ED bathrooms, including installation of easy-to-reach shelving units in a contrasting colour to the walls to create easy visibility.



Several EDs received funding to purchase height adjustable commodes for ED toilets. Some older people, particularly those who have had a hip replacement, require a higher chair height in toilets. Good chair height allows patients to have their feet on the ground and their legs at a 90 degree angle.

Visual perception and lighting

Older people may have problems with visual perception and may be more affected than others by poor lighting and glare. The audit tool recommends that health services have adequate and consistent lighting (so patients are not moving from darker to lighter areas and vice versa) environments that minimise glare, and design features to aid visual perception (such as walls painted a contrasting colour to floors).

The EDs generally performed well in relation to the lighting and visual perception items of the audit tool.



Doors accessed by patients are in a contrasting colour to walls



Plates are in a contrasting colour to both the food and the placemat or table

Opportunities to enhance visual perception and lighting in EDs identified by the audit include:

- handrails that are in a contrasting colour to walls
- using plates of a colour that contrasts with both the food and the colour of the placemat or table.

Three requests to improve visual perception and lighting were funded: these included the installation of light sensors and painting of ED and waiting room walls.

Good practice



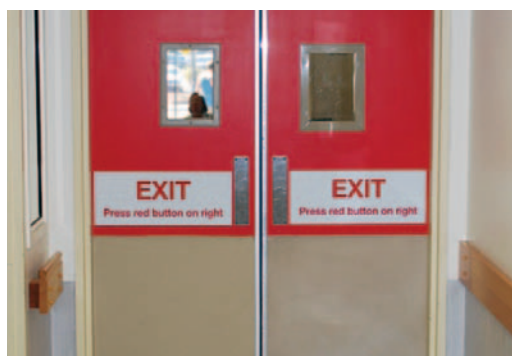
Lighting in bathrooms and toilets are sometimes inconsistent with lighting in other areas of the ED. To improve lighting, the Northern Hospital installed sensor lights in each of its toilets.

Signage

Good internal signage helps patients find their way to and around the ED. An extensive signage improvement program in Victorian EDs was undertaken between 2005 and 2007. The findings of this audit revealed substantial improvements since a previous audit of ED signage undertaken at the end of 2004. The 18 requests for signage funded by this project complemented the previous signage improvements and indicated an increased awareness of signage needs for older people in EDs. The new signage used the standard design concepts used in previous signage improvements to ensure consistency and reduce overall costs.



Amenity signage has easy to read text and symbols that are familiar to older people



Signs to all key patient areas are at eye level and in primary colours

Opportunities to enhance ED signage identified in the audit included:

- signs at eye level and on the floor and the use of primary colours on signs to all key patient areas
- signs using icons or symbols that are familiar to older people, easy to distinguish, unambiguous and containing only essential information
- easy to read text with minimum information on one sign.

Orientation

Some older people presenting to EDs may be experiencing delirium, dementia or other cognitive impairments. Strategies to enhance orientation include displaying large clocks and calendars (to assist with orientation to time), ensuring staff can be identified and distinguished from patients and visitors, having views to outdoors, and strategic placement of 'landmarks' such as artwork.

Sandringham and District Hospital and Sunshine Hospital received funding to install large clocks in their ED waiting rooms.

Level of stimulation

Emergency departments are busy places and the noise level can create difficulties for older people, particularly those with hearing impairments or unable to call for attention from staff.

This section of the audit focused on behaviours and activities that cause unnecessary noise. The tool was particularly useful in identifying behaviours that may negatively impact on older people. The audit tool recommends avoiding—where possible—calling out and loud speaking, background noise, loud noises, crowding and disruptive behaviour from other patients.

Most EDs that participated in the audit performed well, through:

- having different functional areas clearly demarcated by colour, signage, physical layout and partitions
- minimal use of public address systems. (The audit tool recommends that if possible announcements should be made by speakers with low pitched voices, as frequencies below 4000 Hz are heard more easily by people with high-frequency hearing loss).

Most EDs also met the audit tool's recommendation relating to avoidance of under-stimulation, as they do not have repetitive spaces with little activity, or large open spaces.

Mood enhancement and comfort

Many of the recommendations in this section were considered by the auditors to be difficult to implement in the ED environment. The recommendations included:

- placement of lounge or sitting area chairs in small circles to encourage social interaction
- fresh and fragrant-smelling rooms
- natural elements, such as views of gardens and trees and pictures of natural scenes, to decrease agitation.

Windows in EDs are usually limited to preserve patient privacy, waiting rooms are functionally designed and in general the ED is a very busy place.

The audit highlighted that EDs performed well with regard to providing:

- an environment that respects dignity and privacy
- furniture that is comfortable
- small, comfortable and quiet areas for private social interaction between patients and visitors and patients and staff.

Good practice



Werribee Mercy Hospital received funding to provide mobile folding screens that can be used in circumstances where a patient requires immediate treatment in an open area. The screens help to protect patient dignity and privacy in the ED environment.

General bedroom

This section of the tool is relevant to bed-based settings and therefore many of the recommendations were identified by auditors as not applicable to the ED environment. However, the audit revealed that EDs performed well in terms of providing:

- firm mattresses that provide support when moving in bed
- bed wheels and brakes in good working condition with good tread on tyres and wheels moving freely.

Opportunities to enhance ED cubicles for older people include providing:

- beds that are height adjustable
- greater accessibility for visitors.

Health services identified 17 priorities for improvements in this area: three requests for bedding, nine for trolleys and five requests for tables.



Height adjustable bed with firm mattress

Good practice



Several EDs received funding to purchase lower-height electric patient trolleys with full-length x-ray capability to promote patient and carer safety.



The Austin, Goulburn Valley and Dandenong Hospitals received funding to purchase pressure relieving mattresses for older ED patients. Older people are vulnerable to declines in skin integrity and are at risk of developing ulcers or skin tears.

Call bells

The audit revealed that EDs performed well with regard to having:

- call bells that work, are flexibly positioned, and have buttons that are easy to push
- easily accessible turn-off buttons for staff
- call bells within easy reach when the patient is lying in bed or in the toilet or shower.

There were two requests for call devices and one request for a chair alarm.

Good practice



The Angliss Hospital received funding to purchase 'next generation' hand-held nurse call devices with volume control and visually enhanced nurse buttons to assist older patients with poor mobility or visual impairment, or who may otherwise find it difficult to get the attention of busy ED staff.

Adaptation to individual needs

This section of the audit considers whether policies or protocols are in place to ensure the physical environment is adapted as required to suit individual patients' needs. Many EDs do have protocols or policies in place in relation to:

- personal patient items
- restraint use
- size and height of furniture and equipment
- room for walking aids
- patient placement in relation to nurses' station and toilets.

The audit identified that practice was consistent with these policies.

Night time environment

The night time audit revealed that EDs performed well with regard to:

- providing required lighting for night toileting and in all patient areas
- minimising noise and disruption in patients' cubicles at night.

The audit tool notes that night time environments can be enhanced for older people by decreasing the volume levels of alarms and telephones at night. However, the nature of work undertaken by EDs presents practical limitations on the extent to which noise and disruption can be minimised.

Conclusion and future directions

The project described in this report aimed to assist health services recognise the special needs of older people and create 'older person friendly' environments in EDs and waiting rooms. Health services were invited to assess their ED environment using a validated audit tool and apply for funding to implement ED improvements consistent with the recommendations of the tool.

Based on the findings of the audit, the Department of Human Services funded a range of high-priority items and modifications to EDs. It was noted that simple changes, such as increasing the volumes of telephones, can sometimes make a considerable difference to older patients.

The project provided information about common issues affecting the environment for older people and existing good practices and innovations for improving the physical ED environment, which can be shared across the health system. This has the potential to reduce variability in the quality of facilities and services for older people in EDs across the state. Providing signage improvements that are consistent with the standard design concepts used in the *Wayfinding and signage guidelines for emergency departments* is one example of reducing variability and overall costs.

A less tangible but important outcome of the project was the opportunity for ED clinicians to collaborate with health service project officers from the Improving Care for Older People Strategy and program officers from the COAG Long Stay Older Patient's Initiative. The department received feedback about actual benefits of the process: it promoted ED support for the audit and 'ownership' of its findings; established local links with experts in improving care for older people; and increased ED clinicians' awareness and understanding of the issues experienced by older people in hospital settings.

The audit results have also assisted the department and health services to evaluate the impact of recent improvements to EDs and provide a baseline against which to assess future initiatives. Together with the consumer perspectives and patient stories to be developed in a separate project (see page 5), the findings from the audit will be used by health services and the department to inform future policies, service development initiatives and ongoing improvements to ED facilities and equipment.

Appendix: Key policies and resources on health care for older people

Centre for Applied Gerontology, Bundoora Extended Care Centre, Northern Health on behalf of the Australian Health Ministers' Advisory Council (AHMAC) Care of Older Australian Working Group 2004, *A guide for assessing older people in hospitals*, Victorian Government Department of Human Services, Melbourne, available at: www.health.vic.gov.au/acute-agedcare/assessing-older-people.pdf

Clinical Epidemiology and Health Service Evaluation Unit, Melbourne Health, on behalf of the Australian Health Ministers' Advisory Council's Care of Older Australian Working Group 2004, *Best practice approaches to minimise functional decline in the older person across the acute, sub-acute and residential aged care settings*. Victorian Department of Human Services, Melbourne, available at: <http://www.health.vic.gov.au/acute-agedcare/functional-decline-manual.pdf>

Department of Human Services 2003, *Improving care for older people: a policy for health services*. Continuing Care Section, Programs Branch, Metropolitan Health and Aged Care Services Division, Department of Human Services, Melbourne.

Department of Human Services 2006, *Improving the environment for older people in health services: an audit tool*, Continuing Care and Clinical Service Development, Programs Branch, Metropolitan Health and Aged Care Services Division, Department of Human Services, Melbourne, available at: www.health.vic.gov.au/older/audittool

