GERIATRIC ASSESSMENT OUTREACH TEAM (GAOT): BUILDING GERIATRIC SYSTEM CAPACITY

The Geriatric Assessment Outreach Team (GAOT) located at Bruyere Continuing Care and Queensway Carleton Hospital, over the years has built geriatric capacity through clinical interventions, teaching, training and community engagement. The GAOT receives recognition from the system for their outstanding clinical work related to the comprehensive geriatric assessment and intervention and less so for their work related to knowledge translation and community engagement. In building system capacity, several key provincial strategies highlight the need to (1) enhance the geriatric competence of the entire workforce and (2) improve the way geriatric care is delivered across the continuum. Highlighted below are examples of how the GAOT has contributed to building system capacity for older adults.

Enhancing Geriatric Competence

The GAOT have been the leaders in developing the content, as well as delivering the Geriatric Education Series which has been modified to improve access to a larger audience. The current format is delivered four times per year to approximately 130 participants. The team provides opportunities for other clinicians such as family medicine residents to attend clinical observation visits. Family Medicine Residents have noted that the visits assist greatly in identifying high risk seniors who would benefit from Specialized Geriatric Services and helps shape a patient profile for early identification and early intervention within their primary care practices. The GAOT have completed an evidenced based review of their comprehensive geriatric assessment interview guide that is shared with other clinicians working in the community to support the early detection.

Improving the way geriatric care is delivered across the continuum

GAOT have been engaged in delivering education to the community through presentations, health fairs and healthy living presentations. The team has also engaged with key community members in building geriatric capacity through services such as Health Links, Diabetes and Cardiac Rehabilitation Clinicians, Primary Care specifically building dementia and fall prevention capacity, and a conference on research initiatives for safe and sustainable discharges. The GAOT has continued to engage and partner with key organizations so that together they can optimize the health outcomes of older adults.
A NETWORK OF NETWORKS

The RGP has benefitted greatly from its many partners: The Ottawa Hospital, Bruyere Continuing Care, Queensway Carleton Hospital, Montfort Hospital, Champlain LHIN, Dementia Society of Ottawa and Renfrew County, Eastern Counties Specialized Geriatric Services Network, Renfrew County Specialized Geriatric Services Network, Pembroke Regional Hospital, Cornwall Community Hospital, Glengarry Memorial Hospital, Winchester and District Memorial Hospital, Renfrew Victoria Hospital, Arnprior and District Memorial Hospital, Champlain Dementia Network, The Perley and Rideau Veterans’ Health Centre, Champlain LHIN Home and Community Care Branch, Ottawa Public Health, The Council on Aging of Ottawa, Carefor Health and Community Services, The Royal (Royal Ottawa Mental Health Centre), Ottawa Community Support Coalition, Hawkesbury & District General Hospital, Primary Care Outreach, Health Link Authorities, United Way Ottawa, Alzheimer Society of Eastern Counties.

Enhancing Geriatric Knowledge
2016-2017

Clinical

Didactic sessions to medical students and residents:
- Introduction to Geriatrics & RGPEO
- Mobility and Falls

Presentations to:
- Health Links: RGPEO
- Diabetic and Cardiac Rehabilitation Clinicians
- Primary Care: RGPEO & Falls
- North SGS Annual Conference
- Research workshop on Discharge Planning

Observation Visits: 128

Mentorship

Orienting and Mentoring: 2 new geriatric assessors
Mentoring and Educating: Geriatric Emergency Management Nurses

Geriatric Education Series

Didactic sessions on: Introduction to Geriatrics, Function, Mobility and Falls, Cognition, Driving, Caregiver Stress, Elder Abuse, Living at Risk

Community

- Presentations
- Displays
- Health Living presentation

Representation

- Elder Abuse Consultation Team
- RGP Ontario Conference Committee
- Competency Framework for Comprehensive Geriatric Assessment (CGA)

Program Evaluation Committee

- Completed Evidence Based Review
- Updated CGA Interview Guide
- Updated IS Clinical Decision Algorithms
- Practice Guidelines for each clinical topic
RGPEO staff continue to be at the forefront of research and innovation in the care of the elderly. We are pleased to share some of the peer reviewed contributions published by RGPEO staff in 2016-2017.


Petit D, Lochnan H, **Byszewski A**. Boosters for clerkship professionalism curriculum: online Self-learning Modules. Medical Education 2016 Nov;50(11):1153-1154


LEARNING AND TEACHING

More than 14,692 hours of education and training were provided to 7,569 students in the Faculties of Medicine and Health Sciences (includes CMEs, Videoconference sessions, Regional Geriatric Rounds) by the Division of Geriatrics, clinicians working within SGS at The Ottawa Hospital and the RGP of Eastern Ontario. Here is a breakdown of the 2016-2017 student placements through The Ottawa Hospital:

- Medicine – Postgraduates (59 placements)
- Medicine – Undergraduates (29 placements)
- Geriatric Residents (2 placements)
- Allied Health (41 placements)
- Nursing (24 placements)

SERVICES AND RESOURCES

This is how clients used specialized geriatric ambulatory services coordinated by the Regional Geriatric Program of Eastern Ontario:

1. Geriatric Emergency Management Team:

<table>
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<tr>
<th>Year</th>
<th>Number of Patients Seen by GEM Nurse in ED and Discharged Home</th>
<th>Percentage of Patients not returning to ED within 30 days from index ED visit</th>
<th>Percentage of Patients not being admitted to hospital within 30 days from the index ED visit</th>
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<tbody>
<tr>
<td>2016-2017</td>
<td>4,596</td>
<td>68%</td>
<td>89%</td>
</tr>
<tr>
<td>2015—2016</td>
<td>4,520</td>
<td>67%</td>
<td>89%</td>
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The total “high risk seniors” served by RGP coordinated clinical services (Nurse Led Outreach Teams, Geriatric Assessment Outreach Teams, Geriatric Emergency Management and Clinics) was approximately 7,368 older adults. The “high risk seniors” seen within these services were captured under the ED/Hospital Diversion strategy that the RGP has been promoting for several years. The services are working with numerous community partners and agencies in implementing early identification processes to optimize reversibility and preventable interventions in supporting older adults in staying in their homes and community.

Utilization of specialized geriatric ambulatory services
(The Ottawa Hospital, Queensway Carleton, Bruyere Continuing Care, Arnprior and District Memorial Hospital, Renfrew Victoria Hospital, Pembroke Regional Hospital, Cornwall Community Hospital, Winchester District and Memorial Hospital, Montfort Hospital and The Royal)