Selection Guidelines for the Geriatric Medicine Consult Team and the Geriatric Medicine Clinics to follow, in selecting patients for GMU
(Updated Sept 1, 2023)

Goal	**Medical optimization & physical, functional, and cognitive assessments, to help optimize patients' function and quality of life, and avoid preventable readmissions to hospital**
Target Age	>65 years (younger patients may be considered in exceptional cases after review with GMU leaders if multiple geriatric issues)
Target LOS	10-14 days
Inclusion criteria	• High risk older adults with acute medical issues requiring geriatric team intervention, who are not ready to be safely cared for on off-site units. • Patients who have one or more of the **5Ms (Mind, Mobility, Medications, Multi-complexity, Matters Most)** 1. **Mind**: changes in cognition due to delirium/dementia/ depression 2. **Mobility**: Decreased mobility/falls 3. **Medications**: Polypharmacy and/or potentially inappropriate medications. 4. **Multi-complexity:** multiple interacting chronic diseases (e.g., CHF, Diabetes, CKD, Parkinson's, Osteoporosis, Postural Hypotension), which contribute to declining independence in IADLs and/or ADLs 5. **What Matters most:** Goals of Care Discussions and Serious Illness Conversations
Exclusion criteria (These patients should NOT be considered for GMU)	• Patients who are medically unstable or who require intensive monitoring or clinical care • Active chemo or radiation treatments • End stage dementia • Non-weight-bearing to lower extremities • Unable or unwilling to participate in the assessments • Active C-Diff or fecal incontinence contaminating the environment • Patients with significant behavioural issues (e.g., those who are a flight risk, who are wanderers, who have potential for violence against other patients/staff, sexually inappropriate behaviour) • New traumatic brain injury resulting in significant cognitive decline with no evidence of significant and meaningful cognitive / functional recovery
Relative Exclusion criteria	• Living in LTC or plans to relocate to LTC • Requiring a mechanical lift for transfers • Patients with redirectable behavioural issues (e.g., wanderers) • Patients with sitters (if unclear or inappropriate use)

(These patients may be accepted on a case-by-case basis. Cases need to be reviewed with Clinical Manager and/or Inpatient Medical Director and should NOT be accepted without approval)	• VAC dressings (only small wounds accepted- please review with A1 Clinical Manager before accepting) • Patients who only require an end-of-life goals of care conversation and planning if cannot be successfully done on other service. MEDICAL • Known symptomatic metastatic cancer (life expectancy < 6 months) • Cardiac failure, LVEF < 20%, NYHA Class IV symptoms (if **limiting** ability to participate and/or unstable) • Severe pulmonary hypertension (if **limiting** ability to participate) • Advanced COPD- on home O2 (if **limiting** ability to participate) • End stage Liver cirrhosis + ascites (if **limiting** ability to participate and/or if cannot stabilize and improve hepatic encephalopathy) +/- history of active alcoholism just before hospital admission (unless there is a reasonable chance they plan to quit) • Significant substance use disorder (e.g., severe withdrawal, on Suboxone or similar medications, followed by Substance Use Program). • New/unstable hemodialysis • Peritoneal dialysis with indications patient and/or caregiver will be unable to manage (i.e., will likely need to switch to hemodialysis during admission) NURSING • Requiring 2-person assistance but improving, PWB/TTWB to affected lower limb. Note that frail patients with weight bearing restrictions to the upper extremities usually need convalescence and cannot be directly discharged home. This needs to be taken into account when reviewing patients. • Agitated behaviour limiting participation if redirectable SOCIAL • Socially complex patients with complex discharge planning needs if this is the predominant problem to be addressed (e.g., absence of any effective support network) • Cases where there is suspected significant elder abuse • Patients from out of province of those who plan relocate to another province

If appropriateness is borderline or questionable, the patient needs to be reviewed with Clinical Manager or Inpatient Medical Director (or their delegate), to help us maximize what we can do for our patients, given our limited resources.

Note: The Guidelines will be applied and may change over time based on GMU waitlists, available GMU resources, patient needs as well as TOH needs.