

## A GEM of a Program: Rehabilitation saves lives at Queens Park Care Centre

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**ts a short term** residential rehab program for frail elderly medically complex clients," is how social worker Cindy Stefani defines the GEM Program. But that rather dry collection of words does not begin to describe what GEM really does.

For most patients, The GEM program means the difference between heading into residential care or assisted living, or being able to return to their own home within the community. -Its make it or break it for most of them," says Stefani, succinctly, describing GEM as their last chance to improve their mobility and function as the same services cannot be met within the acute or community setting.

These are elderly patients with multiple health challenges ... often at a point where they would typically have to move to a residential care facility. In the GEM program, a diverse team of specialists, working closely together, aims to provide everything needed to get them mobile, functional, and back home after what is on average a two to six week stay. Not only is this good for the patient, its good for the health-care system, relieving pressure on acute care, emergency and community health services.

GEM stands for Geriatric Evaluation and Management program. There are several elements that make the program, which is situated at Queens Park Care Facility in New Westminister, unique, says Stefani.

-One thing is that all patients have a consultation with a geriatrician," says Stefani. -This is important. A geriatrician has a greater knowledge base with the frail elderly and their complex medical needs." The geriatrician can often pull all the pieces of the puzzle together.

Another advantage is the way the program addresses all aspects of a clients medical situation.

-They are seen by a physio, an occupational therapist, a social worker, a dietitian, a pharmacist and the nurse or licensed practical nurse. In other programs such as medical or rehab sub-acute they are only seen by one or two specialists and it is usually on a referral basis.

-Another thing I really like is planned discharges. In acute care an elderly partner may get a call saying the patient is being discharged home tomorrow. In GEM, the discharges are planned ahead of time and often we

have family meetings to help with the transition and ensure the client will be able to manage safely at home," says Stefani. This means that discharges tend to go smoothly, and the patient is far less likely to end up back in acute care or in the emergency room.

The individualized care ensures nothing slips through the cracks: all the patients needs get noticed and dealt with, whether they be physical, psychological or social.

Shein Poonja Occupational Therapist, Geriatric Evaluation and Management Program Queens Park Care Centre Cindy Stefani Social Worker, Geriatric Evaluation and Management Program Queens Park Care Centre
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-We have a lady right now with a terrible ulcer, and on top of that something wasn't going right. She ended up having a C-1 to C-2 subluxation in her neck which was picked up on in our program," says Stefani. The GEM Program has the flexibility to provide the medical care this patient needed and to extend her stay as necessary in order to provide the rehab as her wound and tolerance improved. As a social worker, Stefani shares information that can make a vast improvement in patients lives.

-I had one lady ... Ill never forget her ... shell be forever with me. For ten years she had been entitled to a Guaranteed Income Supplement [a top up on Old Age Security when you have limited income] but hadn't known about it, even though she had paid a reputable company to complete her income tax return annually.

-This particular client took out a reverse mortgage to pay bills and lived in poverty for ten years ... and no one picked up on it!" Stefani was able to help her apply for the supplement but figures she lost thousands of dollars over the ten years. Stefani is not about to let anyone else not take advantage of something they are entitled to.

Stefanis colleague, Occupational Therapist Shein Poonja, also enjoys sharing information that can make a huge difference for a client.

-I work on functional abilities, like being able to shower, feed, dress, get up safely, make a cup of tea, go to the bathroom•those are the basics. And then we work on being able to grocery shop, do laundry, managing in the kitchen.

-We had one patient who had been having trouble with his socks for the longest time. He comes in and we show him the sock aid and he immediately wanted to know: "Where can I get this thing? He had his socks on in no time," she says. This client had never, in all his various experiences with health care, run into anyone with the knowledge or time to introduce him to this adaptive aid.

Both Poonja and Stefani have no end of examples and anecdotes to illustrate the GEM programs effectiveness. And Poonja, who has been with GEM a bit longer, can quote statistics to back all this up. However, the program has recently faced major cutbacks to staffing, and both women fear that its future is precarious.

-How do you provide rehab services if you don't have the staff?" asks Stefani, rhetorically.

-We keep hearing they are basically going to cut the staff because it doesn't fit with the current trend of sub-acute models." says Poonja

Will that save money? Not according to Poonja. -You're getting a big bang for your buck [with GEM]," says Poonja. -Because otherwise these patients are going to sit in acute care waiting for placement. Instead, you can send them here and in four to six weeks they will go home and be out of the system," she says.

In terms of health care spending, the GEM program adds up to a big savings for the system. But the program

isnt just about money it saves.

-In a patient satisfaction survey from 2003, we asked former patients how they thought the GEM program had made a difference. Every single person said it had been a great thing. The overwhelming response was people saying the program had saved their lives," she says.

This survey was part of an audit carried out by an independent company and commissioned by the Fraser Valley Health Authority.

-It was a glowing report, says Poonja. -For instance, it showed 72 per cent of our patients returned home. This is an amazing return rate for patients who otherwise would most likely have been placed in care facilities."

-It was really good, but apparently not good enough," she says. -Its so sad because this program is unique. It really doesnt have another program to compare with in the Fraser Health Authority."

Although Poonja and Stefani, like all the staff at the GEM Program, are concerned about the recent cuts and worried about the future, they refuse to believe that the program could be shut down.

-I hope we stay around for a long time," says Stefani. -We offer such a unique program. I hope the word gets out more that were here, and hopefully here to stay." 

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