

# ANNUAL REPORT



Regional Geriatric Program  
of Eastern Ontario

# 2010–2011

## Excellent Care for all Seniors: A Regional Perspective

### Enhancing Geriatric Capacity through Early Identification and Intervention

Over the past year, the Regional Geriatric Program of Eastern Ontario (RGP) has continued to develop and strengthen its partnerships with a number of key organizations across Champlain in supporting seniors along the continuum of care.



In October 2010, the Medical Director of the RGP changed when Dr. Dalziel stepped down to pursue other key geriatric interests. This vital role was filled by Dr. Frank Molnar who over a very short time has started to leave his insightful footprint.

Dr. Molnar was instrumental in guiding the process to implement a new five year plan for the RGAC 2011–2016. As well, he has been the catalyst in bringing together key partners in developing and implementing strategies to support seniors earlier on in the continuum of care. Examples are shown by his committed work on developing processes to support the newly implemented CCAC's Complex Senior case manager role and ensuring that Behavioural Support Services is identified as an opportunity within the Champlain ALC Action Plan.

The RGP has been very active over the past year in strengthening and building upon previous successes such as the continued maturation of the Regional Geriatric and Community Intervention Program (recognized as GEM Plus). Sadly, Tammy Pulfer has decided to change

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positions and has now taken on the role of Geriatric Nurse Specialist as part of the Expanded Geriatric Consult Service at the General Campus, The Ottawa Hospital. Tammy's leadership and dedicated commitment to the GEM Plus program will be missed as she has demonstrated time and time again the inherent skills to lead others to ensure the highest quality of services are delivered to seniors. Her geriatric knowledge and expertise helped to shape the program in providing successful system outcomes such as GEM nurses assessing and

*continued on page 2*

*continued from page 1*

discharging home from the ED over 3,000 patients from across the Champlain region. We wish Tammy all the best with her new position and realize she will be one of many Senior Friendly Hospital champions!

The Regional Geriatric Program of Eastern Ontario played a key role in working with the Champlain LHIN on the Senior Friendly Hospital (SFH) Strategy. The RGP supported the Champlain LHIN in disseminating the SFH Self-Assessment to 19 hospitals in our region and from this work generated individual feedback letters to each hospital, along with a Champlain SFH Summary Report. The RGP was fortunate to hire Mr. Cal Martell to support the work of analyzing all of the self assessments and generate the letters and summary report. Dr. Stephanie Amos, RGP Program Evaluator, was a critical member of the team who provided thorough input and insights into shaping the final reports. The Champlain Summary Report can be accessed at the following link [http://www.champlainlhin.on.ca/publicationandreports.aspx?ekmense1=e2f22c9a\\_72\\_206\\_btnlink](http://www.champlainlhin.on.ca/publicationandreports.aspx?ekmense1=e2f22c9a_72_206_btnlink). The reports will be helpful in shaping and changing how care is delivered to seniors within hospital. The RGAC's Strategic Plan 2011–2016 has identified Senior Friendly Hospital as a priority tactic and work is underway to establish a committee that can support the implementation of SFH processes across the region.

The RGP has continued to strengthen its commitment to education and teaching. Once again the RGP has implemented a number of geriatric education sessions including the RGP Geriatric Refresher Day that have been supportive of building geriatric capacity across the continuum. The RGP would like to express our thanks to the “entire behind the scenes work” completed by Marion Agnew. Her ongoing dedication to ensuring education/teaching information is communicated

in a timely manner and the events are organized and run smoothly has been evidenced time and time again.

Also, the RGP was pleased to launch our 4<sup>th</sup> generation website [www.rgpeo.com](http://www.rgpeo.com). The input and direction provided by a number of key stakeholders has hopefully created a website that meets both healthcare professionals and older people's needs. The development of this latest version of the website was lead by Marion Agnew and Debbie Ayotte and we are proud of the product that has been unveiled!

The RGP was proud to be one of many organizations that contributed greatly to the development and completion of the RGAC Strategic Plan 2011–2016. The strategic planning exercise commenced in July 2010 and was finalized and signed off in June 2011.

The Regional Geriatric Advisory Committee (RGAC) has had tremendous input from community (CCAC, Community Support Services, Council on Aging, City of Ottawa – Public Health and Long Term Care), hospital (QCH, ROH, TOH, Montfort Hospital, Bruyere Continuing Care), and home (Eastern Counties Specialized Geriatric Services, Renfrew County Geriatric Services, Perley Rideau Veterans Centre) in shaping and developing a five year plan that truly had input and direction from all key stakeholders. The RGAC Strategic Plan is available through the following link: <http://www.rgpeo.com/en/about-us/rgac.aspx>.

The plan was developed through consultation with all partners of the RGAC and was signed by Dr. Molnar and Dr. Michele Tremblay, Co-Chairs of the RGAC on June 17, 2011. While building on past successes, the plan suggests an organizational response by partners to the increasing demographic pressure. As well, the plan is a response to renew the internal structure and processes of the RGAC. We are looking forward to working on these planning initiatives with our partners over the months to come.

The RGAC Strategic Plan 2011–2016 has identified the following three key strategic directions:

1. Maximize the independence and health potential of seniors.
2. Develop a coordinated and responsible model for delivering services.
3. Increase capacity and responsiveness of the health care system in meeting the needs of seniors.

The RPG has also been quite involved in supporting and shaping the NP Outreach Lead Program. Over the past year Joy Parsons-Nicota, the APN Community Geriatrics, has been working with the NPs in the program to strengthen the model. Included in this has been the expansion of the service to a new LTC home. Unfortunately, Joy has decided to return to her clinical interest and has left the RGP to work as a NP within a newly formed Family Health Team. Over the last few years Joy has been key in knowledge dissemination to key community organizations such as smaller community based hospitals and Community Health Centers/Family Health Teams.

The RGP has seen quite a lot of change over the past year but recognize that there is a great deal more to do in shaping a continuum of care that provides the upmost quality of care for all seniors. The RGP is fortunate to have so many committed partners and their professionals and individuals dedicated to providing quality outcomes for older people. The RGP is looking forward to the opportunities in front of us to ensure, in collaboration with our many community partners, that we build the necessary foundation for success in making a difference in the lives of older people.

Kelly Milne  
*Director, RGPEO*

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## A Blueprint for Community-based Seniors' Care

**W**orking within the Regional Geriatric Program of Eastern Ontario provides one with a rare opportunity to break out of the silos of clinical care and to thereby benefit from a bird's eye view of the health care system as a whole. Over the past year, in my role as Medical Director of the RGP, a number of issues have come into better focus from this high level perspective.

In dealing with the aging of our population and the resultant Alternate Level of Care (ALC) crisis, many of the initial investments in health care have focused on expensive downstream measures such as hospital care and post-hospitalization (post ALC) care. This is understandable – when a boat is overflowing and in jeopardy of capsizing the first natural reaction is to start bailing it out. Once the threat of capsizing has been delayed it would be extremely short-sighted not to then look at the source that caused the boat to overflow in the first place. If we focus solely on the effect without addressing the cause of the problem then it is inevitable that the threat of capsizing will return in the future (i.e. we need to look at the cause not just the symptoms). Similarly, we cannot maintain our sole focus on the ALC effect by restricting our investments to the expensive downstream measures such as hospital care and post-hospitalization (post ALC) care. We must now openly acknowledge the true cause of the ALC crisis. The ALC crisis is not primarily caused by hospitals although they bear the brunt of the effect. The true cause of the ALC crisis is the disproportionately low investment in upstream Community-based Seniors' Care and the lack of organization



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in this sector. We do not have a well coordinated system of community care for seniors – we have a collection of underfunded silos that often compete with each other for resources. Our hospitals are feeling the effect of this longstanding neglect of community care.

If we truly wish to promote Aging at Home and wish to prevent Emergency Department visits, prevent hospitalizations, prevent hospital bed gridlock and prevent ALC crises in the future, then community health care is where further investment, development and systemic

*continued on page 4*

## OUR COMMITMENT: Health and Independence

The Regional Geriatric Program of Eastern Ontario (RGP of Eastern Ontario) is a coordinated network that includes a broad range of specialized geriatric services, from hospital to home. It was established in 1985 as Ontario's first specialized health services network for seniors.

Our clinical services, teaching and research are committed to the health and independence of seniors in the Champlain region. Hosted by the Ottawa Hospital, the RGP is a partnership of hospitals and community partners.

Check out our website at :  
**RGPEO.com**

*continued from page 3*



organization must occur. This upstream pre-Emergency Department, pre-ALC focus must become our new front-line.

How then can we create a community care system that will accomplish all of these goals and will allow seniors to live at home for as long as possible? The first step will be to identify the major players. It has become increasingly clear to me that for this to occur, the CCAC must be moved to the centre of the upstream community based health care system. Of all of the partners to be discussed, the CCAC is the only one that has a central authority that

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can rapidly assess a changing environment and make quick course corrections to allow adaptation to changing needs. The CCAC cannot accomplish these goals alone. It requires better medical support from medical specialists, Specialized Geriatric Services and Primary Health Care. Our Champlain LHIN is working hard to develop a Primary Care table that will bring the appropriate members of that sector together. Once Primary Care is organized into a more cohesive whole, then it will be possible for Specialized Geriatric Services and the CCAC to interact with them at a much higher level and more consistently across our health care system.

One last critical element is required. As the CCAC, Primary Care and Specialized Geriatric Services develop more collaborative relationships, it will still be critical for a high level authority to develop a

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blueprint for upstream community-based seniors' care. Our LHIN is working hard to bring partners together but some critical elements such as physician resources lie outside its' mandate. Ultimately, we need a Ministry of Health and Long Term Care (MOHLTC) lead to be responsible for the care of our aging population as recommended by Dr. David Walker (Provincial ALC Lead) in his report; "Caring for Aging Population and Addressing Alternate Level of Care". The task seems monumental, but I remain hopeful. All parties are speaking the right language; they are starting to focus on upstream community-based care. The elements for a major reformation of health care are coming together. What we need now is insightful leadership and meaningful action on the part of the MOHLTC – we need the MOHLTC to develop and operationalize a blueprint for upstream community-based seniors' care.

**Dr. Frank Molnar**  
*Medical Director  
Regional Geriatric Program  
of Eastern Ontario*



# Sharing our Knowledge

**R**GP of Eastern Ontario staff continues to be at the forefront of research and innovation in the care of the elderly. Support for research, educational and patient care activities is provided by the Resource Centre on Aging which is committed to delivering the best possible knowledge and information resources in support of the health and independence of seniors. The Resource Centre on Aging addresses the information needs of RGPEO staff by providing reference services as well as access to geriatrics-focused print and online collections. We are pleased to share some of the peer-reviewed contributions published by RGPEO staff in 2010–2011. The entire publication list can be accessed in the research section of our website located at [www.rgpeo.com](http://www.rgpeo.com).

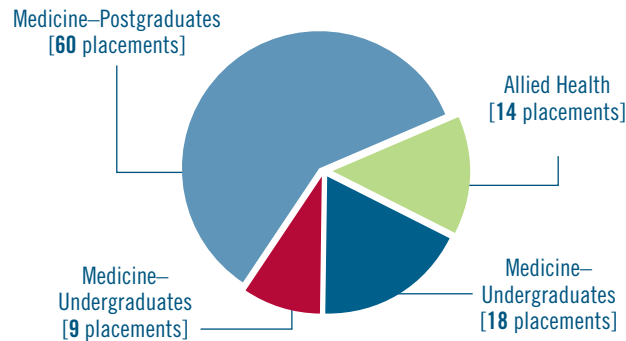
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Members of the Regional Geriatric Advisory Committee

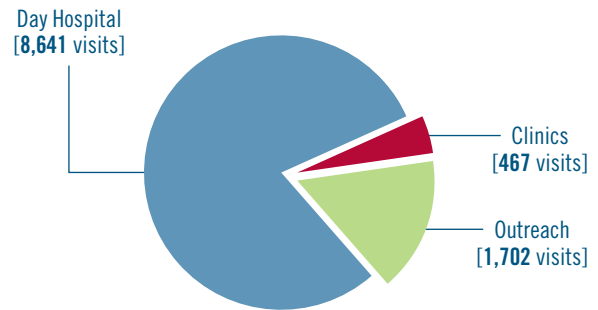
## Learning and Teaching

More than 14,324 hours of education and training were provided to 7861 students in the Faculties of Medicine and Health Sciences (includes CMEs, Videoconference sessions, Regional Geriatric Rounds). Here is a breakdown of the 2010–2011 student placements:



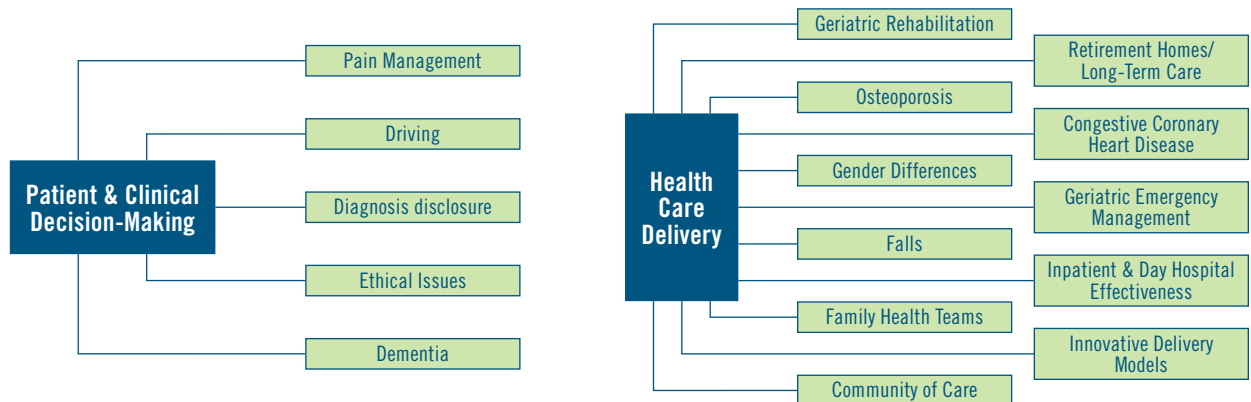
## Services and Resources

In 2010–2011, patients over 65 accounted for 36% of acute care hospital admissions in Ottawa and 56% of all inpatient days. During this period, there were 1,024 admissions to RGP inpatient services and 10,810 visits to ambulatory services. This is how clients used our ambulatory services:



## Research and Publications

Research activities resulted in 15 peer reviewed publications. The RGP research program continues to focus on issues of relevance to seniors in the areas of patient and clinical decision-making and health-care delivery.



## Our Investment in Care 2010–2011

### INPATIENT SERVICES

#### Geriatric Assessment Units

Beds	37
Admissions	553
Patient Days	10,991
Total Operating budget	\$4,820,961

#### Geriatric Rehabilitation Unit

Beds	54
Admissions	471
Patient Days	16,136
Total Operating Budget	\$4,667,567

#### Geriatric Inpatient Consultation Services

Number of Assessments	2,090
Total Operating Budget	\$483,694

### AMBULATORY SERVICES

#### Day Hospitals

Spaces	60
Visits	8,641
Total Operating Budget	\$2,173,476

#### Clinics

Sites	7
Visits	467

#### Outreach

Referrals	1,998
Visits	1,702
Total Operating Budget	\$1,164,450