



ANNUAL REPORT EDITION Encore!

THE REGIONAL GERIATRIC ASSESSMENT PROGRAM OF OTTAWA

The **power** of partnership

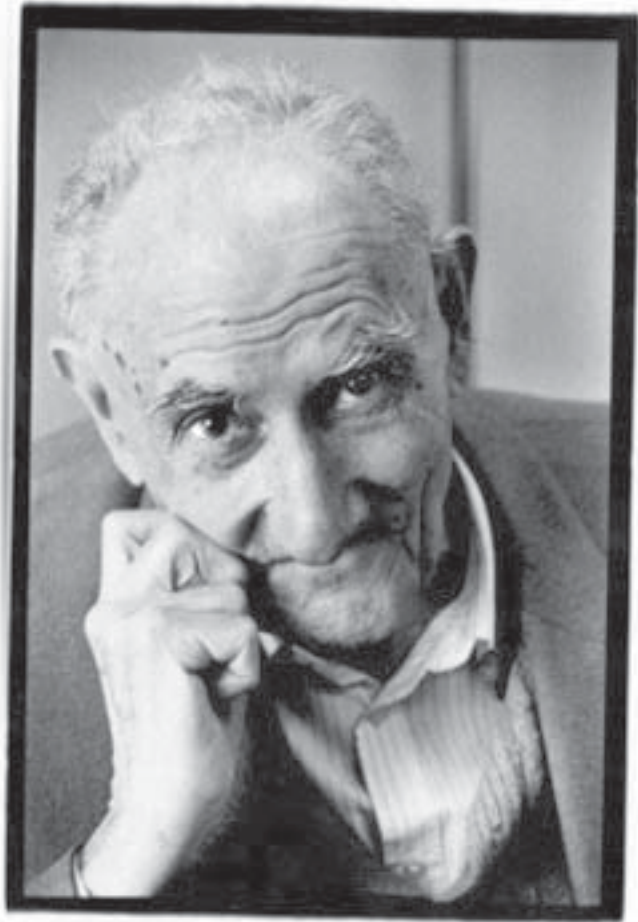
The saying goes that 'many hands make light work'. Working together toward a common goal can have a profound effect. The vision of transforming care of the elderly in our region has definitely benefited from many hands working together over the past year. There has been unprecedented progress as initiatives of the Regional Geriatric Assessment Program (RGAP) and its partners have transitioned from plans to practice.

This issue of *Encore!* is our opportunity to focus on many of those accomplishments. Starting on page six, the Annual Report describes many of our programs, aligned to the RGAP's four strategic directions. In addition, stories about the supportive care bed project, the work of two rural geriatric networks and a profile on one of the region's true pioneers in geriatrics round out the issue.

The power of partnerships is evident in everything that we do. Here are just a few examples:

- The Resource Integration for Seniors in the Community (RISC) Project was initiated in conjunction with the Ottawa CCAC, the Civic Family Health Network, the RGAP, SCO Health Service and Ottawa West Seniors Support. Early results once again demonstrate significant benefits for both patients and health system performance.
- The joint efforts of the Ottawa CCAC, local hospitals, the Regional Office of the Ministry of Health and Long-Term Care, the RGAP, the Perley and Rideau Veterans' Health Centre and Résidence St-Louis have paid off for both partners and our regional health system with the creation of the supportive care bed project. Read more about it on page four.
- Older patients now account for 63 per cent of all inpatient days in Ontario, yet too many experience poor clinical outcomes and functional decline as a result of the hospitalization experience organized around unique episodes of care. The Senior Friendly Hospital Strategy is yet another excellent example of the power of the RGAP partnership brought together to evaluate and respond to the needs of older patients in hospital. The Strategy is also closely aligned with nursing best practice initiatives

(continued on page 2)



In this issue of *Encore!*, we're pleased to introduce you to Mr. Menahem Sion, a client at The Ottawa Hospital's Geriatric Day Hospital. Mr. Sion has come to the Day Hospital at the Civic Campus several times for assessments and tests. A self-proclaimed "young boy at the age of 86", he says he's grateful for the care he receives.

He's one of the 90,000 reasons why the RGAP and its many partners are working to ensure the very best care for seniors in our region. Each one of them deserves a helping hand.

Our thanks to Christine Moppett, Social Worker, Geriatric Assessment Unit Day Hospital, Civic Campus, The Ottawa Hospital, for this beautiful portrait of Mr. Sion. Watch for more of Christine's photography in future issues of *Encore!*

Investment for all

Despite the progress in bringing together the building blocks for a seniors' health strategy across our region, there are worrying signs that the advances of previous years are losing ground. This is particularly true in the battle to allow seniors to continue living in their own homes.

The Integrated Homemaker Program, established 20 years ago as part of a provincial initiative to support seniors at home, has essentially been dismantled in order to redirect resources to post-acute home care services across the province. As a result, access to home care for seniors has been significantly reduced. And, as many as one third of seniors in our region are unable to find a family physician to coordinate and manage their care.

Seniors' health promotion and health prevention services, previously funded as a provincial public health service, have been decimated. Secondary prevention has been eliminated as a core provincial public health service. Ottawa's seniors' program has been reduced from about 36 public health nurses to a handful, focused on caregiver support.

Although seniors use services that account for 43 per cent of provincial health expenditures, less than four per cent are able to access specialized geriatric services

vantage



POINT

Cal Martell

Director,
Regional Geriatric
Assessment
Program

designed to better manage and improve their health services. Waiting lists for geriatric day hospitals and geriatric psychiatry outreach services have increased to unacceptable levels.

Just as the cumulative and interacting effects of the diseases of aging combine to erode the health and independence of seniors, public policies are beginning to have the same effect. Ottawa is home to almost 90,000 seniors, of which 4,000 are living in retirement homes and 4,600 are living in long term and complex care facilities. Close to ten per cent of our most vulnerable seniors must leave their homes to receive the daily care and support they need.

The Liberal government's 1986 task force on seniors' health - *A New Agenda for Seniors* - led to the development of Regional Geriatric Programs. It's sadly ironic that many of the recommendations made by the task force are as relevant today as they were almost two decades ago. The government's commitment to work with provincial partners for a renewed policy framework on elder health is most timely.

Surely we can do better. Seniors' health is an investment that benefits us all.

The power of partnership *(continued)*

co-ordinated by the Registered Nurses Association of Ontario.

● Successful Aging Ottawa, launched two years ago in partnership with United Way, the Council on Aging, SCO Health Services, the Ministry of Health and Long-Term Care and several other networks and organizations, has reached a number of milestones that are sure to prepare the City of Ottawa and its citizens with the opportunity to age successfully into the future.

At the same time as regional partnerships are showing early signs of promise, we have seen encouraging signs of change within the Ministry of Health and Long-Term Care. For much of the past 10 years, the primary focus of Ministry policy has been on the dependencies sometimes associated with the diseases of aging. Secondary prevention and health promotion strategies and treatment designed to reduce the burden of illness association with aging - such as specialized geriatric services - have not

received the same attention.

Minister Smitherman declared his intention to begin 'investing in seniors' health' in his announcement of a renewed provincial Alternative Payment Plan for academic geriatricians in May. More recently, he has signalled his government's commitment to work with provincial partners to develop a renewed framework for elder health. This helping hand for seniors is most promising.

This tremendous spirit of collaboration and commitment to seniors' health, demonstrated by the numerous partners of the Regional Geriatric Assessment Program continues to flourish, unabated. As a result, our region is well positioned to both support, and take advantage of emerging provincial initiatives designed to enhance the health of Ontario's seniors and improve the performance of our health system.

Good Care Counts!

The road to **better rural care**

Two rural networks in Eastern Ontario are making an incredible difference - mapping out a plan for enhanced health care services for seniors in their regions. The Specialized Geriatric Services Network for the Eastern Counties (SGSN) and the Renfrew County Geriatric Services Network are moving forward with new visions and new strategies to address the needs of high risk seniors.

In November 2003, a Regional Forum on Rural Geriatric Services brought together members from both Networks as well as other regional partners. Together, they identified six key themes including: capacity building; integration; access; building knowledge; champions and leadership; and organizational strategy, structure and focus. The themes provide the framework in which to shape current and ongoing priorities.

“As a result of the forum, we reviewed our Terms of Reference and developed our new vision of pursuing healthy living for seniors in Renfrew County,” says Kim Sheppard, Psychogeriatric Resource Consultant for

Renfrew County and past Co-Chair of the Renfrew County Network. “We also determined that these themes held the same flavour as those that emerged from our Network Planning Day, and found it was easy to integrate them into our overall workplan.”

The SGSN for the Eastern Counties also used the rural forum as a springboard for future planning. “We’ve recently developed a logic model for our Network, building on the themes,” explains Chair Sheila Casgrain. “It’s a visual representation of our work, identifying key components as well as process and outcome objectives. We used the outcomes of the forum which came at an opportune time in the Network’s development.”

Both Networks cite several concrete examples. In the area of system capacity building, the SGSN for the Eastern Counties has created a work group to look at facilitating the development of a program similar to RISC (a project to support high risk seniors living in the community), adapted for a more rural area. And in the area of building knowledge, the Renfrew Network is focusing on dementia and the psycho-social model.

Both Networks have also enthusiastically embraced the opportunity to develop a proposal for a Geriatrician Recruitment Initiative. “We’ve had a lot of input from our regional partners, especially the RGAP,” notes Heidi Martin, Director of Community Services at Marianhill and Vice Chair of the Renfrew County Network. “We’ve also had a good response from local hospitals who submitted expressions of interest on how a geriatrician would be an asset to their existing programs.”

An essential part of the work of both Networks is developing linkages. Support from the District Health Council, the RGAP and a wide range of local agencies has been paramount, enabling these Networks to establish their own priorities for seniors’ health. “We know all of this wouldn’t have happened without their support,” sums up Heidi.

“We’re grateful for that.”



Supportive caring

It's all about the right care in the right place at the right time. A patient is admitted to an acute care facility and begins to get better. They no longer require acute care services but they're not ready to go home or move to rehabilitation either. The solution is a move to a supportive care bed.

It's a concept that seems to be working. And one that the provincial Ministry is applauding.

The Supportive Care bed pilot project began in March 2003 to help address escalating pressures in the acute care system and to provide cost-effective, goal-oriented care for convalescing patients prior to discharge. However, concerns regarding this crisis in alternate level of care beds began well before that. "Several years ago, a committee was struck to come up with innovative ways to address this problem," explains Stephanie Amos, Program Evaluator with the RGAP and the Supportive Care project evaluator. "The committee, with the support of four MHA students, developed the proposal that led to the project."

This innovative partnership involves three local hospitals, two long-term care facilities, the Community Care Access Centre, the provincial Ministry and the RGAP. "The committee is incredible," notes Stephanie. "Different levels of people working together because we all know we have to fix the problem. We all want to see it solved." The project currently involves 25 beds, 12 located at Résidence Saint-Louis and 13 at the Perley and Rideau Veterans' Health Centre.

"While many older patients requiring additional care before returning home benefit from this new level of support, the resulting reduction in the use of hospital resources benefits us all," says Stephanie. During the pilot, 171 patients participated, choosing to transfer from an acute care hospital to a supportive care bed. Evidence from the evaluation indicates a high level of success in

meeting the project goals and strong support from the health care community, clients and caregivers for the continuation and expansion of this initiative. "Staff tell us that it's a different level of clientele which makes it challenging. It's a new opportunity for education and information-sharing," adds Stephanie.

Clients are highly satisfied with the care that they've received, with a number noting that if a supportive care bed had not been available they would have had little choice but to remain in hospital. Eighty-five percent of the clients achieved their original goal of returning home or going to rehabilitation and most were able to do so within five weeks of going to supportive care.



85% of the clients achieved their original goal of returning home or going to rehabilitation

The project is also helping to reduce the stigma that is sometimes attached to long-term care. "One of the secondary outcomes is that it has familiarized people with long-term care. They are able to go and experience the high quality of care available in the facilities," Stephanie notes.

After a thorough review of the evaluation reports, the Ministry of Health and Long-Term Care has recently adopted supportive care as a provincial strategy. The provincial steering committee for this initiative will be chaired by Kate Jackson, Regional Director for the Ministry. It has been recommended that the Ministry consider expanding the project in Ottawa to include a total of 36 beds, complementing the existing sites with a third location in the west end.

A proud pioneer

Dr. Helen Brown sits in her office, surrounded by half-full boxes and half-empty bookcases. She may be retiring as Medical Director of the Perley and Rideau Veterans' Health Centre, but don't think that means she's slowing down.

After all, this is a doctor who fell into the field of geriatrics almost by mistake more than two decades ago. "I didn't even know that geriatrics existed," she explains. "But in the end, I found it immensely satisfying."

After completing her medical training in England and Canada, Dr. Brown took a break to raise her family. Her husband's job meant a few moves around Canada. When they finally settled in Ottawa, Dr. Brown says she started looking around for something to do. Dr. John Dall invited her to join him in his work.

"He was a good ambassador and he explained geriatrics quite simply. People have illnesses and we have to help them adapt to live with their disabilities. That seemed to be an eminently sensible way to go about things."

As one of the original geriatricians in Ottawa, Dr. Brown focused on creating a day hospital at the former Civic Hospital and then went on to the Queensway Carleton Hospital to set up a program there. She still works at the day hospital on a part-time basis. Over the years, Dr. Brown has also taught at the University of Ottawa and provided care in Kemptville and Deep River - because "it was easier to go to them than for them to come to us".

"I've watched the regional program burgeoning over the years. It fades and grows again, going through cycles,"

New Attitudes



notes Dr. Brown. "It's always necessary to have a presence so people don't forget you and the work you are doing."

For the last seven years, Dr. Brown has served as Medical Director at the Perley Rideau, most recently leading the supportive care program. While she says it's time to slow down, she plans to continue on staff at the facility and to keep her hand in several other projects in the city, including work with the RGAP.

"I've had a lot of fun and I've met the most fascinating people that I would never have met otherwise," she sums up, going on to describe a Northwest Mounted Policeman who rode his horse from Toronto to Alberta. She also talks about a woman who ran away from her farm at a young age and went on to raise three kids in a

mud hut. Dr. Brown describes them all as "living history".

Clearly, Dr. Brown's legacy in the area of geriatrics is far from over. In addition to her own work, Dr. Brown is proud to note that her daughter Jane is following in her footsteps, working as a geriatrician in Toronto. Definitely good news for seniors who need a helping hand.

This past year, the provincial government signed three new agreements with the regional geriatric programs at the academic health science centres in London, Hamilton and Ottawa. The agreements provide funding stability and a single source of payment to the physicians, paving the way for the recruitment and retention of more geriatricians in the region. Dr. Bill Dalziel, Chief of the RGAP, leads his colleagues, including Jack Kitts, President & CEO at The Ottawa Hospital, at the official signing ceremony.



WELCOME NEWS!

ANNUAL CHECKUP:

The Regional Geriatric Assessment Program (RGAP), working with its many community partners, has taken productive steps forward in strengthening a shared vision to optimize the health and independence of older people in the Champlain District. Together, we have begun to transform the Regional Geriatric Program into a community resource for successful aging. Four strategic directions continue to shape the realization of that vision.

Enhanced Coordination, Accessibility and Accountability

The Organized Delivery System Working Group (led by Barbara Schulman, Vice-President, SCO Health Service) has continued to coordinate the efforts of our regional partners. After an extremely successful first Regional Forum on Rural Geriatric Services last November, there has been excellent work produced by those in attendance. The Regional Networks (Eastern Counties and Renfrew County) have identified key themes and a framework to shape current and ongoing priorities for the coming year. More details on their work can be found on page three.

The Geriatric Psychiatry Needs Assessment Project continues to move forward. A special task force will lead an implementation plan this fall. The task force consists of Ministry of Health and Long-Term Care membership along with the leadership of Dr. Marie-France Rivard.

Increased Community Geriatric Capabilities

The Geriatric Emergency Management Program (GEM) continues to further refine and develop its existing program by way of planning sessions with our community partners. GEM has been beneficial in enhancing the identification and assessment of seniors at risk, as well as providing rapid referral to appropriate geriatric services and support services. Over 95 per cent of patients referred through GEM were not previously seen by specialized geriatric services. This demonstrates once again the value of the program in directing seniors in a timely manner to the most appropriate resource to meet their needs. Within GEM at The Ottawa Hospital's Civic Campus, there were 2,700 patients over the age of 75 who were identified through the administrative screening. This led to over 600 patient assessments to determine if specialized geriatric services would be

reasonable and necessary. The RGAP is encouraged by the provincial Ministry's funding to hire GEM nurses for the other four Regional Geriatric Programs within Ontario but remains deeply concerned at the exclusion of Ottawa area hospitals from this initiative.



Resource Integration Service for Seniors in the Community (RISC) has reached its targeted volume of patients and has commenced a thorough evaluation and analysis of the benefits of the program. Elan Graves, Project Manager and Elona Brown, Case Manager, successfully presented the program at Ontario Hospital Association (OHA) and Ontario Gerontological Association conferences. RISC's intensive case management, coupled with coordinated primary care and designated geriatric and community support services, is already proving beneficial to seniors. Early results show very positive impacts such as an increased likelihood of remaining at home, increased client satisfaction and decreased hospitalization. We are excited about discussions with the Specialized Geriatric Services Network for the Eastern Counties to develop a business case for extending the program to this area.

As a result of the project entitled *An Examination of Health Profile, Service Use and Care Needs of Older Adults in Residential Care Facilities in the City of Ottawa*, the RGAP completed ten presentations of the findings to Residential Care Facilities who participated in the project. Additional presentations to other facilities are planned. A "Successful Aging Education Series", to support and enhance the current service delivery for seniors living in Residential Care Facilities, is also in the works.

The Supportive Care Bed Pilot Project, started in March 2003, has been a great success and has led to the Ministry's adoption of supportive care as a provincial strategy. More details on the project can be found on page four.

Successful Aging Ottawa is a new planning partnership formed in 2003. Chaired by United Way, partners include the City of Ottawa Public Health department, Council on Aging, SCO Health Service and the City of Ottawa Seniors' Advisory Committee. The RGAP was a

OUR VISION FOR *Care*

founding member of this Network, whose objective is to develop and promote a framework for successful aging in Ottawa. A survey, completed in May of 2004, shows that the majority of seniors see themselves as living independently. However, one in four indicated a need for continued and ongoing support and one in ten indicated their needs are not being met. A seniors' population health study and the establishment of a regional seniors health promotion network will provide a solid foundation to support the emerging framework on successful aging. We are greatly encouraged by the increasing support demonstrated by the University of Ottawa Institute on Aging.

The Ottawa Dementia Network was established to coordinate and streamline access to scarce diagnostic and treatment resources and to develop joint educational strategies. Recently, it was endorsed as a model for Ontario and integrated into the provincial Alzheimer's strategy.



Effective and Efficient Treatment of the Elderly

The Senior Friendly Hospital Strategy Working Group (led by Kathleen Graham, Vice President, Queensway Carleton Hospital) has been instrumental in establishing a framework comprised of five key elements. This strategy is a high priority for a number of our partners, especially considering that seniors account for over one-third of all acute care admissions but over two-thirds of all inpatient days. A document entitled ***Creating a Senior Friendly Physical Environment in our Hospitals*** has been presented to each of the Regional Networks and can be found on the RGAP web site. As well, Kathleen Graham has presented the Senior Friendly Hospital Strategy to the RGP's of Ontario, the OHA and the London Health Sciences Centre. We were very pleased to have the RGP's of Ontario endorse the Senior Friendly Hospital Framework. Work continues in validating the processes for care and integrating best practice guidelines of the elderly into the Senior Friendly Hospital Strategy. Already benefits from the Senior Friendly Hospital Strategy have been identified including improved patient safety, improved

functional outcomes and more targeted approaches and best practice care. The initiative continues to gain momentum as a result of recent support from the RGP's of Ontario and the Ottawa Health Research Institute.

In collaboration with the University of Toronto, the RGAP evaluated trends in patient satisfaction of older patients in hospital to identify problem areas. This has led to continued development and refinement of evidence-based processes of care.

Under the leadership of Dianne Rossy, RNAO best practice guidelines have continued to evolve. Ms. Rossy was the lead for developing and implementing the Delirium, Dementia, and Depression in Older Adults best practice guidelines and has been instrumental in creating an implementation model for The Ottawa Hospital. As well, the prevalence study completed for the Least Restraint Program (following the 2002 provincial legislation) was the only study in the province to utilize a clinically relevant tool.

Learning and Teaching

The RGAP continues to promote the knowledge and expertise of its staff through an ongoing commitment to student education. In the past year, more than 13,000 hours of teaching were provided to 122 medical, nursing and allied health students.

Contributions to both new learning and research in the care of the elderly have continued. RGAP staff published more than 20 peer-reviewed publications and 20 articles in seniors' magazines and newsletters. Presentations at local, regional, provincial, national and international conferences were well received.

The RGAP's multimedia resources have been expanded to enhance teaching.

Multidisciplinary City Wide Rounds are now available on video via the website, allowing the viewer to see the presenter and presentation simultaneously. As well, the September City Wide Rounds were broadcast via CareConnect, Eastern Ontario's telemedicine network.

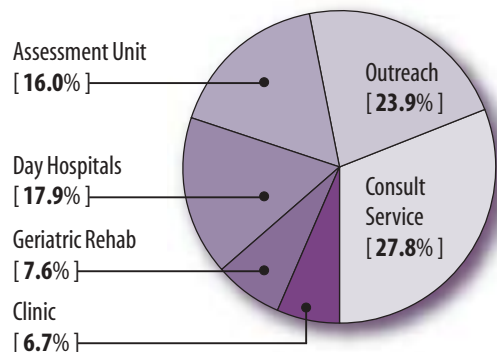


The Learning and Teaching Working Group (led by Dr. John Joannise, Chief of Medical Staff, Hôpital Montfort) has established a specialized geriatric education network directed at family physicians working in Ottawa long-term care facilities. A focus group of family physicians was the first step in developing a needs assessment which was mailed out in mid September. The data gathered will provide the framework for an education series to support patient service delivery.

Helping hands, working together - the results speak for themselves.

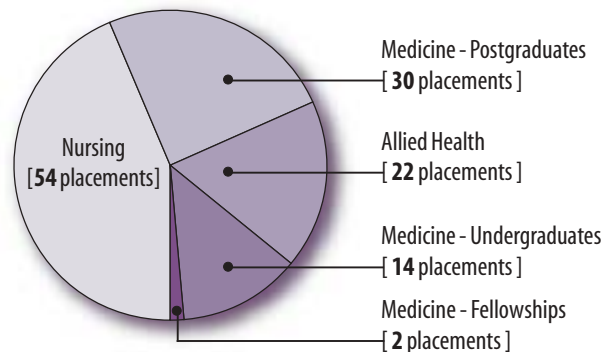
SERVICES AND RESOURCES

In 2003-2004, there were 4,565 admissions to RGAP clinical services, which represented \$13,588,012 in resources. This is a 3.8% increase compared to the preceding year, which is remarkable given that hospital admissions overall dropped due to SARS. This is how our clients used our services:



LEARNING AND TEACHING

More than 13,900 hours of education and training were provided to 122 students in the Faculties of Medicine and Health Sciences over the past year. Here is a breakdown of their placements:



RESEARCH

Research activities resulted in 13 peer-reviewed publications and the RGAP was awarded \$1.4 million in external funding in 2003-2004. The program's research focused on issues of relevance to seniors in the areas of patient and clinical decision-making and health care delivery:



OUR INVESTMENT IN CARE 2003 · 2004

Inpatient Services

Inpatient Services - Geriatric Assessment Units

Beds.....	40
Admissions.....	732
Patient Days.....	18,775
Total Operating Budget.....	\$ 4,912,554

Inpatient Services - Rehab

Beds.....	51
Admissions.....	345
Patient Days.....	16,635
Total Operating Budget	\$ 5,895,036

Geriatric Inpatient Consultations

Number of Visits.....	1,271
Total Operating Budget.....	\$ 289,385

Ambulatory Services

Day Hospitals

Spaces.....	40
Admissions.....	818
Visits.....	7,504
Total Operating Budget.....	\$ 1,667,309

Clinics

Sites.....	4
Number of Visits.....	306

Outreach

Referrals.....	1,303
Number of Visits.....	1,092
Total Operating Budget.....	\$ 823,728