



# About Us

The Regional Geriatric Program central (RGPc) is one of eleven regional geriatric programs located in Ontario. Each RGP is associated with an Academic Health Sciences Centre. The RGPc is affiliated with McMaster University and hosted by Hamilton Health Sciences. The RGPc provides programs to three Local Health Integration Networks (LHIN): Hamilton Niagara Haldimand Norfolk Brantford, Waterloo Wellington, and Halton.

## Mission

Promote a system of health care that optimizes the health, independence and quality of life of frail seniors based on evidence-informed practices.

## Vision

All frail seniors will have optimum health and access to specialized geriatric services.

## Areas of Focus

Education and capacity building, knowledge exchange and translation, service improvement, collaboration, research and evaluation.

## RGPc Team



Sharon Marr,  
Chair



Jane McKinnon  
Wilson,  
Director



Kristy McKibbon,  
Education  
Coordinator



Emily Vines,  
Research  
Assistant

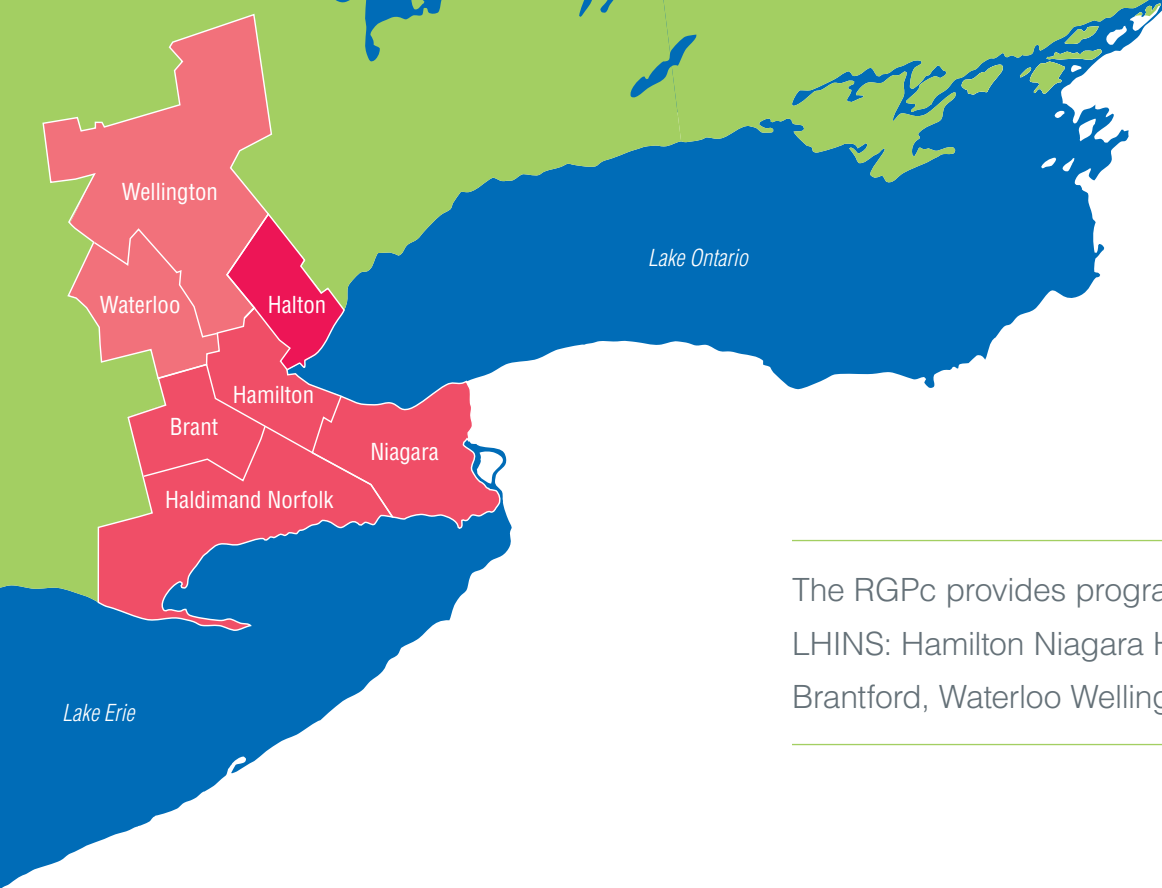


Lily Consoli,  
Administrative  
Assistant



## RGPc Council

The RGPc Council has a membership of service providers; researchers; educators; and persons with lived experience who meet to provide oversight and support to clinical, educational and research environments with a focus on quality improvement, system planning and implementation of best practices. The Council will present a strong and united community voice for an integrated system of health and supports for older adults by creating and sustaining an environment of trust, integrity, collaboration, decision making and responsibility. The RGPc Team would like to personally thank all of the members involved in the Council for their continued dedication and support of the RGPc initiatives.



The RGPc provides programs to three LHINS: Hamilton Niagara Haldimand Norfolk Brantford, Waterloo Wellington, and Halton.

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# Engaging



I am excited to share with you the Regional Geriatric Program Central's Annual Report for 2017-18. This past year, the Regional Geriatric Program Central (RGPC) has been involved with many successful education, research, and clinical interventions, including

the 8th Annual Update in Geriatrics Conference where Dr. Ronald Schlegel was recognized as our Lifelong Achievement Award recipient. Additionally, this report highlights some of the innovative research and programs developed within the Hamilton, Niagara, Haldimand, Brant and Waterloo Wellington regions – that continue to make a positive impact on the care for frail older adults.

I would also like to personally thank Jane McKinnon Wilson, who was seconded from CMHA Waterloo Wellington to support the RGPC as our acting Director. Jane supported many initiatives and programs over the past year and a half, and was an instrumental leader in spearheading the Central Intake Project for specialized geriatric services within the HNHB LHIN. The RGPC and all our partners are grateful for all the work Jane has done for us during her term, and we look forward to continue to work with Jane in the future.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Marr".

Dr. Sharon Marr  
Chair, Regional Geriatric Program central





# Education



## ○ Geriatric Certificate Program

The Geriatric Certificate Program (GCP) is an interdisciplinary, continuing education program for health care professionals in diverse fields of practice. Through two unique education streams, students can tailor their education to suit the needs of their career. Each learner enrolled in the GCP must complete a total of seven courses (five required, and two electives).

Each year the GCP is annually reviewed and endorsed by the McMaster Continuing Health Sciences Education Office.

This past year for the GCP has been filled with many changes, and significant growth. For 2017 the GCP had 161 new enrollees into the program, and 64 successful graduates. Additionally, GCP presented a poster at the Canadian Geriatrics Society Conference hosted in Montreal, ON in April 2018.

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*"The Geriatric Certificate Program was of great benefit to me. It allowed me to receive credit for courses I had taken "on the job" and to access courses online and in my area quite easily. The certificate was very practical and included the key courses that the industry wanted me to have."*

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*"I loved it! I learned so much and I remember a lot more than I thought I would and use it every day—not just with clients, but particularly with educating both families and team members."*

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Register online: [geriatriccp.ca](http://geriatriccp.ca)  
[info@geriatriccp.ca](mailto:info@geriatriccp.ca) | [@geriatriccp](https://twitter.com/geriatriccp) | [@geriatriccp](https://www.facebook.com/geriatriccp)

## ○ Frailty eLearning Modules

The Frailty eLearning Modules continue to be a successful online, interactive training resource for those working within the field of Geriatrics. The modules were developed out of Waterloo Wellington with many key partners assisting the development along the way. The most recent addition to the training, is a module on Exercise. This module was developed in collaboration with Dr. Lora Giangregorio, Research Institute for Aging in Waterloo, ON. Over the past four years, more than 2400 healthcare professionals across the province of Ontario have accessed the modules. Additionally, the Frailty eLearning Modules are currently a course on the Geriatric Certificate Program (GCP).

To learn more: [regionalhealthprogramswww.com](http://regionalhealthprogramswww.com)

## ○ Geriatric Training Program & e-GTP

The Geriatric Training Program (GTP) is a two day educational conference hosted by RGPC that targets healthcare professionals working with older adults, and is strongly recommended for staff who are new to the field. The 7th Annual GTP was held on September 28-29th, 2017 at the Waterfront Banquet Centre in Hamilton, ON.

Additionally offered is the e-GTP which is an opportunity for healthcare professionals to engage in the material presented from the in person conference at a later date, through an online secure platform. This supports learners from more rural areas, or those with busy schedules to participate in the education opportunity, and allows the participant to work the conference around their schedules over the span of two weeks.

September 28-29, 2017 participants **87** | **55** March 5-19, 2018 e-GTP

### ○ Cognitive Assessment Tools Workshop

The Cognitive Assessment Tools workshop is a unique half day training opportunity developed by Dr. David Cowan, Geriatrician and supported by RGPc. This workshop targets front line health care professionals working with older adults who use cognitive assessment tools in their clinical practice. Participants engage in small group learning, while improving their ability to use cognitive assessment tools in a standardized and consistent manner.

Nov. 20, 2017  
workshop  
participants

**20** | **22**

June 8, 2018  
workshop  
participants

### ○ Update in Geriatrics

The 7th Annual Update in Geriatrics was a huge success, hosting 348 healthcare attendees in Hamilton, ON. The education day focused on "Drugs and the Elderly: Balancing Risks and Benefits." Keynote speakers featured Dr. Cara Tannenbaum, Professor of Medicine and Pharmacy and the Director of the Canadian Deprescribing Network. Along with Dr. Karin Neufeld, Associate Professor, Clinical Director of the Department of Psychiatry at the John Hopkins Bayview Medical Centre, and the Director of the General Hospital Inpatient Psychiatry Consultation Service.

The Annual Lifelong Achievement Award for 2017 was deferred to be presented at the 8th Annual Update in Geriatrics.

### ○ Reitman Centre CARERS and TEACH Programs

The Alzheimer Society, in partnership with Mount Sinai Hospital, is pleased to be offering evidence-based psychotherapeutic groups to family caregivers supporting individuals living with dementia. Designed to build skills and increase mastery and self-confidence in the caregiving role, both CARERS and TEACH use Problem Solving Therapy techniques to address the specific challenges of dementia caregiving. CARERS group members work with a simulated patient to learn new approaches to communication with the individual living with the diagnosis of dementia. These research-based techniques are designed to improve relationships and de-escalate stressful situations at home.

For further information on how to register for these programs, please call [905-529-7030](tel:905-529-7030).

*Société  
Alzheimer  
Society*



**Mount Sinai  
Hospital**



## ○ iGeriCare

iGeriCare, a free, online learning program designed and developed at McMaster University, has launched. The website provides multimedia lessons and resources that allow the public to learn about dementia in their own homes, at their own pace. iGeriCare is the result of a collaboration between Drs. Richard Sztramko and Anthony Levinson, the director of Division of e-Learning Innovation at McMaster. At a recent event in Toronto, it was announced that the project will receive research funding from the Centre for Aging + Brain Health Innovation (CABHI) as a part of the Researcher-Clinician Partnership Program (RCP2). iGeriCare provides an important service for Canadians.

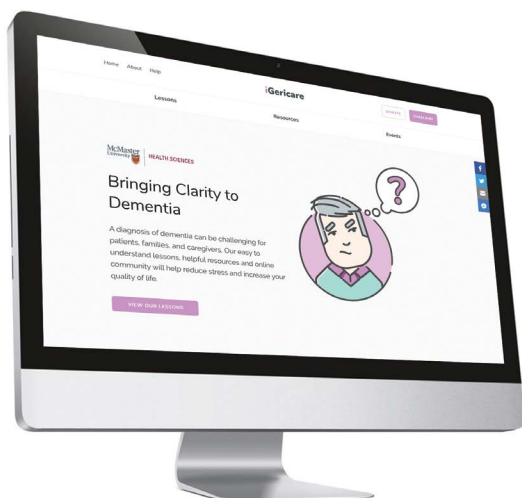
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*"A diagnosis of dementia can be overwhelming for the families, loved ones, and caregivers of persons with dementia. Such diagnoses often leave people in search of answers, which is what iGeriCare provides in a platform that is easy to access and understand."*

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iGeriCare is home to 10 online lessons covering many important aspects of dementia. Lessons range from the essentials of 'What is Dementia?' to other important topics such as promoting brain health, recognizing different types of dementia, understanding how dementia is treated, safety concerns, behavioural and psychological symptoms, as well as caregiver wellness.

To learn more: [igericare.healthhq.ca](http://igericare.healthhq.ca)



## ○ Assisting Patients with Responsive Behaviours – Hotel Dieu Shaver

All staff at Hotel Dieu Shaver Health and Rehabilitation Centre have received education on working with patients who are exhibiting responsive behaviors (Gentle Persuasive Approach –GPA, case studies, and unit-based in-services). Patients who have exhibited or are exhibiting these responses are identified as soon as possible (potentially on referral to our institution) and a separate behavioral plan of care is developed that focuses on the specific behaviors, triggers and patient centred strategies to assist patients. All multidisciplinary team members (this includes the patient and their families) are able to contribute to this plan of care and it is readily available to team members. Where the potential for responsive behaviours exists, patients are entered into our safety awareness program. This specific plan of care is reviewed minimally on a weekly basis and as necessary.

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*"Staff are more able to respond appropriately to responsive behaviors and work at figuring them out"*

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Preliminary process outcome measures indicate that specific behavioral plans are present on 100% of identified patients within 1 week and 75% of patients within 24-48 hours and referrals to outside supporting agencies (e.g. Behavioral Supports Ontario) have decreased. Qualitatively, staff members are verbalizing increased comfort in working with this patient population and there have been improvements in patient and family centred care as evidenced by the care plan content.

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*Specific behavioral plans are present on 100% of identified patients within 1 week and 75% of patients within 24-48 hours.*

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# Research



## ○ GERAS Centre for Aging Research

### **CABHI DANCE**

We are excited to announce that GERAS DANCE (Dancing for Cognition and Exercise) has received funding from the CABHI Researcher-Clinician Partnership Program (RCP2). This funding program is designed to enhance the effectiveness of connecting clinicians in the senior care sector with university-based researchers to collaboratively design, test and validate innovative products and services. We are grateful to CABHI and the generous funding provided by the Government of Ontario through the Ministry of Research, Innovation and Science, by the Government of Canada through the Public Health Agency of Canada, and by the Baycrest Foundation.

GERAS DANCE is a program targeted to older adults with cognitive impairment or early mobility issues. Our vision is to create a sustainable platform of products and services that can be implemented across Canada and globally. This includes in-person and on-line training, high-quality manuals, comprehensive support and establishing a community of practice. The pilot program was funded by the Labarge Optimal Aging initiative and Alzheimer's Society. Funding from RCP2 will allow expansion to YMCA locations across southern Ontario enabling at-risk seniors in other communities to benefit from high-quality programming.

We are grateful to CABHI and the generous funding provided by the Government of Ontario through the Ministry of Research, Innovation and Science, by the Government of Canada through the Public Health Agency of Canada, and by the Baycrest Foundation.

This program will be developed by Drs. Alexandra Papaioannou, Courtney Kennedy, and Patricia Hewston in collaboration with geriatricians and other investigators including: G. Ioannidis, D. Merom, A. Negm, and L. Trainor.

🌐 [gerascentre.ca/cabhi-dance](https://gerascentre.ca/cabhi-dance)

### **Fit Joints**

The GERAS Centre has recently received funding from the Physicians' Services Incorporated Foundation (PSI) for a 2 year project aiming to improve the function, mobility, and quality of life of frail patients undergoing total hip or knee replacement surgery. The Multimodal pre-habilitation for frail patients: the fit-joints pilot randomized controlled trial project is an expansion of our current research on hip and knee replacement that has been funded by Hamilton Academic Health Sciences Organization (HAHSO). With funding from PSI, the research team will look at expanding this multi modal approach to managing and preventing frailty to a second site.

Study participants are given an exercise plan, vitamin D and protein supplementation and a doctor reviews their medications. With help from the YMCA, participants can attend aquatic classes and receive coaching in the gym. They are also given gentle exercises to complete at home. Since it's a fairly big change for people who don't exercise regularly, study coordinators provide ongoing guidance with monthly home visits. The program continues as long as patients have to wait for their surgery. We believe that targeting frail surgical patients before surgery will improve health outcomes and reduce post-operative complications, hospital length of stay and health care costs.



Investigators: Alexandra Papaioannou, Ahmed Negm, Emil Schemitsch, Mohit Bhandari, George Ioannidis, Courtney Kennedy, Julie Richardson, Justin Lee, Lehana Thabane, Mitchell Winemaker, Stefanie Atkinson.

## ○ AGE-ON iPad Education Program

In 2017, the RGPc partnered with researchers at McMaster University to integrate the McMaster Optimal Aging Portal into a Level 2 update, and to conduct a research study to evaluate the program. The research team, led by Dr. Sarah Neil-Sztramko and including Dr. Maureen Dobbins and Dr. Sharon Marr received a grant from the Social Sciences and Humanities Research Council (SSHRC), a federal research funding agency, to conduct this work. To date, the research team has conducted a review of relevant scientific literature, and hosted focus groups with previous AGE-ON participants to refine the program.

senior  
participants  
in 2017

23

16

student mentor  
participants  
in 2017

## ○ 2017 Geriatric Education Bursary

The RGPc's Education Bursary provides funding to attend geriatric focused educational events and/or courses to support learning needs and goals for Health care professionals currently working in a geriatric setting or medical residents with an interest in geriatrics as a profession.

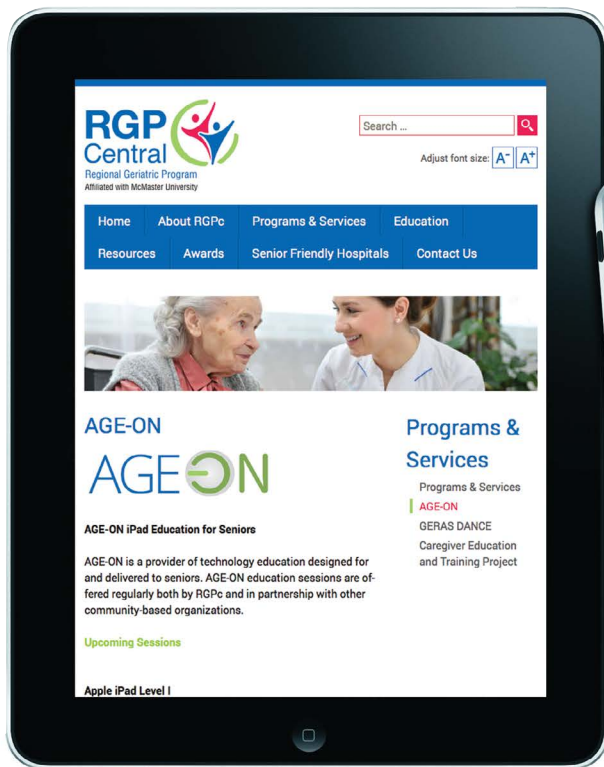
Bursary recipients were recognized and presented their award at the 7th Annual Update in Geriatrics. For 2017 there were two recipients, Mary Cochrane and Kelly Witzell-Jagger, each receiving a bursary of \$500.

*Congratulations to both of our recipients!*

## ○ Specialized Geriatric Services Quality Improvement Grant

### Grant 2016-17

The Primary Care Memory Clinic model (PCMC) was developed by Dr. Linda Lee in 2006 as a system solution to improve dementia diagnosis and care. This model offers a shared care approach to dementia that builds capacity at both the primary and specialist care levels. There are currently more than 80 PCMC's



across Ontario. However, services are generally restricted to patients within the community practices of the family physician (CHCs, FHTS, FHOs).

In 2016-17 the South Niagara PCMC was awarded a quality improvement grant by the RGPc, affiliated with McMaster University. The objectives of the project were twofold:

1. Enable the local interdisciplinary memory clinic team to examine and adapt our current processes in order to expand access and improve efficiency.
2. Build team capacity for continuous quality improvement by further developing, testing and optimizing processes and roles within our clinic.

#### **Targets:**

1. Total assessment time 2.5 hrs.
2. Four patient/caregivers assessed per team, per clinic day
3. Two parallel teams operational by May 2018

The team assessed its ability to scale the processes and procedures to other locations and share with other clinics as well as replicate the operating model in other communities (once or twice a month) to the benefit of other physicians, patients, and the community at large.

#### **Outcomes and Achievements:**

- *Decreased total assessment time:* 35% reduction in the total assessment time per patient/caregiver due to process improvements made.
- *Increased capacity:* Doubled capacity for direct service by securing an additional RN from Bridges CHC, and a second staff from Alzheimer Society (one who serves Ft Erie). The second team will start in May 2018 once training is completed. In addition, the Alzheimer Society (AS) of the Niagara Region has determined a procedure whereby memory clinic patients can give prior consent to AS involvement so that the AS can report numbers served to the LHIN and no longer get financially penalized but rather rewarded for allocating their staff to memory clinics. This has enabled them to allocate an additional staff member to the memory clinic team.
- Memory clinic team members reported greater understanding of and capacity for Quality Improvement following this quality improvement initiative.

This project has modeled a culture of improvement in its workshops and post-workshop investigations. It is recommended that PCMC continue to support such a culture, for example by continuing to work on understanding current processes, seeking potential process improvements, and investing in the resources required to design and implement positive changes. Next steps include:

- Networking with the community-based memory clinics in Niagara.
- Exploring the Waterloo Region model of centralized intake for geriatric services to understand it better.
- Connect with the Hotel Dieu Shaver memory clinic to discuss linkages and the potential for shortening wait times for their clinic by using South Niagara PCMC's excess capacity.

#### **Grant 2017-18**

A grant was awarded to Niagara Health for their project which aims to increase awareness, knowledge and skills of all their clinical staff as well as offering a variety of strategies to provide extraordinary care for frail elderly, ultimately to improve the overall experience and reduce the utilization of restraints and security staff/observational care attendants.

The goal of Niagara Health's quality improvement project is to improve the overall experience for both frail seniors, and the staff at Niagara Health through a reduction, and ideally the elimination of restraints. Knowledge and skill acquisition for clinical staff will be a main component of this quality improvement project, with a specific focus on person-centered care planning, and creating safe environments for patients to wander and reduce the risk of elopement from the hospital.

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RGPc would like to thank all the applicants for the Specialized Geriatric Services Quality Improvement Grant 2017/18.

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# Services



“We arranged to have one of the towers at McMaster University lit up in green lighting (green is the logo colour for HELP) on the evening of March 14th in honour of World Delirium Awareness Day.”

– Hospital Elder Life Program at Hamilton Health Sciences

## ○ Hospital Elder Life Program (HELP)

The Hospital Elder Life Program (HELP) at Hamilton Health Sciences is a recognized Centre of Excellence with the international HELP organization. We offered two sold out Delirium Prevention Workshops in the past fiscal year. One in November 2017 and a second in March 2018. These workshops qualify as credits for the Regional Geriatric Program's, Geriatric Certificate Program. The HELP team also received great recognition for our HELP World Delirium Awareness Day (WDAD) Celebrations at HHS on March 14th, 2018. We set up information booths for staff and visitors at the Juravinski and Hamilton General Sites providing extensive, information handouts about HELP and Delirium in older

hospitalized adults. We provided goodies and there was a free draw for prizes. We highlighted stories out our HELP patients and volunteers in HHS Newsletters and through HHS social media. We also arranged to have one of the towers at McMaster University lit up in green lighting (green is the logo colour for HELP) on the evening of March 14th in honour of WDAD. HHS' Hospital Elder Life Program and Dr. Brian Misiaszek (Clinical Lead for Geriatrics at HHS) were featured on the CBC's primetime news show “*The National*” on March 19, 2018.

📺 Watch the story: [cbc.ca/news/thenational/canadian-hospital-takes-action-to-prevent-delirium](https://www.cbc.ca/news/thenational/canadian-hospital-takes-action-to-prevent-delirium)

## ○ Central Intake

The 2017-18 year saw exciting steps taken toward the creation of a central intake for Specialized Geriatric Services (SGS) and Behavioural Supports Ontario (BSO) programs based in the community across the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network. The need for this work was demonstrated by varied (and at times lengthy) wait times for service, multiple access points, and clients and families reporting that they had to repeat their stories multiple times to various care providers. While our system was fortunate to have many knowledgeable care providers, the process for accessing these providers could be convoluted and confusing.

Between January and March 2018, Regional Geriatric Program Central (RGPC) received funding to address the aforementioned needs by laying the foundation for development of a central intake. In contrast to an administrative intake that simply sends referrals to service providers, central intake involves critically examining the service(s) requested and ensuring an optimal fit with patient needs, completing a virtual assessment to synthesize relevant medical, social, and functional history, and providing a cohesive intake assessment to the receiving service provider. Three staff members were seconded from local organizations to support Phase one of this project from January to March 2018. The RGPC provided experienced leadership and direction to the team. This working group facilitated development of a referral form and processes to access community-based BSO and SGS services. Phase one involved engagement with potential referrers and referral recipients to ensure that the processes created were acceptable to all stakeholders. This initial work culminated with input from selected primary care providers flowing to working group members who then completed and sent intake packages to teams, testing documents and processes, and obtaining feedback on the process. This test generated valuable feedback and ideas that will be reflected in future policies and processes.

While SGS and BSO services fell within the project scope in Phase 1, central intake may broaden in subsequent

stages to accept referrals for other services tailored to older adults, further improving integration and access to services. The work completed in Phase 1 will inform larger-scale testing, rollout and implementation

## ○ GeriMedRisk

GeriMedRisk is a non-profit interdisciplinary geriatric pharmacology and psychiatry consultation service that supports physicians, pharmacists and nurse practitioners to optimize their older adult patients' medications. Launched in the Waterloo-Wellington LHIN in April 2017, GeriMedRisk has supported clinicians from primary, long-term and specialist care across Ontario. Leveraging telemedicine and telephone technology, referring clinicians can access the team of GeriMedRisk pharmacists and physicians with expertise in geriatric medicine, geriatric psychiatry and clinical pharmacology in a timely manner. GeriMedRisk provides consultations and supplementary educational materials and events to further enhance geriatric pharmacology capacity among all referring clinicians. With feasibility in Waterloo Wellington LHIN, GeriMedRisk acquired base funding to support rural LHINs with insufficient access to Geriatric Specialists in the year 2018-2019. GeriMedRisk is thankful for the support from its many partners including the Regional Geriatric Program Central, and the Ministry of Health and Long Term Care.

### Key Statistics:

- Consults Received from 10 Local Health Integration Networks.
- 51% of GeriMedRisk consults involved a patient with cognitive impairment.
- 1 in 5 patients with behavioural and psychological symptoms of dementia.
- Presented on Geriatric Clinical Pharmacology at 41 educational events
- GeriMedRisk hosted electives for 9 post-graduate medical trainees from McMaster University and University of Toronto from the departments of Family Medicine, Internal Medicine, Psychiatry, and Clinical Pharmacology and Toxicology.



Regional Geriatric Program Central is supported by:



HEALTH SCIENCES

