



Rapport

RGAP · PRÉG

BULLETIN ÉLECTRONIQUE DU PROGRAMME RÉGIONAL D'ÉVALUATION GÉRIATRIQUE D'OTTAWA

SEPTEMBER 2003
FALL FORWARD

CLINICAL SERVICES

INTEGRATED SERVICE DELIVERY: HERE AT LAST

Elan Graves has assumed the position of Project Manager for the Resources for Seniors in the Community (RISC) Project effective July 2, 2003. The RISC Project is hoping to begin enrolling clients in the late Fall. The RISC Project is currently in the process of defining the clinical criteria for patient referral, negotiating with community service providers, and developing the evaluation framework. The Steering Committee is meeting frequently to assist with the overall project structure and we are in contact with programs that have a similar format to benefit from their experiences in delivering integrated service to Seniors.

Project partners, including the Civic Family Medicine Centre, The Ottawa Hospital, Community Care Access Centre, the Community Support Services Coalition, and the Champlain District Health Council are strongly committed to explore new ways of working together for providing an improved service delivery model. We are greatly indebted to the financial and in-kind support of the CCAC which has allowed the project to move forward.

Agreement is Reached!

Over the past year the Regional Geriatric Programs of Ontario and the Ministry of Health and Long Term Care have been negotiating a provincial framework for the geriatrician Alternate Payment Plans associated with each RGP. On July 31, 2003 the Ministry negotiating team, lead by Margaret Mottershead, came to Ottawa to meet with representatives of the Dean's office of the University of Ottawa School of Medicine, the Ottawa Hospital, and the RGAP. The terms of our local agreement, including funding for the recruitment of 3 new geriatricians, were addressed. The three-year agreement is expected to be finalized in September 2003. In addition to acknowledging the current crisis in the supply of health practitioners with specialized expertise in care of the elderly, this will allow us to move forward with key elements of our strategic plan for Champlain District.

Unfortunately, at this time, the Ministry has not accepted our request for sessional support for care of the elderly trained family physicians or community geriatricians.

SENIOR FRIENDLY HOSPITAL STRATEGY: EQUIPPING HOSPITALS TO BETTER MEET THE NEEDS OF OLDER PATIENTS.

Under the leadership of Kathleen Graham, with support from Joanne O'Keefe and Fran Hadley, Project Consultant, the working group has made great progress over the summer. The facility design standards researched and developed by Joanne O'Keefe have been shared with

many hospitals in the region and are being integrated into their accessibility work plan. Additionally an article has been accepted for publication in Geriatrics Today, and Joanne has begun teaching a course on population aging within the Interior Design Program at Algonquin College. In addition to developing the overall framework, the emotional / behavioural component of the Senior friendly Hospital Strategy is being examined in regards to patient satisfaction. The Ontario Hospital Association, the University of Toronto and others are being consulted to determine if age-stratified reports can be generated from hospital patient satisfaction reports.

Presentations on work to date will be made at a Conference on Best Practices in Geriatric Care, sponsored by our sister program in Kingston, as well as the Ontario Hospital Association Annual Convention

GERIATRIC EMERGENCY MANAGEMENT UPDATE:

In the Spring of 2003, OHA completed a position paper on Geriatric Emergency Management. Later in the summer of 2003, the ministry allocated provincial funding for Geriatric Emergency Management Nurses in Hamilton (1), London (1), Kingston (1), and Toronto (5). Unfortunately, at this time no positions were funded for the Champlain District. The RGAP is vigorously working towards a remedy to this concern.

Locally, a training session for new GEM Assessors will occur on September 24, 2003, with staff from the Monfort Hospital, Queensway Carleton Hospital, and The Ottawa Hospital participating.

We are pleased to announce that Christine Gagne-Rodger will continue to work on a part time basis coordinating the support required for the GEM program.

SUPPORTIVE CARE BEDS- A PILOT PROJECT TO ENHANCE CARE AND REDUCE ALC RATES:

Dr. Stephanie Amos, Program Evaluator for the RGAP, has been requested to lead the evaluation of the supportive care bed pilot project that is now underway. The project is a partnership with the Ottawa Hospital, Queensway-Carleton Hospital, the Community Care Access Centre, the Perley Rideau Veterans Health Centre, SCO Health Services and the Ministry of Health and Long Term Care. Although ongoing questions regarding the feasibility of the 9 month project remain, it is already a resounding success in the eyes of the patients who have benefited from this service. Participating agencies have demonstrated an exemplary level of collaboration in this initiative to provide the right care, to the right people in the right place. The

initial project proposal was drafted by MHA students working with the Project Steering Committee as part of their course assignment.

PARTNERSHIPS

RGAC – RURAL ROOTS:

The Organized Delivery System Working Group of the Regional Geriatric Advisory Committee, have been busy finalizing the arrangements for a forum on rural geriatric services development which are highlighted below:

- ❑ Scheduled for November 27th, 2003 at the Perley and Rideau Veterans' Health Centre, Ottawa, Ontario.
- ❑ Purpose: To further develop the emerging model for rural geriatric service delivery in Champlain District, and to identify priorities.

Members of the Renfrew County and Eastern Counties Specialized Geriatric Services Networks, RGAC, MOHLTC and, invited opinion leaders, will be invited to the forum.

DATA SET DILEMMA:

Elona Brown, from CCAC presented to RGAP staff on the "Minimum Data Set Home Care (MDS-HC)" which is being implemented provincially for all home care clients. The MDS-HC is a comprehensive, standardized assessment for evaluating needs, strengths, and preferences of elderly clients of home care agencies.

The RGAP intends to have further discussions with CCAC to evaluate the potential impact of the MDS-HC on the comprehensive geriatric assessment.

EDUCATION

BEST PRACTICES - DELIRIUM:

The third cycle of the Registered Nurses of Ontario (RNAO) Best Practices Guidelines (BPG) titled: "Screening for Delirium, Dementia, and Depression" has completed the evaluation phase. Dianne Rossy, Advanced Practice Nurse, Geriatrics, served on the committee including the evaluation re-writing. The draft document has been re-written with the feedback provided and is currently being put into print form. It will also be placed on the RNAO website as soon as possible (www.RNAO.org). Dr. Dalziel, Bonnie Hall, and Fara Aminzadeh were reviewers and suggestions were incorporated where possible.

The fourth cycle of RNAO Best Practice Guidelines' titled: "Care Strategies for Delirium, Dementia, and Depression" is in draft development stage. It is hoped that a preliminary document will be ready to go to reviewers in late September or October 2003.

The Ottawa Hospital Best Practice Guidelines' Delirium committee is in the process of developing a prevalence study for specific populations (Orthopedics, CTU Medicine, and GAU). This will support the development of Ottawa Hospital Delirium best practice guidelines with suggestions from the RNAO BPG.

The RGAP City Wide Rounds:

**"Driving and Dementia –
Current Practice and Future Directions"**

Presented By:

Dr. Malcolm Hing, MD FRCPC

Dr. Frank Molnar, MD MDCM FRCPC

September 26, 2003

**Amphitheatre – Civic Campus – The Ottawa Hospital
8:00 to 9:00am**

RESEARCH HAPPENINGS

RESIDENTIAL CARE:

The RGAP has recently completed a study of a representative sample of 178 residential living older adults in the City of Ottawa. This is one of the most comprehensive Canadian studies that has conducted an in-depth examination of the functional / health profiles, patterns of service use, and medical/care needs of this growing segment of the elderly population. The results can inform future case finding, staff training, and policy planning initiatives in this setting. The next step involves the development of strategies to enhance case finding capacity of residential care facilities in the City of Ottawa to target at risk residents for specialized geriatric services.

The group of researchers are in the process of preparing an in-service for the nine participating facilities entitled: "Dementia In Residential Care: Early Detection, Treatment Options, and Use of Community Services".

PUBLISHED ARTICLE:

An article with respect to geriatric day hospitals was recently published in the Clinical Gerontology journal that can be obtained through the RGAP Resource Centre on Aging.

- ❑ Aminzadeh, F., Byszewski, A., Dalziel, WB., & Amos, S. (2002). Patterns and Predictors of Patient Adherence with the Recommendations of An Interdisciplinary Geriatric Day Hospital Program. Clinical Gerontology, 26, 85-99.

FACTS ON AGING

- ❑ 1 in 5 seniors contribute to their communities in formal volunteer roles. The economic value of senior's volunteer services in Canada is estimated up to 2.3 billion dollars annually. (The Vanier Institute of the Family)
- ❑ The health system saves \$2.15 for every \$1.00 dollar spent on Geriatric Day Hospitals. (Age and Ageing, 2003)

An Election Fact Sheet on Seniors Health prepared by the provincial RGP is available on the RGAP website.

RAPPORt will be:

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- **Deadline for submissions for next edition is October 31, 2003;**
- **Material in this newsletter may be reproduced with the permission of the editor.**

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