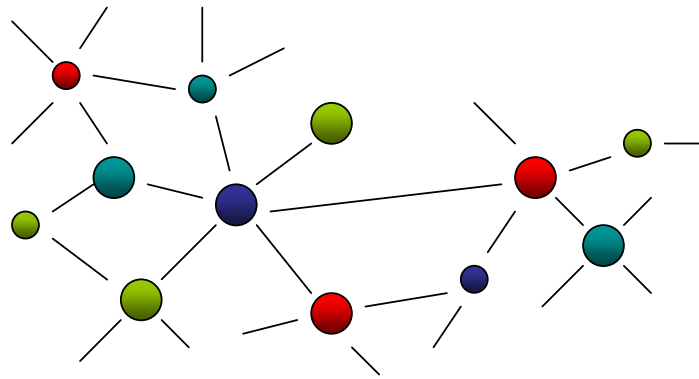


Regional Geriatric Advisory Committee

Strategic Plan Champlain Region 2011-2016



**A “network of networks” connecting the community,
health care providers and the Champlain LHIN**

June 2011

A MESSAGE FROM THE RGAC CO-CHAIRS

On behalf of the Regional Geriatric Advisory Committee (RGAC), we are pleased to present the *RGAC 2011-2016 Strategic Plan*. The report builds on previous planning efforts of the RGAC (*2007 – 2010 RGAC Strategic Plan, Increased System Capacity Report June 2010*), and incorporates information identified through an extensive consultation process and detailed environmental scan of the health care system, the field of geriatrics/care of the elderly and the senior population in the Champlain region. The end result is a roadmap that will enable the RGAC to meet the challenges and opportunities it faces as it strives to respond to trends and fundamental changes in the Region's health care landscape.

The proposed shift from a focus primarily on geriatric services to one that encompasses the broader spectrum of services for seniors reflects our continued commitment to plan and advocate for services designed to optimize the health of our region's seniors. We are confident that the end result will be a clear and consistent voice for seniors' health services across the Champlain region.

The strategic plan emphasizes the following strategic directions:

1. Promote excellence in seniors' care: Maximize the independence and health potential of seniors.
2. Coordinate the delivery of care: Develop a coordinated and responsive model for delivering service.
3. Capacity Building: Increase the capacity and responsiveness of the health care system in meeting the needs of seniors.

We wish to acknowledge the invaluable efforts and contributions of all stakeholders whose participation made this report possible and thank you in advance for your continued support as we move forward with the implementation of this strategic plan.

Sincerely,

Michèle Tremblay
Acting Clinical Director
Geriatric Psychiatry Program
Royal Ottawa Health Care Group
Co-Chair, RGAC

Frank Molnar
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Eastern Ontario
Co-Chair, RGAC

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Executive Summary

The Regional Geriatric Advisory Committee (RGAC) is a network of organizations that provides a comprehensive range of geriatric services to seniors in the Champlain Region. As a network, it has engaged in system-wide strategic planning since 1997. The present *2011-2016 Strategic Plan* is its fourth generation of strategic plans, and represents a pivotal point in the life of the network. With each strategic plan, the RGAC has expanded its' organizational scope and range of activities, and this plan is no exception. The RGAC is moving into its third decade and takes pride in a range of accomplishments over its first twenty years.

The benefits of membership in the RGAC include: [1] the promotion of a 'big picture perspective' that extends beyond the professional and organizational niche of any single member (information sharing or knowledge exchange), [2] the ability to increase inter-organizational linkages and collaboration via networking (partnership), [3] the creation of a broad base of community support for individual initiatives (advocacy), and [4] the linkage of individual members to decision makers such as the Champlain LHIN (advisory role to LHIN by serving as an intermediary between the community, health providers and the LHIN).

The collaborative efforts of RGAC members have resulted in outcomes such as tools for improving system access and for transitioning across the continuum of care as well as forums for sharing innovation and best practices.

Ontario's healthcare system has undergone a number of changes in recent years and many of the changes are important to the Network's future. To position the RGAC effectively within a rapidly changing health care system attempting to restructure itself to successfully respond to looming demographic pressures within the client population and within the health care system itself, the RGAC must continue to broaden its scope to provide a system-wide approach to seniors' health while renewing its commitment to foundational values.

The *2011-2016 Strategic Plan* focuses on health services for all seniors at all levels of care in the Champlain region. The strong information sharing capacity of the RGAC will be enhanced by increased linkages, coordination, and shared decision-making among the RGAC membership.

The following will be the key deliverables for the RGAC to focus on over this planning period:

1. Promote Excellence in Seniors Care; Maximize the independence and health potential of seniors
 - 1.1 Promote successful aging across sectors throughout Champlain.
 - 1.2 Identify opportunities/ways that will enable seniors to optimize their health potential and health related quality of life (HRQL).
2. Coordinate the Delivery of Care: Develop a coordinated and responsive model for delivering service
 - 2.1 Promote the use of evidence informed health screening and best/leading practices of care.
 - 2.2 Promote senior/age friendly transitions in care.
3. Capacity Building: Increase the capacity and responsiveness of the health care system in meeting the needs of seniors
 - 3.1 Identify opportunities to address capacity gaps and areas of duplication in the system.
 - 3.2 Capacity building through advocacy as well as education and training in geriatrics and elder care.

In addition to the above strategic directions, the RGAC identified the importance of renewing its governance model and format, as well as finding alternative mechanisms to optimize member engagement as the RGAC moves forward in all areas.

Several immediate priorities are targeted for attention in the first year to lay important groundwork for the RGAC to continue to be an effective advisory body to the Champlain LHIN:

- ❖ Review the RGAC structure and membership
- ❖ Create a framework to evaluate the RGAC's annual progress in achieving its strategic plan
- ❖ Present a unified voice to advocate for comprehensive seniors' health care services
- ❖ Identify champions for each of the identified strategic directions
- ❖ Identify members that are invested in moving forward each of the strategic directions (working groups)

The RGAC continues to function as a key network for system change by focusing on the importance of seniors across the full care continuum. The RGAC has built a strong foundation of success and is well positioned to continue making substantial contributions to an integrated healthcare system in which seniors have equitable and timely access to the highest quality of services.

Introduction

This is the Regional Geriatric Advisory Committee's (RGAC) fourth strategic planning exercise. The RGAC was originally established in 1990 as a governing/advisory body to the Regional Geriatric Assessment Program (now the RGP of Eastern Ontario), which had been identified by the Ministry of Health and Long Term Care (MOHLTC) as a key element in the coordination and future delivery of seniors'¹ health care. Over the years, the RGAC developed a service coordination model and leveraged additional resources attributed to the network of specialized geriatric services. In 1997, the Committee revised its mandate to emphasize a greater commitment to joint planning and decision-making, which led to the development of a strategic plan (2002- 2006) for geriatric services in Ottawa-Carleton and the surrounding areas. The 2007-2010 strategic plans were deferred to focus on the Aging at Home strategy. The strategic deliverables within this plan were only reviewed near the end of the planning cycle and only the increased system capacity direction had any work completed by a working group of RGAC members. One outcome of the increased system capacity working group was a report prepared by Terry McBurney and presented to the RGAC in the spring of 2010.

The *2011-2016 Strategic Plan* is a pivotal one for the RGAC. While building on past successes, the proposed plan suggests an organizational response to the increasing demographic pressures expected to climax before the year 2020. The plan is also a response to renew the internal structure and processes of the RGAC as during the time period of the previous RGAC strategic plan (2007-2010) the network became an information sharing body and had shifted away from being a governing/advisory body.

The *2011-2016 RGAC Strategic Plan* provides a blueprint for an adaptive, flexible organizational response to the opportunities and challenges of an ever-changing health system, a response that seeks to ensure the best possible fit between the RGAC, the Champlain LHIN and its community.

Over the past several years, the healthcare environment has undergone a number of changes, many which are important to the RGAC's future planning:

- ❖ The establishment of the LHINs has changed the way healthcare services are planned, funded and managed.
- ❖ The Ministry of Health and Long-Term Care and the LHINs have identified a number of specific health system priorities such as the following:
 - Reducing wait times, particularly for emergency care
 - Reducing ALC days
 - Improving access to primary care
 - Chronic disease prevention and management with a priority focus on diabetes

¹ In this document, "seniors" are people aged 65 years of age and older

- Improving access to mental health and addiction services
 - Aging at Home strategies
 - E-Health
 - Health human resources
-
- ❖ A focus on accountability and performance management has resulted in service level accountability agreements between funders and providers.
 - ❖ An increased emphasis on collaboration, partnership and integration.
 - ❖ The prevalence of dementia in the Champlain Region will increase dramatically from 15,000 (2008) to 19,200 (2016), a 24% increase

Strategic Plan

The RGAC Strategic Plan includes the vision, mandate, and values of the organization, as well as describing key result areas framing the activities of the RGAC over the 2011-2016 strategic planning cycle.

The RGAC vision describes the organization in the future and responds to the question “Where are we going?” The mission/mandate describes the overall purpose of the RGAC and answers the question “Why do we exist?” The values are intended to guide the work of the RGAC, and are instrumental to achieving the vision.

While the RGAC has broadened its mandate to include a greater commitment to joint planning and decision-making, the focus of the RGAC historically has primarily been on the specialized geriatric services sector. The RGAC membership recognizes a need to continue expanding mandate to encompass a broader systems view for *all* seniors’ health services. In this way, the RGAC will become more purposeful in ensuring that the full range of health needs of the older person across all settings of care is addressed. The vision, mission, values, and key result areas described in this strategic plan reflect this broadened organizational scope.

A broadened scope will mean that the RGAC will continue to focus on geriatric services as one service sector, but will also undertake a more explicit role in maximizing the health potential of seniors across the continuum of care in the Champlain region. It is recognized that geriatric services will continue to be an important focus of the RGAC. With this in mind, the strategic plan includes priorities and initial program planning for the geriatric services sector.

In selecting general strategic directions and specific tactics within the strategic directions, the RGAC has recognized the need to contribute to major health care improvement initiatives such as Alternate Level of Care (ALC) prevention and reduction, as well as the Senior Friendly Hospital initiative. Given the voluntary nature of participation in the RGAC and the finite resources available, specific tactics were selected based on the following criteria: [1] high impact / high priority (e.g. ALC, Senior Friendly, provincial initiatives), [2] the need for multi-network participation (e.g. tactics were not selected if any single member could complete them on their own), and [3] the tactic included concrete deliverables.

The RGAC provides different levels of “support”. Given that the RGAC is a volunteer organization, it does not have resources to provide financial support. Levels of non-financial “support” include:

1. Advocacy: Providing recommendations to the LHIN in support of individual RGAC members’ initiatives.
2. Endorsement: Providing Letters of Support
3. Strategic Planning: Tactics that meet the above mentioned criteria and that have been selected by RGAC members are included in this Strategic Plan

Regional Geriatric Advisory Committee Strategic Directions 2011-2016

Vision

All seniors and their caregivers must have equitable and timely access to high quality services and resources that are part of a coordinated system of care designed to optimize their health and support their independence and quality of life. As a recognized leader and partner in a collaborative decision-making forum, the RGAC brings leaders of organizations and groups who are passionate about issues related to the care of seniors together to provide a strong and clear voice on seniors' health issues across the Champlain region

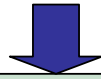
Mission

The Regional Geriatric Advisory Committee works collaboratively to create an agenda for seniors' health across the Champlain region through coordinated service delivery, education, research, advocacy and planning that will improve health and maximize the quality of life for all seniors

Values

- Valuing aging
- Commitment to Capacity Building
- Collaborative Processes
- Client Centred
- Innovative and Evidence-informed
- Client Driven

RGAC Strategic Directions 2011 - 2016



Promote Excellence in Seniors Care

Maximize the independence and health potential of seniors

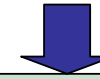
1. Promote successful aging across sectors throughout Champlain
2. Identify opportunities/ways that will enable seniors to optimize their health potential and health-related quality of life (HRQL)



Coordinate the Delivery of Care

Develop a coordinated and responsive model for delivering service

1. Promote the use of evidence informed health screening and best/leading practices of care.
2. Promote senior/age friendly transitions in care.



Build Capacity

Increase the capacity & responsiveness of the health care system to meet the needs of seniors

1. Identify opportunities to address capacity gaps and areas of duplication in the system.
2. Capacity building through advocacy as well as education and training in geriatrics and elder care.

Renew and Advocate for Change

Work with policy and decision makers to develop a comprehensive strategy that recognizes the need to invest in seniors' health.

Review RGAC structure and membership

Create a framework to evaluate the RGAC's progress annually in achieving its strategic plan

Present a unified voice to advocate for comprehensive seniors' health services

Strategic Direction #1: Maximize the independence and health potential of seniors

Health is an essential element in quality of life. We live in an “ageist” society where aging is perceived primarily as loss and as a condition of dependency. Services focus on mediating loss rather than encouraging wellness, which can result in seniors not receiving the most appropriate services for their needs. Furthermore, public policy in Ontario has viewed seniors’ health services as a cost to be limited and constrained, rather than as an investment. Negative attitudes toward aging reflected in policy have resulted in a strategy of investing “too little too late” (crisis or catch-up mode) and have limited funding for the promotion of wellness and health restoration.

The client’s lifestyle and attitude play an important role in preventing, delaying or coping with common diseases and disabilities that emerge in later life. However, the health care system must provide a level and range of services to seniors and their caregivers that promote and support their independence and quality of life. This can be achieved through building partnerships, educating, influencing public policy, and encouraging existing strengths within the community.

The primary objective of this strategic direction is for seniors and caregivers to become more informed partners in managing their health care and have the tools and supports they need to make care choices including the right to live at home longer.

The following sub-directions and tactics are proposed:

1.1 Promote successful aging across sectors throughout Champlain

a. Contribute to supportive housing strategies by partnering with leaders in the Champlain region who are advancing housing alternatives for older persons with limited options (eg. dementia, behavioural issues; reduced socio-economic resources; physical, social, psychological, financial limitations).

1.2 Identify opportunities/ways that will enable seniors to optimize their health potential and health-related quality of life (HRQL)

a. Promote services that can support seniors to remain in their own homes such as Assisted Living Services, CCAC Dementia Teams, and Respite care services.

Example #1: *Partner with transportation leaders to develop and implement affordable and flexible transportation options for older persons who cannot drive*

b. Identify and implement strategies and mechanisms to coordinate health services for seniors

Example #1: *Development of a Regional Geriatric Day Hospital Steering Committee (RGP will coordinate).*

Example #2: *Improve coordination of and communication among/about Specialized Geriatric Services and Geriatric Psychiatry*

- c. Develop standardized criteria across sectors to identify high risk seniors.
Example #1: *Develop high risk profiles for potential high risk seniors: behaviour, falls; then develop a tool; then determine how and where to triage and treat. An e-record would be ideal; share point would be a possibility.*
- d. Determine where along the continuum of care the identification of high risk seniors should occur. Develop an integrated model of care for high risk seniors (from identification, assessment, care planning, ongoing monitoring and evaluation). This would be the concept of an identified inter-professional team wrapped around the client versus a group of individual providers coming together.
Example #1: *Develop a regional integrated behavioural support system (BSS) that balances investments in community care, acute care and long-term care. Identify gaps in BSS in Champlain that should be addressed as a first priority (not a laundry list: single most value for money proposition – LHIN providing leadership on this)*
Example #2: *Identify ways to reduce duplication among services.*
Example #3: *Propose how existing services could be leveraged to create bundles of services (eg. new service packages) to wrap around highest risk seniors. Propose who coordinates these services.*

Strategic Direction #2: Develop a coordinated and responsive model for delivering service

The RGAC's Vision for Care 2002-2006 identified a need for a more coordinated approach in achieving appropriate access to health services without gaps or duplication. Increased coordination remains an issue for the current strategic planning cycle, but the component is expanded to include not only specialized geriatric services, but all seniors' health services. Increased coordination will be achieved through expanding networks and partnerships across the continuum of care and the different service sectors in an effort to work toward a more organized delivery system capable of optimizing the use of existing resources and providing appropriate services to seniors in a timely manner.

The primary objective of this strategic direction is that seniors will have access to ***the right service, at the right time, in the right place and delivered by the right team/person.***

The following sub-directions and tactics are proposed:

2.1 Promote the use of evidence-informed health screening and best/leading practices of care.

a. Identify strategies and best approaches to meet the needs of under-served seniors.

Example #1: Establish a group focused on the development and promotion of small urban/rural specialized Geriatric Services.

2.2 Promote senior/age friendly transitions in care

a. Involve cross-sector partners in the Senior Friendly Hospital initiative for input and support

Example #1: Establish guidelines regarding required documents at time of transfer/discharge.

Example #2: Work with Accreditation Canada and the National Elder Friendly Hospital think tank to ensure that there is alignment with the Champlain's SFH strategies.

Strategic Direction #3: Capacity Building – increase the capacity and responsiveness of the health care system in meeting the needs of seniors

In order to meet current and anticipated escalating demand for geriatric services there is a need to increase the capacity and responsiveness of the health care system. This includes capitalizing on innovative care delivery models and evidence-informed best practices, as well as on the potential of front-line service providers to deliver quality care and share their expertise with others. The RGAC can take a leadership role by facilitating networking and partnerships in an effort to maximize the use of existing and future resources.

The following sub-directions and tactics are proposed:

3.1 Identify opportunities to address capacity gaps and areas of duplication in the system

- a. Promote collaborative processes to develop and strengthen inter-sectoral partnerships.

Example #1: Support and facilitate an environmental scan (high level that includes SGS and care of the elderly services such as the ones under Aging at Home) of what is already being done, by whom, the scope and timelines to create a continually updated map of gaps and duplication in seniors' health care and potential solutions to close these gaps. This scan can be used by the LHIN to inform their planning processes, as well as to provide essential background information should MOHLTC funding to address such gaps become available.

Example #2: Identify where Champlain LHIN should make investments to address ALC situation in the short term, should new funds become available.

Example #3: Examine existing structures and processes to ensure the regional fall prevention program aligns/links to the provincial fall prevention program.

- b. Promote and enhance the role of the RGAC as a lead that can help strengthen and distill information to the LHIN.

Example #1: Help interpret and communicate key messages of different reports (national, provincial, Champlain) and highlight their significance to the community and to the LHIN.

Example #2: Create a working group from RGAC to do "surveillance" of reports and news releases etc and report back to RGAC.

Example #3: Provide input into the development of relevant geriatric outcome measures before studies or performance measures are initiated.

3.2 Capacity building through advocacy as well as education and training in geriatrics and elder care

a. Enhance the geriatric capacity within primary care and CCAC through programs such as the CCAC Specialty Teams (eg. dementia), First Link, GiiC (Geriatric Inter-professional, Inter-organizational Collaborative).

Example #1: Continue and expand targeted physician training including early screening and assessment for older persons who are failing and/or at risk.

Example #2: Promote prevention and early detection initiatives for dementia/mental illness

Example #3: Promote professional awareness education that includes the availability of screening programs.

Example #4: Increase linkages with community colleges/universities/curricula around geriatric issues and elder care.

Example #5: Collaborate with CCAC in the creation of specialized case management teams with expertise on seniors' issues (e.g. dementia).

Renew and Advocate for Change: Work with policy and decision makers to develop a comprehensive strategy that recognizes the need to invest in seniors' health

The considerable productivity and quality outputs of the RGAC have been a function of very committed and engaged volunteer members. Over the past few years the RGAC has shifted away from a governing/advisory body and the following actions are proposed to re-engineer the RGAC.

- ❖ Renew the RGAC's governance model that would include, structure and membership to enable the committee to serve as "the voice for seniors" for health care throughout the Champlain Region
- ❖ Introduce alternative mechanisms to optimize member engagement in the planning and implementation of new initiatives
- ❖ Create a framework to annually evaluate the RGAC's progress in achieving its strategic plan
- ❖ Present a unified voice to advocate for comprehensive seniors' health care services.
- ❖ Identify champions to lead each of the identified strategic directions.
- ❖ Identify members that are invested in moving forward each of the strategic directions (working groups).

Moving Forward – Implementation Priorities

The strategies and goals will guide the work of the RGAC over the next five years. Not all actions can be addressed at the same time, so the RGAC has identified the more immediate priorities to address in the first year. These first year activities will lay important groundwork for moving forward on larger system initiatives over time.

Year 1 Priorities include:

- ❖ Renew the RGAC's governance model (mandate and structure) and membership
- ❖ Create a framework to evaluate the RGAC's progress annually its strategic plan
- ❖ Implement a unified voice to advocate for comprehensive seniors' health care services
- ❖ Develop working groups lead by 1 – 2 champions.

It is recognized that a number of initiatives identified in the Strategic Plan are already underway. Work by RGAC members on these activities will continue over the course of this Strategic Plan.

Final Comments

The 20011-2016 Strategic Plan has been developed through the generous cooperation and collaboration of RGAC members and their organizations over the past 6 months. With the implementation of this new plan, the RGAC will continue to play a vital role in contributing directly to a respectful, inclusive, effective and timely system of care for all seniors in the Champlain region.

Appendix A

Relationship between RGAC Strategic Directions and LHIN Provincial Priorities:

1. Excellent Care for All Act

All Strategic Directions

2. Home First

Strategic Direction 1.2

Promote services that can support seniors to remain in their own homes such as Assisted Living Services, CCAC Dementia Teams, and Respite care services.

Example #1: Partner with transportation leaders to develop and implement affordable and flexible transportation options for older persons who cannot drive

3. Seniors' Friendly Hospitals

Strategic Direction 2.2

Promote senior/age friendly transitions in care

a. Involve cross-sector partners in the Senior Friendly Hospital initiative for input and support

Example #1: Establish guidelines regarding required documents at time of transfer/discharge.

Example #2: Work with Accreditation Canada and the National Elder Friendly Hospital think tank to ensure that there is alignment with the Champlain's SFH strategies

4. Provincial Falls Prevention Strategy

Strategic Direction 1.2

Example #1: *Develop high risk profiles for potential high risk seniors: behaviour, falls; then develop a tool; then determine how and where to triage and treat*

Strategic Direction 3.1a

Example #3: Examine existing structures and processes to ensure the regional fall prevention program aligns/links to the provincial fall prevention program.

5. Rehab and Complex Continuing Care Expert Panel

6. Plan to reduce the rate of ALC designation with 2 days of admission

Strategic Direction 1.1a

Contribute to supportive housing strategies by partnering with leaders in the Champlain region who are advancing housing alternatives for older persons with limited options (eg. dementia, behavioural issues; reduced socio-economic resources; physical, social, psychological, financial limitations).

Strategic Direction 3.1a

Example #2: *Identify where Champlain LHIN should make investments to address ALC situation in the short term, should new funds become available*

7. Resource Matching and Referral

Strategic Direction 1.2b

Identify and implement strategies and mechanisms to coordinate health services for seniors

Example #1: Development of a Regional Geriatric Day Hospital Steering Committee (RGP will coordinate).

Example #2: *Improve coordination of and communication among/about Specialized Geriatric Services and Geriatric Psychiatry*

8. Access to Care

Strategic Direction 1.2c

Develop standardized criteria across sectors to identify high risk seniors.

Determine where along the continuum of care the identification of high risk seniors should occur. Develop an integrated model of care for high risk seniors (from identification, assessment, care planning, ongoing monitoring and evaluation). This would be the concept of an identified inter-professional team wrapped around the client versus a group of individual providers coming together.

Example #1: *Develop high risk profiles for potential high risk seniors: behaviour, falls; then develop a tool; then determine how and where to triage and treat. An e-record would be ideal; share point would be a possibility.*

Example #3: *Identify ways to reduce duplication among services.*

Example #4: *Propose how existing services could be leveraged to create bundles of services (eg. new service packages) to wrap around highest risk seniors. Propose who coordinates these services.*

Strategic Direction 2.1a

Identify strategies and best approaches to meet the needs of under-serviced seniors.

Example #1: Establish a group focused on the development and promotion of small urban/rural specialized Geriatric Services.

Strategic Direction 3.1

Identify opportunities to address capacity gaps and areas of duplication in the system

a. Promote collaborative processes to develop and strengthen inter-sectoral partnerships.

Example #1: *Support and facilitate an environmental scan (high level that includes SGS and care of the elderly services such as the ones under Aging at Home) of what is already being done, by whom, the scope and timelines to create a continually updated map of gaps in seniors' health care and potential solutions to close these gaps. This can serve as an advisory function for the LHIN as well as a preparatory process should MOHLTC funding to address such gaps unexpectedly become available.*

Example #2: *Identify where Champlain LHIN should make investments to address ALC situation in the short term, should new funds become available.*

Strategic Direction 3.2

Capacity building through advocacy as well as education and training in geriatrics and elder care

a. Enhance the geriatric capacity within primary care and CCAC through programs such as the CCAC Specialty teams (eg. dementia), First Link, GiiC (Geriatric Inter-professional, Inter-organizational Collaborative).

Example #1: *Continue and expand targeted physician training including early screening and assessment for older persons who are failing and/or at risk.*

Example #2: *Promote prevention and early detection initiatives for dementia/mental illness*

Example #3: *Promote professional awareness education that includes the availability of screening programs.*

Example #4: *Increase linkages with community colleges/universities/curricula around geriatric issues and elder care.*

Example #5: *Collaborate with CCAC in the creation of specialized case management teams with expertise on seniors' issues (e.g. dementia).*

9. Behavioral Support Services

Strategic Direction 1.2

Identify opportunities/ways that will enable seniors to optimize their health potential and health-related quality of life (HRQL)

Example #1: *Develop high risk profiles for potential high risk seniors: behaviour, falls; then develop a tool; then determine how and where to triage and treat.*

Example #2: *Develop a regional integrated behavioural support system (BSS) that balances investments in community care, acute care and long-term care. Identify gaps in BSS in Champlain that should be addressed as a first priority (not a laundry list: single most value for money proposition – LHIN providing leadership on this)*

10. CCAC Expanded Role

Strategic Direction 1.2a

Promote services that can support seniors to remain in their own homes such as Assisted Living Services, CCAC Dementia Teams, and Respite care services

Strategic Direction 3.2a

Enhance the geriatric capacity within primary care and CCAC through programs such as the CCAC Specialty teams (e.g. dementia), First Link, GiiC (Geriatric Inter-professional, Inter-organizational Collaborative).

Appendix B

Original List of Strategic Directions

(Sub-Directions and Tactics, some of which were not selected for this strategic plan. These represent ideas for future consideration)

Strategic Direction #1: Promote excellence in Seniors' Care: Maximize the independence and health potential of Seniors

Sub-Direction 1.1: Promote successful aging across sectors throughout Champlain

- a. Build on research and development of Successful Aging Framework that incorporates input from the broader Champlain community. ('Successful Aging' defined as optimal function and quality of life even when illness arises)
- b. Work with the LHIN and other organizations to identify issues related to social determinants of health that can be addressed through activities of the RGAC
- c. Endorse the supportive housing strategy by partnering with leaders in the Champlain region who are advancing housing options for older persons with limited options (eg. dementia, behavioural issues, reduced socio-economically resources, physical, social, psychological, financial limits)
- d. Conduct community consultations and review information from previous consultations/research to identify strengths and challenges to successful aging in Champlain.

Sub-Direction 1.2: Advocate for specific health promotion and preventative practices for seniors

- a. Fall prevention strategies (links to provincial Fall Prevention program – LHIN collaborative document handed out at March RGAC meeting) – Recommend how best to build on existing Falls Prevention Programs.
- b. Exercise programs developed for seniors
- c. Prevention and early detection of dementia/mental illness
 - i. Promote prevention and early detection initiatives for dementia; promote professional awareness education that includes the availability of screening programs
 - ii. Educate seniors about the inter-relationships of certain diseases – e.g. diabetes; dementia; stroke – and how to better manage or prevent complicated illness situations from arising. Establish formal links with the provincial fall prevention program to create opportunities to promote learning from the program and ensure sustainability.
- d. Partner with community organizations to ensure (equitable) access to seniors' community health programs.
- e. Work with community to promote awareness of and participation in public health initiatives of particular interest to seniors (eg. Flu clinics).

Sub-Direction 1.3: Identify opportunities/ways that will enable seniors to optimize their health potential and health-related quality of life (HRQL)

- a. Promote services that can support seniors to remain in their own homes such as Assisted Living Services, CCAC Dementia Teams, and Respite care services.
- b. Promote options for informal caregivers for respite to afford them the opportunity to keep their loved one in the community for as long as possible
- c. Develop standards and consistency in the delivery of community services for older persons such as those diagnosed with dementia (e.g. adult day programs)
- d. Partner with leaders in the Champlain region to advance housing options for older persons with limited resources.
- e. Collaborate with CCAC in the creation of specialized case management teams with expertise on seniors' issues (e.g. dementia).
- f. Work with caregivers to identify ways to better support them in their role as caregivers
- g. Advocate for the development of standards and consistency in the delivery of community services.

- h. Develop standardized criteria across sectors to identify high risk seniors. Determine where along the continuum of care identification of high risk seniors should occur.
- i. Develop an integrated model of care for high risk seniors (from identification, assessment, care planning, ongoing monitoring and evaluation). Note. This would be the concept of an identified inter-professional team wrapped around the client versus a group of individual providers coming together.
- j. Implement strategies to identify clients with the potential to become long stay ALC client early in their hospital stay and provide intensive case management and strategies to decrease deconditioning and/or manage behaviour.
- k. Develop a regional integrated behavioural support system that balances investments in community care, acute care and long-term care.

Strategic Direction #2: Coordinate the delivery of care – develop a coordinated and responsive model for delivering service

Sub Direction 2.1 Promote the use of evidence informed health screening and best/leading practices of care

- a. Prevention and early detection of dementia and mental illness
- b. Enhancing the geriatric capacity within primary care and CCAC through programs such as the CCAC Specialty teams (eg. dementia), First Link, GiiC (Geriatric Inter-professional, Inter-organizational Collaborative).
- c. Develop strategies to promote patient/client self management approaches when relevant.
- d. Identify strategies and best approaches to meet the needs of under serviced seniors.
- e. Develop a group focussed on the promotion and development of small urban / rural Specialized Geriatric Services and elder care services.
- f. Develop recommendations to better coordinate recent Aging at Home investments with previously existing programs and services and among projects.

Sub-Direction 2.2: Review, disseminate, and enhance understanding of performance indicator relevant to geriatric/elder care

- a. Provide input into the development of relevant geriatric outcome measures before studies or performance measures are initiated
- b. Provide a forum to review and disseminate research that has bearing on multiple RGAC members
- c. Help interpret and communicate key messages of different reports (national, provincial, Champlain) and highlight their significance to the community.
- d. Develop and pilot appropriate geriatric day hospital and other ambulatory care process and outcome measures.

Sub Direction 2.3: Identify strategies and mechanisms to integrate health services for seniors

- a. Apply the findings generated by the Increased System Capacity working group report on specialized geriatric services in Champlain
- b. Develop local geriatric mental health continuing care units
- c. Improve coordination of Specialized Geriatric Services
 - i. Development of a Regional Geriatric Day Hospital Steering Committee
- d. Propose how existing services could be leveraged to create bundles of services (eg. New service packages) to wrap around highest risk seniors. Propose who coordinates these services.
- e. Review the role of GEM nurses, discharge planners and CCAC case managers to ensure coordinated services cross all sites with GEM nurses.
- f. Identify appropriate number of beds and location for assessment, reactivation, and rehabilitation and facilitate patient flow into these programs/units.

g. Promote efforts to develop common communication and referral protocols across the health system such as Sharepoint – GEM and CARESS.

Sub Direction 2.4: Promote senior/age friendly transitions in care

- a. Complete the Senior Friendly Hospital self-assessment
- b. Review the LHIN Senior Friendly Hospital Summary report and provide input into the next phase of SFH strategy.
- c. Develop a Senior Friendly Hospital resource kit
- d. Disseminate information on Senior Friendly Hospital initiatives at the Regional Geriatric Rounds
- e. “Involve cross-sector partners in the Senior Friendly Hospital initiative for input and support”
- f. Establish guidelines regarding required documents at time of transfer/discharge.

Strategic Direction #3: Capacity Building – increase the capacity and responsiveness of the health care system in meeting the needs of seniors

Sub Direction 3.1: Identify opportunities to address capacity gaps and areas of duplication in the system

- a. Promote strategies to increase availability of ongoing clinical consultation to support education and knowledge transfer
- b. Identify strategies and best approaches to meet the needs of under serviced seniors
 - i. Development of a group focussed on the development and promotion of small urban / rural specialized Geriatric Services
- c. Environmental scan of what is already being done, by whom, the scope and timelines – To create a continually updated map of gaps in seniors' health care and potential solutions to close these gaps. This can serve as an advisory function for the LHIN as well as a preparatory process should MOHLTC funding to address such gaps unexpectedly become available.
 - i. Need to enhance the coordination of a regional plan for Behavioural and Psychological Symptoms of Dementia (BPSD) that integrates acute care hospitals (where BPSD contributes to long-stay ALC) with ROH and Geriatric Psychiatry Community Services
 - ii. Identify gaps in BSS in Champlain that should be addressed as a first priority (note. Not a laundry list: single most value for money proposition)
- d. Support strategies to build Nurse Practitioner capacity in supporting older persons within LTC.
- e. Identify how to leverage existing services within the proposed provincial framework for Behavioural Support Services.
- f. Identify where Champlain LHIN should make investments to address ALC situation in the short term, should new funds become available.

Sub-Direction 3.2: Capacity building through advocacy as well as education and training in geriatrics and elder care

- a. Identify education needs of service providers that, once addressed, will assist in enhancing system capacity
- b. Recognize informal caregivers for their unrelenting capacity to support their loved one with dementia at home and promote supports for informal caregivers to allow them to continue to do so without experiencing burnout, depression, etc
- c. Advocate for an education framework for persons caring for persons with dementia including educational requirements to work in the field and standard qualification requirements for jobs involving caring for persons with dementia
- d. Explore potential collaboration with primary care for older persons who do not have a family physician
- e. Partner with transportation leaders to develop and implement affordable and flexible transportation options for

older persons who cannot drive

f. Advocate for a provincial strategy and framework that addresses the serious shortcomings in providing quality care for persons with dementia

i. Develop curriculum and standard educational requirements at various levels of education that respond to the responsibilities of those caring for persons with dementia

ii. Develop standard hiring practices (including dementia specific education requirements) for persons employed to care for persons with dementia

g. Promote screening and orientation process for new hires to be more focussed on older persons amongst care partners including persons with dementia.

h. Increase linkages with community colleges/universities/curricula around geriatric issues and elder care.

i. Continue and expand targeted physician training including early screening and assessment for older persons who are failing and/or at risk

Sub-Direction 3.3: Promote collaborative processes to develop and strengthen inter-sectoral partnerships and networks in education, training, evaluation and research.

a. Identify potential linkages and associations

b. Strengthen role of RGAC as a lead that can help strengthen and distil information to the LHIN

Appendix C

Methodology for Creating the RGAC Strategic Plan 2011-2016

1. Establish a Sub Committee to initiate work on a 5 year Strategic Plan
2. Review of previous Strategic Plan (2007-2010)
3. Review of Provincial and LHIN priorities
4. Shaping of 3 to 4 key strategic directions
5. Identification of sub-directions for each strategic direction through the Sub Committee and full RGAC Membership.
6. Input from full RGAC membership with identification of tactics for each sub-direction. The tactics need to fulfill all 3 of the listed criteria:
 - i. High impact / high priority
 - ii. Multi-network participation
 - iii. Concrete deliverables
7. Voting by RGAC full membership on tactics that the member organization is willing to commit time and energy to pursuing.
8. The Tactics are further refined based on scoring results and presented to RGAC full membership
9. Revisions to Strategic Plan
10. Final Strategic Plan is approved by full RGAC Membership