

ANNUAL REPORT 2008



Regional Geriatric Program
of Eastern Ontario



Striving for a Stronger Community

The Regional Geriatric Program of Eastern Ontario was pleased to be recognized on May 28th, 2009 by the United Way/Centraide Ottawa as the Community Builder of the Year Award for its leadership and commitment to the health and independence of seniors.

The Honourable Jim Watson MPP, Minister of Municipal Affairs and Housing presented the award to the RGP and stated that the RGP, supported by its host hospital, The Ottawa Hospital, has become a community institution through the combined efforts of the Bruyere

Continuing Care, Queensway-Carleton Hospital, the Montfort Hospital, Champlain Community Care Access Centre, the Community Support Services and many other health services and community agencies from across the region to ensure that seniors receive the appropriate assessment, information and treatment.

Cal Martell, former Director of the RGP, accepted the award on behalf of the RGP "with great appreciation and recognition of the outstanding commitment and collaboration of our staff and hospital/community partners, and deep respect for the role and leadership of United Way/Centraide Ottawa". The RGP also acknowledges the partnership of many organizations drawn together by a shared vision to optimize the health and independence of our most vulnerable seniors.

The RGP would like to recognise Cal Martell, who departed the RGP in June 2009 as a quality driven champion, a committed leader, a devoted advocate and an embracer of networking and partnerships in building capacity to optimize the health potential for seniors. Mr. Martell has been an active spokesperson locally, provincially and nationally for ensuring services for seniors. His vision, drive and dedication were critical factors in the development and implementation of key geriatric projects such as the Regional Geriatric and Community Intervention Program, Supportive Housing and Senior Friendly Hospital initiatives. Mr. Martell's outstanding commitment

and devotion has established a strong foundation for the RGP to continue to strive for excellence in all aspects of seniors' health promotion and prevention across the continuum of care.

The innovation has created opportunities for local areas to develop and enhance the system to best fit their community and geriatric resources.

The RGP has strengthened its core of partnerships and networks and developed new relationships to continue its commitment to promote the health and independence of seniors. One initiative that highlights this is the Regional Geriatric and Community Intervention Program (RGCIIP) that brings together 8 hospitals and over 30 community agencies. Through the coordinated partnerships and networks the program has continued to expand and enhance communication and transitions so that

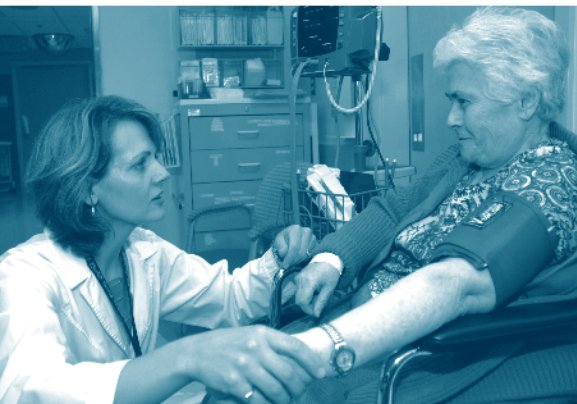


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seniors obtain timely services and resources to maintain their independence in their own homes.

The Regional Geriatric Program of Eastern Ontario continues to implement initiatives to support current strategic directions and will shortly initiate the planning and development of the next three year strategic plan.



Strategic Direction One: Maximize the Health Potential of Seniors:

We have placed a strong emphasis on further integrating and coordinating services for seniors across the continuum of care, notably with the collaborative efforts of all partners within the Regional Geriatric and Community Intervention Program to develop comprehensive services to keep seniors out of hospital and remain in their own homes. The strengthening of communication and access to timely information has ensured that points of care transitions are integrated and efficacious for seniors, their families and caregivers. The innovation has created opportunities for local areas to develop and enhance the system to best fit their community and geriatric resources. A prime example is the Mobile Day Hospital implemented within Renfrew County to support Geriatric Emergency Management referrals.

The Aging in Place program has provided a framework to provide services within the seniors' own community. Through the leadership of CCAC, Community Support Services, Ottawa Public Health and other key community agencies, seniors are able to access services within their own community.

Dr. Paul Williams recently completed a balance of care study to provide evidence to maintain older persons "at risk" of loss of independence safely and cost-effectively in the community. The report will be completed in August 2009 and will be a key resource in the development of affordable supportive housing options.

Strategic Direction Two: Increased System Capacity:

The RGCIP has expanded so that GEM nurses are in 9 emergency departments across the Champlain region. Day hospitals have been implemented in the Cornwall Community Hospital, the Pembroke Regional Hospital, the Renfrew Victoria Hospital and the Arnprior District and Memorial Hospital. Also, the day hospitals at Queensway-Carleton Hospital, Bruyere Continuing Care and The Ottawa Hospital have expanded to further meet the needs of seniors. The Day Programs across the region have also expanded their capacity to provide a timely response to seniors needs.

There have been numerous challenges over the past year, but also multitude of opportunities to further develop and enhance the provision of services for seniors.

One strategy that will be essential in tracking seniors through the system will be Sharepoint, an electronic tracking software system, coordinated through the Champlain LHIN. This system will allow clinicians to track whom and where a

senior has been within the system's continuum of care to ensure the senior is receiving the right care at the right time.

The RGP continues to advocate and champion Senior Friendly hospital and community initiatives and are pleased that this year our AGM will focus on this topic. The keynote speaker will be Dr. Belinda Parke, a leader and champion within the senior friendly hospital community.

The utilization of technology has provided opportunities to expand capacity to address waiting lists in Pembroke and Cornwall rural geriatric clinics. Telemedicine clinics are now offered at the Pembroke Regional Hospital and at Tri-County Mental Health Services in Cornwall. The clinics provide another example of partnerships between the local community, CCAC, and the RGP.

Strategic Direction Three: Coordinated Access and Service Delivery:

The RGP continues to advocate for a balanced approach from health promotion and prevention to community and facility based care that is premised on comprehensive geriatric assessment and planning.

Through ongoing collaboration with partners and networks, consistency with respect to how health services are provided to seniors has increased.

Initiatives such as the Geriatric Interprofessional Interorganizational Collaborative (GiiC) have enhanced the coordination of access and service delivery. The GiiC initiative worked with primary care (Family Health Teams and Community Health Centres) in building geriatric capacity through a knowledge to practice framework.

There have been numerous challenges over the past year, but also multitude of opportunities to further develop and enhance the provision of services for seniors. The day in and day out dedication and devotion of front line health care professionals is the key to building the necessary foundation for success in making a difference in the lives of seniors we serve.

Kelly Milne
Acting Director, RGP

A Golden Age for Care for Seniors in Eastern Ontario?

*Dr. W. B. Dalziel
Chief, Regional Geriatric Program of Eastern Ontario*

Clearly, the Aging at Home strategy is being successfully implemented with multiple innovative programs across the Champlain region. The Regional Geriatric Program of Eastern Ontario is directly involved as partners in 16 initiatives and support many others towards the 3 major goals identified in our strategic planning.

1. Maximize the Health Potential of Seniors
2. Increased System Capacity
3. Co-ordinated Access in Service Delivery

Also, the primary motivations for the Aging at Home strategy have been concerns about alternate level of care patients blocking access to acute hospital beds and issues in the over-crowding of emergency departments. At a practical level, the motivation doesn't matter as long as we are able to continue to develop co-ordinated system of care for seniors. A very positive effect of the introduction of new programs is increased communication and appreciation the contributions that are made between the multiple partners within health and social care; acute care hospitals, community-based services, specialized geriatric services, supportive housing, residential homes, and seniors organizations.

Are we realizing our potential? Are we entering into a golden age for care for seniors? I think we probably are, but it will require continuous committed efforts to face the multiple challenges of developing a comprehensive co-ordinated system of care. Those of you who know me well, know my absolute distaste for the term "seamless" because a system of care cannot be seamless between multiple partners, it can only thrive on the quality of the seams just as in a well-tailored garment. In creating excellent seams and excellent intra-organizational co-ordination, requires long-term committed blood, sweat and tears and hard work but I think we are getting there. And I especially think we are starting to move forward further ahead in terms of developing better services for seniors in the rural areas of the Champlain region.

But we still have a long way to go to really focus on senior care because of the right motivating factors to fight against the ageism that still exists and drives our society. As the Baby Boomers start to become seniors in the next few years, hopefully they will affect our society's attitudes. A recent article in the Canadian Journal of Geriatrics reviewed the depiction of older patients in the TV show "Grey's Anatomy". Whereas typically 37% of patients discharged from US hospitals are over age 65, the rate of depiction of older patients on Grey's Anatomy was only 5%. More telling was a brief discussion between 2 of the young attractive lead interns on the very first episode of Grey's Anatomy: Intern #1 "Maybe I should have gone into Geriatrics. No one minds when you kill an old persons. Intern #2 "Geriatrics is for freaks who live with their mothers and never have sex!" So we still have a ways to go...

I would like to salute and applaud everyone in our region involved in care for seniors as it is only from our joint collaborative efforts that we can really change a system. I would like to close by especially noting the contributions of Mr. Cal Martell who has recently left his position as Director, RGPEO. Cal's contribution for care for seniors in Champlain and across Ontario has been enormous over the past decade and his absolute commitment to seniors' issues is legendary. Thanks Cal!

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.



The Geriatric and Community Intervention Program: Meeting the Unique Health Care Needs of Seniors

Aging. In today's society, it's almost a dirty word. For many people, it brings to mind images of falls, incontinence, and the inevitable loss of mind and bodily function that leads to a long-term-care facility. But is that everyone's reality? Should it be anyone's, for that matter? Not if Tammy Pulfer has anything to say about it.

"We live in an ageist society," says Ms. Pulfer, who is the Regional Program Manager for the Regional Geriatric and Community Intervention Program. The program is funded by the Champlain LHIN and falls under the umbrella of the Aging at Home projects. According to Ms. Pulfer, society as a whole—including the medical community—is far too quick to label the health issues faced by many seniors as a normal part of the aging process. "What many people—seniors, families and care providers alike—often attribute to 'just getting old' can in fact be abnormal findings and may be indicative of disease processes or other complications." As Tammy Pulfer, who is herself a Geriatric Nurse Specialist, explains, our bodies are less resilient as we get older and respond differently to illness than would that of a younger person. For example, confusion in a senior may be a temporary state indicating the presence of an infection rather than a permanent decline in cognitive ability, as might be assumed. "Older people are one of the most complex populations we see in health care. It can be complicated to identify the underlying issues due to co-morbidities (multiple contributory health conditions) and polypharmacy (use of multiple medications)."



Misperceptions about what constitutes the "normal" aging process can lead to misdiagnosis of treatable ailments in seniors, which in itself can lead to further health complications and the eventual loss of independence. On the other hand, identifying the correct problems and taking steps to manage them can improve quality of life and allow seniors to continue to lead healthy, independent lives.

That's where the Regional Geriatric and Community Intervention Program comes in. By providing a targeted geriatric assessment of seniors while they are in the emergency room, the program can identify seniors who have not previously been shown to be at risk but who have started to experience physical or cognitive problems. By intervening early with a comprehensive range of community support and specialized geriatric services the goal is not only to prevent further decline but also to maintain the individual's current

functional level or perhaps even improve it. "Our program mandate is to avoid assumptions and focus on an evidence-based screening assessment to identify problems earlier so that we can intervene and minimize their impact," says Ms. Pulfer.

The initial emergency room assessment is done by the triage nurse. Depending on the nature of the illness or injury, an individual who is 75 or older, has visited the emergency room at least one other time in the past six months and is being discharged back home or to a retirement facility (not a long-term-care facility) may be referred to a Geriatric Emergency Management (GEM) nurse. GEM nurses add a layer of geriatric specialty to the usual emergency room assessment and help to identify seniors who are at risk for return visits or readmission. Rather than simply treating the seemingly obvious problem, which is how emergency medicine

is designed to work, GEM nurses delve deeper into an individual's health and history, keeping in mind the unique medical needs of seniors. This ensures that a proper diagnosis is made and that individuals are referred to the appropriate community services upon discharge.

Although the GEM assessment is at the heart of the program, it is only one component. The Regional Geriatric and Community Intervention Program partners together many regional and community programs that provide specialized services to seniors. This is done to ensure that individuals have the resources they need after discharge, such as the services of geriatric day hospitals, CCAC services and others.

This shift in approach from one-size-fits-all to individualized senior-focused health care can't come too soon. Across the Champlain area alone there are approximately 45,000 visits annually to the ER by patients 75 years or older, and the Ontario Ministry of Health and

for surgery-related complications, emergencies and deaths. Providing seniors with timely and appropriate health care and services has the potential to ease some of the pressure on an already overburdened health-care system.

Launched as a pilot project in April 2007, the Regional Geriatric and Community Intervention Program is still in its infancy, but the results are more than encouraging. Between April 1, 2008 and March 31, 2009, over 1,000 seniors were seen by the GEM nurse in the emergency room at Civic Campus of The Ottawa Hospital. Data analysis showed that, within 30 days of the initial visit, return visits to the ER were 15 percent lower than average and subsequent inpatient admissions were 65 percent lower than average. In the spring of 2009 the program was expanded and now boasts 14 GEM nurses located in eight hospitals across the Champlain region, including Pembroke, Renfrew, Arnprior, Ottawa, Queensway-Carleton, Montfort, Cornwall and Hawkesbury.

While the goal of the Regional Geriatric and Community Intervention Program is to keep at-risk seniors healthy and independent for as long as possible, its impact is far-reaching. Not only do the families and caregivers have peace of mind knowing their loved ones are receiving the best possible care, but ER staff can be confident that patients will have needed resources at their disposal upon discharge and won't be left to manage on their own.

If Ms. Pulfer has her way, "aging" will no longer bring to mind visions of health issues and long-term care but independence and quality of life. "We're trying to prevent repeat visits to the emergency room, decrease admissions to hospital, and keep people in their homes, safely, for as long as possible and for as long as they wish to be there."

“What many people—seniors, families and care providers alike—often attribute to ‘just getting old’ can in fact be abnormal findings and may be indicative of disease processes or other complications.”

Long-Term Care estimates that Ontario's senior population will double in the next 15 or so years. Statistics show that seniors account for the majority of all hospital days in Ontario, are the highest users of prescription medications, and are at heightened risk

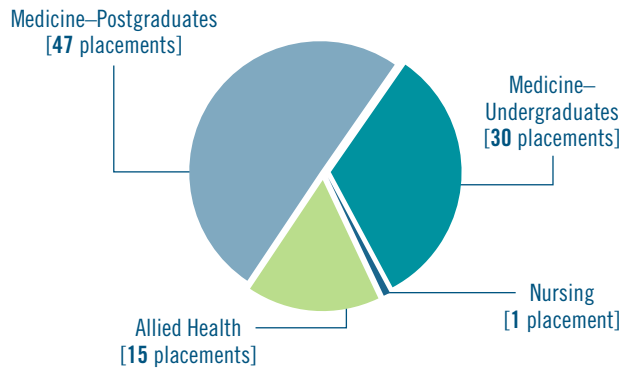
Sharing our Knowledge

RGP staff continue to be at the forefront of research and innovation to enhance geriatrics and care of the elderly. We are pleased to share some of the peer-reviewed published contributions in 2008/2009. 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.

- Molnar, F.J., Byszewski, A.M., Rapoport, M. and Dalziel, W.B. (2009). **Practical Experience-Based Approaches to Assessing Fitness to Drive in Dementia.** *Geriatrics &*
- Andersen, E., Silvius, J., Slaughter, S., Dalziel, W. and Drummond, N. (2008). **Lay and Professional Expectations of Cholinesterase Inhibitor Treatment in the Early Stage of Alzheimer's Disease.** *Dementia*, (November) 7(4):545-558.
- Azad, N., Molnar, F. and Byszewski, A. (2008). **Lessons Learned from a Multidisciplinary Heart Failure Clinic for Older Women: A Randomised Controlled Trial.** *Age and Ageing*, (May) 37(3):282-287.
- Cyr, A.A., Stinchcombe, A., Gagnon, S., Marshall, S., Man-Son-Hing, M. and Finestone, H. (2008). **Driving Difficulties of Brain-Injured Drivers in Reaction to High-Crash-Risk Simulated Road Events: A Question of Impaired Divided Attention?** *Journal of Clinical and Experimental Neuropsychology*, [epub ahead of print]:1-11.
- Molnar, F.J., Hutton, B. and Fergusson, D. (2008). **Does Analysis using "Last Observation Carried Forward" Introduce Bias in Dementia Research?** *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, (Oct 7) 179(8):751-753.
- Molnar, F.J., Wells, G.A. and McDowell, I. (2008). **The Derivation and Validation of the Ottawa 3D and Ottawa 3DY Three- and Four-Question Screens for Cognitive Impairment.** *Clinical Medicine: Geriatrics*, 2:1-11.

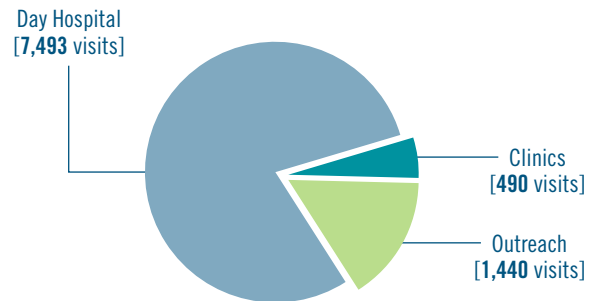
Learning and Teaching

More than 14,639 hours of education and training were provided to 7,603 students in the Faculties of Medicine and Health Sciences (includes CMEs, Videoconference sessions, Regional Geriatric Rounds). Here is a breakdown of the 2008-09 student placements:



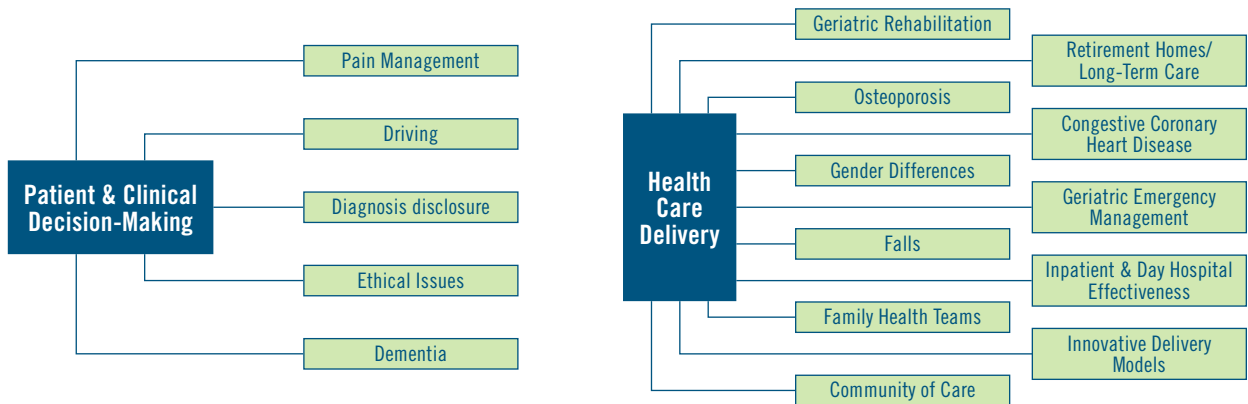
Services and Resources

In 2008-09, patients over 65 accounted for 35% of acute care hospital admissions in Ottawa and 55% of all inpatient days. During this period, there were 1,129 Admissions to RGP inpatient services and 9,425 Visits to ambulatory services. This is how clients used our ambulatory services:



Research and Publications

Research activities resulted in 11 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 2008-2009

INPATIENT SERVICES

Geriatric Assessment Units

Beds	37
Admissions	686
Patient Days	13,257
Total Operating Budget	\$4,034,641

Geriatric Rehabilitation Unit

Beds	54
Admissions	443
Patient Days	16,271
Total Operating Budget	\$7,223,946

Geriatric Inpatient Consultation Services

Number of Assessments	1,592
Total Operating Budget	\$356,374

AMBULATORY SERVICES

Day Hospitals

Spaces	40
Visits	7,493
Total Operating Budget	\$1,689,851

Clinics

Sites	7
Visits	490

Outreach

Referrals	1,781
Visits	1,440
Total Operating Budget	\$906,056