Realizing Our Potential

In last year’s annual report, the Regional Geriatric Program and partners reflected on activities in the first year of our current strategic planning cycle that focuses on Partnerships, Planning, and Transitions. A combination of opportunity and expanded partnerships over the past year has demonstrated the positive impacts of working together in ways which benefit both seniors and the health system alike. We have made significant progress towards our goal of supporting seniors to be the best that they can be.

There are many areas in which we have progressed in translating our plans for seniors health into action across Champlain region over the past year and there were several pivotal moments that have set the stage for years to come. In April 2007 after almost 7 years of research, planning and advocacy the Geriatric Emergency Management program was launched as a trial in the Cornwall Community Hospital, the Queensway Carleton Hospital and The Ottawa Hospital, to bring age-appropriate care to the ER. In October 2007 a Letter of Understanding was formalized between the Champlain Local Health Integration Network and the Regional Geriatric Advisory Committee formalizing the RGAC’s advisory role in relation to seniors’ health and alternate level of care planning. Also of importance in October, we were proud to support our partners in the Ottawa Community Support Coalition, the Community Care Access Centre and the Community Housing Corporation of Ottawa in re-launching the Aging in Place Supportive Housing program to begin the expansion of housing choices for seniors. A power boost was also given to the momentum for change in November when the Local Health Integration Network invited expressions of interest across the region to implement programs under the provincial Aging at Home strategy. The Regional Geriatric Program was pleased to be invited to partner in 16 of these proposals across Champlain region and support many more.

A combination of opportunity and expanded partnerships over the past year has demonstrated the positive impacts of working together in ways which benefit both seniors and the health system alike.

Maximise the Health Potential of Seniors:

Recognising that the health of seniors is a function of capacity for both the individual and community, our researchers have begun to explore how seniors adapt to age-related changes through projects that focus on the disclosure of diagnoses, the transition to residential care and driving safety. It is our hope that the knowledge gained through these studies will help seniors and care providers with key decision-making processes that will allow them to better manage and adapt to age-related illness and disability.

We were also pleased to promote high quality long-term care by hosting the second annual Long Term Care Physicians
Increased System Capacity:

Through external geriatric assessor training programs we supported the integration of geriatric principles of care across the continuum to bring comprehensive geriatric assessment to the communities in which seniors live. In addition to their regular clinical workload, our clinicians and partners hosted 5 in-depth two week education sessions to more than 60 participants. The success and value of this program can be measured by the level and breadth of interest in this ongoing program. This program attracted participants from not only the Champlain region but across Ontario as communities, and participants from as far away as Thunder Bay, Muskoka and Fergus have taken the knowledge and expertise shared by our team to return to their communities to offer comprehensive geriatric assessment as a component of seniors health services.

The Local Health Integration Network reports that 72% of all ER visits by seniors in the Champlain are repeat visits. We trialed the Geriatric Emergency Management program in several hospitals, and were pleased to note that the interventions exceeded their targets in reducing readmissions and repeat ER visits for these patients. These findings were a key factor in the decision of the Local Health Integration Network to approve a Regional Geriatric and Community Intervention Program across Champlain. In April 2008 the program was presented at the provincial Aging at Home exposition in Toronto and was well received. The program is in the process of being implemented across 9 ERs with participation from almost 30 community organizations and is an excellent example of how our research and evaluation in models of service delivery can transform our system of care for seniors.

Coordinated Access & Service Delivery:

It has been rewarding to partner with the Local Health Integration Network and other hospitals and organizations to plan more appropriate levels of care for patients awaiting discharge from acute care hospitals. We developed a framework of safety nets to reduce the likelihood of hospitalization and discharge delays, and this has been used in formulating short term strategies to effectively reduce unnecessary hospitalization or placement. Additionally, we have been asked to assume a leadership role in developing a system-wide ALC scorecard and to support the evaluation of many projects including transitional care, supported housing options and the GEM program. Although some of these programs have proven more effective than others, our efforts have seen a preliminary reduction in ALC pressures and have demonstrated the potential impact of models of care that are more appropriate to the needs of older persons with complex chronic conditions.

None of these changes would have been possible with out the outstanding devotion and commitment of front-line nurses, physicians, allied health, members of our regional leadership team, and our many, many partners...

In summary, the past year has been a tremendous year of challenge and opportunity and we have begun to see the impact of our role at the system level. None of these changes would have been possible with out the outstanding devotion and commitment of front-line nurses, physicians, allied health, members of our regional leadership team, and our many, many partners who, on a daily basis strive to make a difference in the lives of the seniors we serve. But it is the words of those we serve who best capture how we measure up:

“I was impressed with how thorough they were. They really think of everything.”

“I walked into the ED with a bruised conscience, I walked out with hope and a smile.”

Education Conference in June 2008. This conference was organized through our Long Term Care Physician Education Network, and brought physicians and nursing leaders in long term care together with clinical experts from across Canada and North America.

Because of the increase in treatment options, the screening and surveillance for Alzheimer’s disease and related dementias is becoming more critical in primary care. As a founding member, we have been pleased to partner with the Champlain Dementia Network in a broad range of educational initiatives to target family physicians and seniors about the benefits of early screening and intervention.
Managing our Later Years

Cal Martell
Director, Regional Geriatric Program of Eastern Ontario

Geriatric professionals face significant challenges in communicating the complexities of social circumstance and chronic conditions to the public at large. These syndromes rather than diagnoses, that are the focus of geriatrics risk the capacity and quality of life of seniors in later years.

Examples of common geriatric syndromes include delirium and falls, amongst many others. As a result, we have been ‘chronically’ confronted with limited public understanding and support for a geriatric agenda intended to optimize the health of older Canadians. Too often we encounter institutionalized pessimism that reflects values suggesting little can be done to improve seniors’ health and independence. In turn this attitude contributes to public policy that serves to increase the burden of illness and disability associated with the diseases of aging, and perpetuates a model of dependency associated with old age. Many seniors are affected by these same attitudes which sometimes result in denial of, rather than managing or adapting to life’s changes. This is unfortunate as it has resulted in an imbalance in access to the appropriate forms of geriatric treatment, care and support essential to sustain seniors health into the future.

It was John Kennedy who coined the term ‘adding life to years’ to capture the goal of geriatric services. While watching this year’s Olympics, I noted with interest that seniors exercise parks are being set up in China as one strategy to promote the benefits of physical activity in adapting to the conditions of aging. Recent research into running in Scandinavia demonstrates just how much we can bend the curve. Older active runners experienced an average of 16 more years of independent living, compared to their less active counterparts, despite living with many of the same chronic conditions. So while we often talk about the benefits of health promotion for children and younger adults, we must remember, it is never too late.

There is much talk today about the burden of aging faced by our health system. We should keep in mind the public policy decisions in the 1990’s which resulted in the elimination of the Integrated Homemaker Programs, the de-listing of secondary health promotion for seniors as a mandated public health service, and the erosion of support for geriatric specialists, amongst others. The elimination of these initiatives, all of which were intended to enhance the health and independence of seniors, has had an impact on the current burden of illness and disability faced by both seniors and society.

Seniors and health care providers alike will need to come together to work in different ways if we are to truly be successful in adding ‘life to years’... and optimize the use of health care resources.

Seniors and health care providers alike will need to come together to work in different ways if we are to truly be successful in adding ‘life to years’ in Champlain region and optimize the use of health care resources. The implementation of the many Aging at Home projects over the next three years holds the potential for a great start.

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 and 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.
Chair of Aging at Home Excited About Future for Seniors

Speak to Carol Burrows, Chair of the Aging at Home Task Force, for more than a few minutes and you can’t help but be inspired by her attitude toward the idea of seniors aging at home. As a senior herself, Carol has a sense of realism and optimism that make you believe it’s possible for all seniors to live out their golden years with both dignity and independence.

Carol feels that her sense of optimism is well founded. In her view, the Ontario government’s recent commitment of over $700 million across the province toward helping seniors stay in their homes longer sends a clear message. “The government is saying very clearly that we can’t go on—and shouldn’t go on—building long-term-care beds and then pushing older people into them,” she says. “Long-term-care facilities are good for a certain group of people, but they are not the sole solution.”

Carol’s excitement at the funding, however, is tempered with a dose of realism. The Champlain Local Health Integration Network has received $30 million to spend over three years in the Champlain catchment area, which Carol admits is not as much as it sounds. “It’s a large geographic area. Our goal is to keep as many seniors as possible in their own homes—whatever home means to them—and keep them out of long-term-care or alternative-level-of-care beds.”

As much as she wishes there was more money available to distribute to worthy projects, she is buoyed by the quantity and quality of ideas that were submitted for funding consideration. In response to a request for Expressions of Interest, Champlain’s LHIN received 116 submissions that ranged from meal and visitation programs to video-monitoring and smoking-cessation initiatives. “The ideas were so creative, and many were extremely cost-effective. They have made me more excited about the future for seniors than I’ve been in a long time.”

Carol was also extremely impressed at how the range of services proposed differed from town to town—many of them small and rural—depending on the needs of that community. That, according to Carol, is “right and proper.”

If Carol believes the government is saying that building more long-term-care facilities is not the answer, then what does she think the answer is? One idea she comes back to time and again is the development of housing alternatives such as “congregate” or communal housing for seniors. With this type of housing, seniors live independently but still have access to necessary services and opportunities for socialization. “These facilities exist in other communities,” she notes, “but they’re only just getting off the ground in the Champlain area.”

According to Carol, this type of living arrangement would have a positive domino effect. By fostering a strong, supportive network of friends and health-care practitioners, congregate housing supports seniors’ physical and mental well-being, thereby lowering the number of seniors visiting hospital emergency rooms. Fewer visits to emergency rooms means fewer admissions, which in turn frees up more hospital beds for critically
ill and surgical patients. The benefits would be twofold: seniors would enjoy an independent lifestyle for a longer time, and the over-burdened healthcare system would be given a much-needed break.

Carol also believes strongly that we must address the needs of seniors who may have been overlooked in the past, such as the disabled or the homeless, and recognize that while their needs may be different, they are no less important. Having worked with aging homeless women for many years, Carol has a unique perspective on a group that is frequently ignored by society. “I’ve grown a lot from meeting these women,” she confides. “I’ve learned that it isn’t enough just to sympathize with them. We need to understand their reality and hear their thoughts on what would make a difference rather than just going in with our own idea of what we should do. After all, even a homeless woman wants a friend to be with her when she is dying.”

“The ideas were so creative, and many were extremely cost-effective. They have made me more excited about the future for seniors than I’ve been in a long time.”

Carol also feels it is important to understand the attitudes of different cultures toward aging in order to meet the needs of those seniors. “Providing for their needs is so much more than a language issue. We need to find culturally appropriate ways to help them stay in their homes.”

Carol Burrows was recently honoured with the United Way’s Community Builder Award and the Council on Aging’s Margaret Griffiths Award in recognition of her many years of dedicated service to her community.

Carol readily admits it would be naïve to say that the solutions are simple—there is nothing simple about them. But she also feels it is necessary to dream big, albeit realistically. “It’s good to dream in Technicolor, but then you need to pare down your dreams and expectations to focus on what you really want and need.”

But Carol’s Technicolor dream isn’t all that outlandish. She dreams of a time when all seniors will have the supports they need to allow them to stay in their homes for as long as they are able and wish to. “Partnerships and collaborations are the key to the road forward,” emphasizes Carol. “And that’s something that I think is really starting to happen.”

Sharing our Knowledge

GP 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 peer-reviewed published contributions in 2007/2008. The entire publication list can be accessed in the research section of our website located at www.rgpeo.com.

Together, we’re sharing our knowledge.


Learning and Teaching

More than 13,726 hours of education and training were provided to 978 students in the Faculties of Medicine and Health Sciences. Here is a breakdown of the 2007-08 student placements:

- Medicine–Postgraduates [44 placements]
- Medicine–Undergraduates [18 placements]
- Nursing [12 placements]
- Allied Health [10 placements]
- Medicine–Fellowship [1 placement]

Research and Publications

Research activities resulted in 21 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:

- Health Care Delivery
  - Geriatric Rehabilitation
  - Osteoporosis
  - Gender Differences
  - Falls
  - Family Health Teams
  - Community of Care
  - Pain Management
  - Driving
  - Diagnosis disclosure
  - Ethical Issues
  - Dementia

Inpatient Services

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