



# ANNUAL REPORT EDITION Encore!

THE REGIONAL GERIATRIC ASSESSMENT PROGRAM OF OTTAWA

## Bringing our vision to life...

**W**e're almost there! After several years of research and planning, the Regional Geriatric Assessment Program and its partners are on the cusp of implementing new models of service delivery that will make a real difference for seniors in our community. Our goal has always been to improve health service delivery for the older population, and we're seeing the impact of our efforts.

This issue of *Encore!* is also our 2002-2003 Annual Report, an opportunity to reflect on the accomplishments of the past year and set the stage for the one ahead. Established in 1985 as one of Ontario's original health services networks, the RGAP has evolved, moving forward with local solutions to promote health and independence for seniors.

Initiatives such as the Geriatric Emergency Management (GEM) Program and the Resources for Seniors in the Community (RISC) Project demonstrate the kinds of things that can be done to improve the care provided to seniors. Read more about RISC on page 2.

RGAP is pleased to be an active partner in the development of expanded rural geriatric networks in Eastern Ontario. Together, we're building local capacity and bringing expertise closer to home.

The Senior Friendly Hospitals Strategy is in full gear, identifying priorities that will enhance hospital responsiveness to the needs of older patients. Read about the program and one of its most enthusiastic leaders on page 3.

## TOGETHER!



Another key area of success for the RGAP is research. Several studies are underway, all designed to help us better understand the needs of seniors and the best way to address those needs. For example, Drs. Hing and Molnar, with the support of the Élisabeth Bruyère Research Institute at SCO Health Service, are leading CANDrive. They have a national network of 50 researchers working together to study issues related to driving safety and seniors. The Retirement Home Study, profiled

on page 4, focuses on an increasingly important component of the continuum of housing that has received very little attention to date. And a new project in Chronic Pain will undoubtedly yield exciting new results.

But our work is far from done. We recognize the need to promote and maintain the health of seniors. To this end, we're pleased to be part of Successful Aging Ottawa, a regional initiative to develop an overarching framework for successful aging by the year 2020.

Working with caring, committed individuals, groups and government agencies throughout the region has been a key foundation of the RGAP. Together, we're making a difference and bringing our vision to life!

**INSIDE**  
Growing and caring  
Our Annual Report

## An opportunity for

**W**ith the Ontario election behind us and a new government at the helm, there's a key opportunity for reflection — and for change. Leading up to the vote, the RGAP worked with its provincial partners to ensure that all candidates were aware of the significant problems and possibilities related to seniors' health.

Forty three per cent of all health expenditures are used for seniors. Yet, a coherent policy on seniors' health and a new approach to their unique needs is still lacking. In an Election Fact Sheet, developed by the Regional Geriatric Programs of Ontario, the numbers speak for themselves.

- 32% of the \$25.5 billion provincial health expenditures in 2001 were used by seniors 75 years of age or older. The Conference Board of Canada predicts this will grow from \$8 to \$15.5 billion over the next 10 years unless we change our approach to seniors' health.

- Despite the magnitude of this investment, less than

vantage



POINT

### Dr. Bill Dalziel

Chief, RGAP and  
Associate Professor,  
Division of  
Geriatric Medicine,  
University of Ottawa

## reflection

4% of Ontarians 75 years of age or older access specialized geriatric services to improve their health status and independence.

- Ontario ranks last out of 10 jurisdictions in North America, including the poorest of the U.S, in meeting the needs of long term care residents.

- There are currently only 68 of the required 193 geriatric medical specialists in Ontario. There is also a critical shortfall of family physicians and other disciplines trained in care of the elderly.

- The population 75 years of age and older will increase by over 100% from 672,230 in 2001 to 1,400,000 in 2028.

We believe it's time to develop a business plan for investment in seniors' health. And it's time to launch a geriatric education strategy for Ontario's health care professionals. The government has asked for input and we've provided ours — will they listen?

## Assessing the RISCs

**A**fter two years of planning, the first clients of the Resource Integration for Seniors in the Community (RISC) program will soon be receiving the care they need. That care is coordinated and designed to ensure the patients don't fall through the cracks or bounce around the system.

"Current health services have been forced to focus on particular episodes of care," explains Cal Martell, RGAP Director. "As a result, multiple or more complex problems requiring support from several agencies or organizations are difficult to manage."

This lack of coordination leads to disjointed care, repeated trips to the Emergency Department, hospital admissions and even

premature placement in long term care facilities.

The RISC program is designed to change that.

Family physicians identify seniors with multiple conditions who might benefit from more integrated, coordinated care and support. A dedicated case manager at the Community Care Access Centre (CCAC) works with RISC Project Manager Elan Graves and others to develop an individualized care plan. Key elements include intensive case management, coordinated primary care and rapid access to designated treatment and support services.

"We're hoping the demonstration project with the Civic Family Medicine Centre and the CCAC will show the benefits of transforming service delivery for both seniors and the community," says Cal. In Edmonton, similar programs have resulted in a 52 per cent decrease in costs for hospital stays.

"We're navigating the system for those who can't," sums up Cal. "RISC is an example of doing things differently, and working together for seniors. We are gratified with the level of collaboration from SCO Health Service, the Civic Family Medicine Centre, the CCAC, and community support agencies such as the Good Companions, Ottawa West Seniors' Support and VON, as well as the regional office of the MOHLTC."



# Little changes make a big difference

**K**athleen Graham's nursing experience has prepared her well for her current position at Queensway-Carleton Hospital (QCH). "I've worked as a Clinical Nurse Specialist in Critical Care. In that role, you look at the patient population, do a needs assessment and determine how best to serve those patients. I apply the same principles here."

As QCH's Vice President, Patient Care and Chief Nursing Officer, Kathleen is working hard to make the hospital more senior friendly. "I realized that the majority of patients we serve are seniors. The average age on our medical/surgical unit is 72. We need to meet their needs."

Kathleen graduated from Algonquin College in 1976 and worked in the ICU at the former Civic Hospital. She went on to complete a Bachelor of Science and a Masters degree in Nursing at the University of Alberta, working at the University Hospital. After returning to Ottawa, Kathleen was Program Director for Surgery at The Ottawa Hospital. She came to QCH in 2000.

"QCH has a strong heritage in geriatrics," she explains. "It is one of our six cornerstone programs." QCH staff have worked to develop several seniors' strategies. For example, they reviewed the patient information packages, increasing the type size for easier reading. They also redesigned the main lobby, improving the chair design and augmenting the lighting.

QCH's focus on seniors has affected its Emergency Department and hospital expansion as well. "We worked with the Regional Geriatric Assessment Program to review the design plans and look at where we've done well and where there's an opportunity to improve. Joanne O'Keeffe's advice was invaluable for this and future building at QCH."

Kathleen hasn't stopped at the doors of QCH. She chaired the RGAP's Geriatric Emergency Management (GEM) Program committee, looking at how ER departments can address the needs of seniors.

Kathleen now leads the RGAP's Senior Friendly Hospital SubCommittee. This group has identified five priorities, with a goal to enhance hospital responsiveness

to the needs of older patients. "We want to provide tools for our partners. We hope the work will gain momentum and be embraced to become part of regular care and services."



For example, they have researched facility design standards and shared them with partners. "We're all in building mode," Kathleen explains. "The Accessibility Act puts the onus on the organization to ensure buildings are as senior friendly as possible.

These guidelines can help address the Accessibility Act and contribute to the design of new facilities."

Kathleen says she is excited by the changes taking place. "In the past, geriatrics may not have been my area of clinical expertise but it is clear that all of us need to focus on the needs of our largest group of clients - our seniors," sums up Kathleen. "It is an important component of Queensway-Carleton Hospital. We are attuned to it and we're making changes for better care."



## ***Kathleen Graham:***

***"All of us need to focus on our largest group of clients - our seniors"***



# A place to call HOME

Many frail older adults who are experiencing a decline in health and function are finding a home in private, unregulated residential care facilities (RCFs). How are they coping? What kind of care are they receiving?

To date, this growing segment of the older population has received very little research attention. The RGAP is changing that with one of the first studies of its kind in Canada.

In the City of Ottawa, there are about 70 RCFs housing over 4000 seniors. Because RCFs are not funded and regulated by the government, they vary considerably in size, price, amenities, programs and services. “That was a red flag for us,” explains Fara Aminzadeh, the RGAP’s Research Associate. “It was a group we clearly needed to learn more about.”

The RGAP studied a representative sample of 178 older adults living in nine randomly selected RCFs in Ottawa. The research included an in-depth evaluation of the functional/health profiles, patterns of service use, and medical/care needs of this growing segment of the elderly population.

“The results reveal great diversity in resident and facility profiles in the residential setting. A remarkably wide range of facilities, levels of care and resident mixes exist,” notes Fara. Slightly over half of the residents interviewed were over age 85. There was considerable overlap in the group that is at the higher disability end in RCFs and the lower disability end in long term care facilities. The results also validate earlier impressions that special care units in the residential setting have become increasingly close to unlicensed “pseudo nursing homes”.

Despite the heavy burden of care, the study results are promising. The care needs of the majority of residents were adequately met in the residential environment and the level of overall satisfaction was high. The RGAP clinical team made recommendations to about one third of the residents and about 12 per cent received a recommendation for a referral to specialized geriatric services for further assessment.

“This points to the importance of ‘anticipatory’ approaches to identify at-risk residents who would benefit from these services,” notes Fara. “It confirms our clinical anecdotal information.”

As the importance and size of the residential sector

increases, it is critical to examine the characteristics of its residents in order to better understand the unique niche of this sector. This information will help plan programs and policies that effectively respond to the care needs.

In fact, participating facilities will benefit from an in-service on dementia care as a result of the findings. As well, a collaborative initiative with interested RCFs to develop and test practical screening protocols to improve targeting of at risk residents is being considered.

The RCF study is part of a larger initiative to develop strategies to improve targeting of at-risk older persons living in the residential care facilities in the region. “Our research is based on the needs of the older population,” explains Fara. “Each project leads to several new initiatives to help our clients. It’s an immediate connection.”



## AN UPDATE ON OUR VISION FOR

Our shared vision to optimize the health and independence of older people in Champlain District, and to transform the Regional Geriatric Program into a community resource for successful aging, has made tremendous gains yet again this year. Four strategic directions continue to support the realization of our vision.

### ● **Enhanced Coordination, Accessibility and Accountability**

Our Organized Delivery System Working Group, under the leadership of Barbara Schulman, Vice-President of SCO Health Service, has continued to make excellent progress in the consolidation of the regional network with our rural partners. Locally lead geriatric networks, which are now well established in both the Five Eastern Counties and Renfrew County, will ensure strong collaboration. Local leadership will drive the future development of specialized geriatric services beyond the City of Ottawa. On a less optimistic note, access to geriatric services continues to be problematic both provincially and regionally. Although seniors account for 43% of all provincial health expenditures, less than 4% of those over 75 years of age were able to access the RGAP services that were designed to improve their health status. Gaps exist across the continuum of care in the rural areas of Champlain District, and access to services within Ottawa, particularly ambulatory and outpatient services, has also eroded significantly since 1996/97. Although it is anticipated that improved clinical efficiencies and planned service expansions will alleviate this to some extent within the next two years, appropriate access can be expected to remain problematic in the absence of a provincial framework for investment in seniors' health.

### ● **Increased Community Geriatric Capabilities**

Service delivery for seniors in Ottawa will experience a significant transformation over the coming year as several new models of service delivery are being initiated. I am pleased to report that, after several years of planning and advocacy, the MOHLTC, in collaboration with the Ottawa CCAC, have funded the Resource Integration Service for Seniors in the Community (RISC) project. Additionally, with the supportive care bed project, developed in partnership with local hospitals and long term care providers, the CCAC and the MOHLTC, seniors will receive more appropriate care following discharge from

hospital. Both projects are provincial firsts and reflect a growing understanding that good care for seniors benefits the health system as a whole.

From a community perspective, we are thrilled to be a supporting partner in the establishment of Successful Aging Ottawa, together with the Council on Aging, United Way and other RGAP partners. Plans for a seniors' population health survey, and a health surveillance strategy to inform the development of successful aging strategies in the City of Ottawa, are well underway.

### ● **Effective and Efficient Treatment of the Elderly**

The continuation of the Geriatric Emergency Management Project and the Senior Friendly Hospital Strategy are laying the groundwork for transforming hospital-based care for seniors. We have been extremely pleased with the commitment we have received over the past year from hospital CEOs in the development of the Senior Friendly Hospital Strategy. At the same time, our staff have continued to support major initiatives in the development of best practice

guidelines for care of the elderly, with a particular focus on pain management, restraints, fall prevention, delirium, depression and dementia. It is our hope that these and related initiatives can be integrated into the emerging Senior Friendly Hospital framework.

### ● **Learning and Teaching**

RGAP staff and researchers have assumed national and provincial leadership roles over the past year in a number of areas. These

include driving safety, retirement home research, delirium screening and intervention, to name but a few. We have also experienced a break-through in taking evidenced-based practice directly to seniors and their families. Over the past year, staff members have published 19 articles in seniors magazines and newsletters. Additionally, as one of the few internationally accredited web sites, the RGAP web site has continued to become a significant source of information about seniors' health for providers and seniors alike. Although this will never replace the role of direct communication, we are increasingly expanding access to our knowledge and expertise through a number of new technologies.

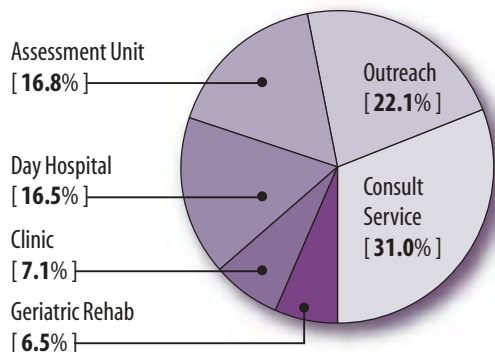
Making an impact. It's been the RGAP's vision since the beginning and now it's becoming a reality. Together, we're making a difference.

## GROWING and caring



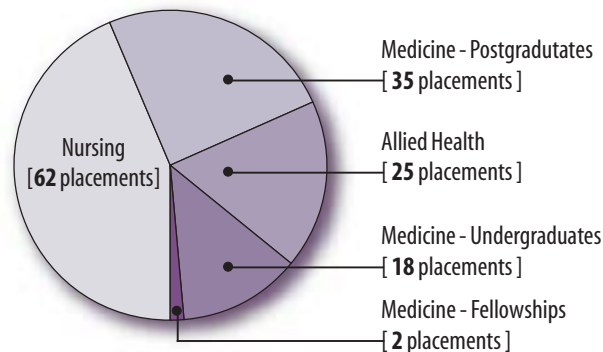
### SERVICES AND RESOURCES

In 2002-2003, there were 4,397 admissions to RGAP clinical services, which represented \$12,513,861 in resources. This reflects a 4% decrease compared to last year due to disruptions in referral patterns as well as consolidation of SCOHS's day hospital services. This is how our clients used our services:



### LEARNING AND TEACHING

More than 13,100 hours of education and training were provided to 142 students in the Faculties of Medicine and Health Sciences over the past year. Here is a breakdown of their placements:



### RESEARCH

Research activities resulted in 16 peer-reviewed publications and the RGAP was awarded \$1.7 million in external funding in 2002-2003. They focused on issues of relevance to seniors in the areas of patient and clinical decision-making and health care delivery:



## OUR INVESTMENT IN CARE 2002 · 2003

#### Inpatient Services

##### Inpatient Services - Geriatric Assessment Units

Beds.....	40
Admissions.....	738
Patient Days.....	13,723
Total Operating Budget.....	\$ 4,412,438

##### Inpatient Services - Rehab

Beds.....	48
Admissions.....	290
Patient Days.....	14,429
Total Operating Budget .....	\$ 5,428,835

##### Geriatric Consultations

Number of Visits.....	1,361
Total Operating Budget.....	\$ 289,385

#### Ambulatory Services

##### Day Hospital

Spaces.....	40
Admissions.....	723
Visits.....	8,013
Total Operating Budget.....	\$ 1,648,959

##### Clinics

Sites.....	6
Number of Visits.....	313

##### Outreach

Referrals.....	1,245
Number of Visits.....	972
Total Operating Budget.....	\$ 734,244