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**THE 5 DOMAINS OF SFCARE**

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**USING THE SFCARE FRAMEWORK TO PROMOTE MOBILIZATION**

Experts are predicting that a “deconditioning pandemic” will follow COVID-19\(^1\). Months of isolation and shelter-in-place requirements have led to dangerously low levels of physical activity in older adults\(^2\). For older adults with frailty, increased immobility will lead to increased health and care needs.

**PROCESSES OF CARE – How can I encourage older adults to remain active with IPAC measures and time constraints?**

1. **Assess the older adult’s level of mobility using a quick and easy algorithm.** This simple mobility assessment during COVID-19 from John Hopkins takes seconds to complete and provides instructions for what a patient can do based on whether they are able to walk. Originally developed for hospitals; it has applications for long-term care, home care, and community care.

2. **Encourage the older adult to add extra movement to activities of daily living.** Research has shown that integrating physical activity into daily routines can lead to sustainable behaviour changes. The Stretch, Lift, or Tap tool provides older adults some ideas on how to do this while sheltering in place during COVID-19. The From Soup to Tomatoes YouTube channel also provides exercise routines using household items.

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3. **Collect and share data or stories on the topic of mobilization in older adults.** Powerful anecdotes on either the positive effect of mobility OR the detrimental effect of immobility can get the attention of staff in your organization. An alternative is to think about a simple way of doing a one-time audit of mobilization rates in your patients or clients. The [MOVES Canada](http://MOVESCanada.com) website has tips and tools for auditing. Share the information in the form of bite-sized messages at regular team meetings or huddles. **Repetition is key!** Repetition is an effective tactic for persuasion.

4. **Inquire about the patient’s preferences and perspective on mobilization.** There are numerous factors that influence why an older adult will or will not want to mobilize. It’s important to consider these factors as you provide care for them. For example:
   - Are they **afraid**? Reassure them that you will help them stay safe.
   - Are they **misinformed**? Share the facts.
   - Are they **bored**? Refer them to [RGP mobilization resources](http://RGPMobilization.org) to get some inspiration.
   - Are they **demotivated**? Encourage them to set goals using this [activity log](http://ActivityLog.com).
   - Are they in **pain**? Coordinate their medication administration with their physical activity time.
   - Are they **forgetful**? Remind them.
   - Do they have a **cognitive impairment**? Use these [communication strategies](http://CommunicationStrategies.com).
   - Are they **sad**? Gently encourage them by discussing the [emotional benefits](http://EmotionalBenefits.com) of physical activity.

5. **Remember to view the older adult as someone who is autonomous.** Once you have inquired about step 4 above and provided resources, resist the urge to be paternalistic or to use the “righting reflex”. If the older adult is resistant to mobilization, avoid imposing your perspective on mobility. Try gently inviting a variety of perspectives on mobilization in an effort to get them to think differently.

6. **Provide clear cues for mobilization.** The [John Hopkins COVID-19 mobility resources](http://JohnHopkinsCOVID-19.com) include eye-catching posters and handouts that can be posted in your organization or left with clients in their homes.