



Encore!

THE REGIONAL GERIATRIC ASSESSMENT PROGRAM OF OTTAWA

De**LHIN**eating seniors' health

Most of us have heard of the Government of Ontario's plans to establish Local Health Integration Networks. LHINs are intended to strengthen local involvement in the planning, coordination and funding of health services in the region. The government's strategy is to develop a made-in-Ontario approach to system integration and coordination that embraces, rather than replaces, local governance.

This formula holds great potential to advance the functional integration of health services across the region. Everyone shares in the sense of loss of the leadership and planning expertise of the local District Health Council. The Council championed the cause of care of the elderly since its inception. However, the integration of local planning and governance with the funding and system management functions of the Regional Offices of the Ministry of Health and Long-Term Care is long overdue.

Seniors currently use approximately 43 per cent of all publicly funded health care services in Ontario. They will potentially benefit, or be impacted by, the establishment of the LHINs more than any other segment of the population. The Regional Geriatric Assessment Program has therefore responded to the invitation of the Ministry of Health and Long-Term Care to participate in the LHIN consultations, at both the regional and provincial level.

Across the Champlain Region, the organization and delivery of seniors' health was identified as one of the top clinical priorities for the incoming LHIN Board of Directors. In acknowledging the fundamental impact of seniors' health on the community and upon the health system, the Champlain LHIN Working Group recognized

several factors in the development of their recommendations:

- Seniors have unique health needs that are not always well-served by the current health system;
- While the majority of seniors are healthy and well-served by regular services, 25 per cent require some level

of formal support and 10 to 15 per cent have multiple and complex needs requiring support from multiple organizations and agencies;

- There is strong evidence of significant and immediate 'payoffs' for investing in seniors' health promotion, community support, specialized geriatric services and integrated models of service delivery.

There is a long history of coordinated, collaborative planning for seniors' health services since the inception of the Regional Geriatric Advisory Committee in the early 1980s. However, there has been little opportunity to link local plans with funding priorities. If the promise of the LHINs is to be realized, its funding priorities must be firmly integrated with regional planning for seniors' health.

With the advice of more than 150 seniors and organizations across the region, the Champlain LHIN Working Group submitted the following recommendations to both the Minister of Health and the incoming LHIN Board of Directors:

- Identify the Regional Geriatric Advisory Committee as their seniors' health advisory committee for the LHIN;
- Mandate the RGAC to advise the

(continued on page 4)

INSIDE

Recognizing our researchers

RGAP authors

Page 4 ➔

Let's get the full story on **patient safety**

Emerging studies and research in patient safety present tremendous potential to improve the quality of care for patients of all ages. From the perspective of older patients, this is a welcome direction. The impact and benefits of patient safety initiatives will impact seniors more than any other patient population.

Seniors are the highest users of prescription medications and face the highest risk of injury due to falls. They represent 77 per cent of the pressure ulcer population, experience a two-fold higher rate of surgical complications, represent one-half of all surgical emergencies and account for three-quarters of all operative deaths. In short, being 65 years of age or more places patients at a two-fold risk of adverse events — as they are traditionally defined.

Our region has a strong track record of nursing-led patient safety initiatives in fall prevention, skin care, and more recently, the screening and assessment of delirium. However, despite widespread knowledge that medical errors or adverse events and aging are associated, there has been only limited focus in current patient safety research

vantage



P O I N T

Dr. Bill Dalziel

*Chief, RGAP and
Associate Professor,
Division of
Geriatric Medicine,
University of Ottawa*

specific to seniors. For the most part, this reflects limitations in the data available to researchers with respect to patient safety, and in the definition of the adverse events typically studied.

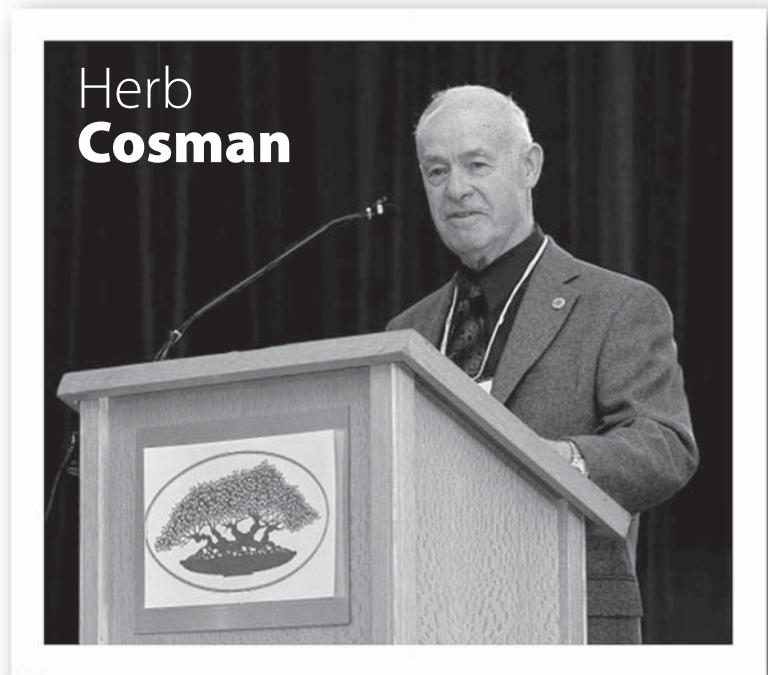
Acute hospitalization is often a pivotal event in the lives of older patients and can have life-altering consequences. Up to half of all seniors admitted to hospital will experience a loss of functional ability, for reasons other than their primary diagnosis. By discharge, one-third of older patients lose independent function in one or more activities of daily living. In turn, this loss of function increases the likelihood of placement post discharge. The little age-specific research there suggests that much of this is directly related to hospital practices, and is often preventable.

All things considered, it's time we get the full story on adverse events for seniors and develop comprehensive strategies to minimize the impact of hospital care on older patients.

While the emerging Senior Friendly Hospital Strategy will address patient safety in part, there is a need for more patient safety research dedicated to the study of the unique health problems of older patients in acute hospitals.

Honouring a **true pioneer**

Congratulations to Herb Cosman who was honoured with the Visionary Award at the RGAP Annual General Meeting in the fall. Dr. Cosman was recognized for his exemplary leadership and commitment to the development of geriatrics and care of the elderly. The award was presented by Dr. Malcolm Man-Son Hing (below) who introduced Dr. Cosman as “a pioneer for geriatric care in our region”.



Their story is our story

Karen Lapierre says she always wanted a career in nursing. It just took her a bit of time to get there. After working as a pharmacy technician for a decade, she realized that it was time for a change and obtained her Nursing diploma through Northern College in Kirkland Lake.

Despite her interest in nursing, a specialty in geriatrics was not in her plan. "I can honestly say I never looked at it before," she admits. But when an opening came up at Marianhill Long Term Care Facility in Pembroke, she was hooked. Since then, she's completed a certificate in Gerontology through Algonquin College and received geriatric specialty certification through the Canadian Nurses Association.

"I fell in love with it," Karen says. "I find each patient's history is our history. Their past is so fascinating and I love to talk to each one."

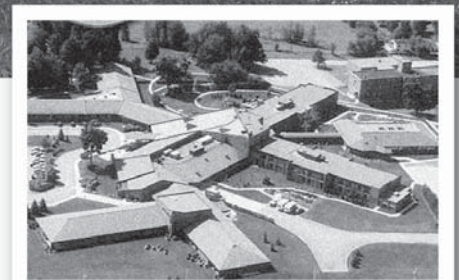
As a Clinical Nurse Specialist, Karen does just that and much more. Following a family physician referral, it's Karen's job to go and see the patient. She conducts an extensive assessment at home or at their place of care, speaks to the family, offers support, education, information and documents the findings. "It's important to know not just the medical issues, but more about the whole person," she explains.

In preparation for the clinic with the geriatrician, Karen types her initial assessment which includes her nursing recommendations as well as other additional medical information obtained prior to the clinic. Karen is present on the day of the clinic to greet the patients and introduce them to the doctors and to meet with the geriatrician and residents to provide further information or answer questions. On the day of the clinic, Karen follows through with any recommendations made which might include referrals to other services and/or additional diagnostic tests.

Karen, the Regional Geriatric Assessment Program (RGAP), and its outreach clinics have been a great support, providing an enormous enhancement to the community. "We're the largest county in the province and our population is aging. The need is definitely there."

In fact, the rural geriatric clinic at Marianhill is the RGAP's longest standing clinic thanks to the support of nurses like Karen. "She is definitely a committed 'local expert,'" notes Cal Martell, Director of the RGAP. "With Karen on board, and the longstanding leadership and support of Marianhill, the results have been terrific."

But Karen doesn't stop there. In addition to the clinic, she also manages a 10-bed dementia overnight respite program and completes the initial assessment for the MATCH (Marianhill Action Team for Caregivers in the Home) which provides clients and their caregivers with respite in their home.



Marianhill Long Term Care Facility in Pembroke.

"The most rewarding part of my role is being the active link between the Regional Geriatric Outreach Clinic, the families and the supporting services in Renfrew County. It

offers me the opportunity to assist clients and their families in accessing the right service at the right time. The high level of satisfaction communicated by families and clients make the whole experience worth while. It's great to see the changes in behaviour when patients and families are doing so much better. This type of feedback is wonderful."

DeLHINeating seniors' health

LHIN on the development of a business plan and agenda for investing in seniors' health, as a component of a comprehensive service plan;

- Develop senior sensitive indicators and outcomes against which to evaluate the performance and accountability of the regional health system.

Choice, quality long-term care, senior friendly hospitals, evidence-based practice, innovation funding, and an effective human resource strategy were also identified as key principles and strategies to be integrated into the proposed business plan for investing in seniors' health.

It is encouraging to note that not only was seniors' health identified as a top priority across the majority of LHINs to be established in Ontario, but that the concepts



of a Seniors Health Advisory Committee and a business plan for investing in seniors' health, have been proposed provincially as well.

Grateful thanks are extended to Dr. Marie France Rivard, Chief, Geriatric Psychiatry at the Royal Ottawa Hospital and Cal Martell of the RGAP, who were nominated as co-chairs for the LHIN Working Group. The region has long been regarded as a leader in planning for seniors' health in geriatric care, community support, Alzheimer's disease, convalescent care and more recently, integrated service delivery models. The region can continue these collaborative efforts through the Champlain LHIN as it positions itself to plan for the future.

Copies of the full submission are available at:
<http://www.health.gov.on.ca/transformation/lhin/reports/champlain.pdf>

The section specifically related to seniors can also be found at www.rgapottawa.com

Sharing our knowledge

RGAP staff continue to be at the forefront of research and innovation to enhance geriatrics and care of the elderly. We would like to commend the following staff for their published contributions in 2004/2005. Together, we're sharing our knowledge.

2004

- M Man-Son-Hing, SC Marshall, FJ Molnar, KG Wilson, C Crowder & LW Chambers
A Canadian Research Strategy for Older Drivers: The CanDRIVE Program
Geriatrics Today, 7:86092
- FA McAlister, M Man-Son-Hing, SE Straus, WA Ghali, P Gibson, D Anderson, J Cox, M Fradette & the Decision Aids in Atrial Fibrillation (DAFFI) Investigators
A randomized trial to assess the impact of an antithrombotic decision aid in patients with nonvalvular atrial fibrillation: the DAAFI trial protocol
BMC Cardiovascular Disorders
- CM Martin, W Hogg, J Lemelin, K Nunn, FJ Molnar & G Viner
Acute hospital services in the home. New role for modern primary health care?
Canadian Family Physicians Journal, 50:965-68
- F Aminzadeh, WB Dalziel, FJ Molnar & J Alie
An examination of the health profile, service use and care needs of older adults in residential care facilities
Canadian Journal on Aging, 23(3):281-96
- D Rossy & Registered Nurses Association of Ontario
Care Strategies for Delirium, Dementia and Depression in Older Adults
RNAO
- P Hall, E Keely, S Doejeiji, A Byszewski & M Marks
Communications skills, cultural challenges and individual support: Challenges if IMG in Canadian health care environment
Medical Teacher, 26(2):120-25
- N Azad, A Byszewski, P Legault & B Power
Congestive Heart Failure Clinics – A Canadian Survey
Geriatrics Today, 7(1):10-14
- J O'Keefe
Creating a senior-friendly physical environment in our hospitals
Geriatrics Today, 7:49-52

- A Byszewski, J Ho, B Power & N Azad
Failure Prevention Strategies on a Geriatric Unit: A Survey of Patient Knowledge/Attitudes and Resource Kit Development
Osteoporosis Int, 15(1):S113
- F Aminzadeh, WB Dalziel, A Byszewski, M Wilson, N Deane & S Papahariss-Wright
Outpatient comprehensive geriatric assessment: Targeting patient/caregiver dyads at risk of low adherence
Geriatrics Today, 7(4):118-122
- J Ho, A Byszewski, B Power & N Azad
Prevention of Hip Fractures in Older Persons Admitted to Hospital for Fragility Fractures: A Comprehensive Management Plan
Geriatrics Today, 7(2):73
- D Gremblowski & A Byszewski
The Practice of Health Program Evaluation – Book Review
Canadian Journal of Program Evaluation, 19(1):179-185
- J Lever & D Rossy
Set Me Free: towards reducing the use of physical restraints. A manual for patients & families. (Second Edition)
- D Fitchett, K Rockwood, BT Chan, S Schultz, P Bogaty, A Gils et al
Management of heart disease in the elderly patient
Canadian Journal of Cardiology, 20(Suppl. A):7A-16A

2005 (to date)

- K Fitch, FJ Molnar, BE Power, D Wilkins & M Man-Son-Hing
Antidepressant use in older people. Family physicians' knowledge, attitudes & practices
Canadian Family Physician, 51:80-81
- AJ Bond, FJ Molnar, M Li, M Mackey & M Man-Son-Hing
The risk of hemorrhagic complications in hospital in-patients who fall while receiving antithrombotic therapy
Thrombotic Journal, 3(1):1-6
- FJ Molnar, A Byszewski, SC Marshall & M Man-Son-Hing
In-office evaluation of medical fitness to drive. Practical approaches for assessing older people
Canadian Family Physicians, 51:372-379