RGP Central

Regional Geriatric Program

Affiliated with McMaster University

Annual Report 2019-2020

About Us

The 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.

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


Kristy McKibbon, Interim Education Coordinator


Jennifer Siemon, Director

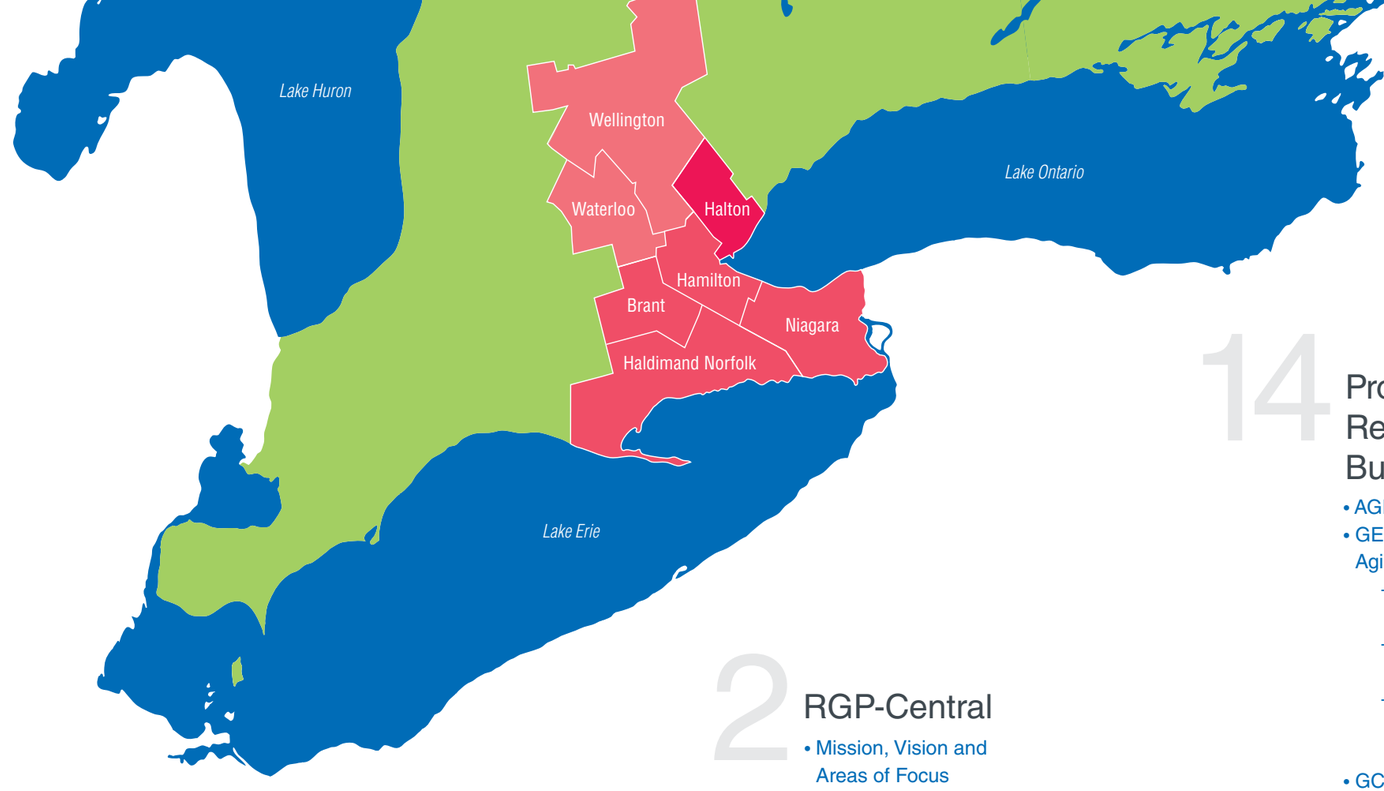

Emily Vines, Research Assistant


Michelle Doherty, Education Coordinator


Lily Consoli, Administrative Assistant

Not pictured: Joshua Beraldo, AGE-ON Coordinator

This year, as a result of the impact that the COVID-19 pandemic has had on geriatric education, research and services, our partners were encouraged to submit content related to the pandemic. As a result, some of the content discusses work that took place beyond March 31st, 2020 which marks the usual endpoint for this annual report.



Message from our Chair

I am pleased to share with you the Regional Geriatric Program Central's Annual Report for 2019-20. This past year the Regional Geriatric Program Central (RGPc) has continued to be committed to many of its' successful initiatives related to research, education and clinical practice. We saw significant program growth within Central Clinical Intake for Behavioural Supports Ontario and Specialized Geriatric Services. We hosted, with the Division of Geriatric Medicine and Geriatric Education Research Aging Science Centre, the 9th Annual Update in Geriatrics where Dr. Christopher Patterson was recognized as our 2019 Lifelong Achievement Award recipient. RGPc was well-poised and able to continue to provide accessible education to learners through the new Online Geriatric Training Program (e-GTP) and Geriatric Certificate Program (GCP™) during the COVID-19 pandemic.

I wish to extend my sincerest thanks to our partners and front line workers during this unprecedented time with COVID-19 including: older adults and their caregivers, community and health care workers from all sectors, the RGPc staff, our local, regional, provincial and national partners, members of the Division of Geriatric Medicine, and staff in the Department of Medicine, Faculty of Health Sciences, and Michael G. DeGroote Initiative for Innovation in Healthcare, McMaster University, and GERAS team for their dedication, support and contributions for this report, and the initiatives described.

We are pleased to share this report, which highlights some of the exciting work underway to support older adults, their caregivers, and health care providers in the Hamilton Niagara Haldimand-Norfolk Brant, Waterloo Wellington and Mississauga Halton regions. To stay connected, I encourage you to follow the RGPc (@RGPCentral) on social media and to join our mailing list (contact: doherty@hhsc.ca). These are great ways of staying connected and up-to-date with the work of the RGPc.

Sincerely,

Dr. Sharon Marr
Chair, Regional Geriatric Program central

Lifelong Achievement Award 2019

Left to right – Dr. Sam Thrall, Dr. Dana Trafford, Dr. Muath Alkhunizan, Dr. Christopher Patterson, Dr. Paula Pop, Dr. Batoul Alwazan, Dr. Alyson Osbourne

Left to right – Dr. Sharon Marr, Dr. Paul O'Byrne, Dr. Christopher Patterson, Dr. John Kelton, Dr. Alexandra Papaioannou

The 9th Annual Update in Geriatrics had over 350 attendees at Liuna Station in Hamilton, ON. The conference theme was "Transitions in Care: A Journey Through Later Life," and featured keynote presentations from Dr. Cynthia Boyd, Professor of Medicine, Division of Geriatric Medicine and Gerontology in the Department of Medicine at Johns Hopkins University as well as Dr. Richard Hughson, Schlegel Research Chair in Vascular Aging and Brain Health and Senior Director of Research at Schlegel-University of Waterloo Research Institute for Aging.

The Annual Lifelong Achievement award for 2019 was presented to Dr. Christopher Patterson at the 9th Annual Update in Geriatrics. Christopher Patterson graduated from King's College Hospital Medical School (University of London, England) in 1970, then emigrated to Canada. He worked as a general practitioner in Northern Ontario, until 1976. After completing Internal Medicine residency at Queen's University in Kingston, he specialized in Geriatric Medicine, and continued postgraduate studies at the University of Western Ontario, Boston University and Guy's Hospital London, before completing his geriatric residency and fellowship. He joined the faculty of McMaster University in 1982 and received an RS McLaughlin Scholarship to study Clinical Epidemiology. Under the mentorship of Dr. Ronald Bayne (one of Canada's first geriatricians) and together with Dr. Irene Turpie they established the Division of Geriatric Medicine in the Department of Medicine at McMaster. Dr. Patterson led the Division until 1987. It is now one of the most respected in Canada.

Dr. Christopher Patterson

Special Thanks

The RGPc would like to give a special thanks to all of the front-line workers and caregivers who have dedicated – and continue to dedicate – countless hours to supporting and improving care for older adults in our region and the province during the COVID-19 pandemic.

RGPc Council

The Regional Geriatric Program central Council is comprised of persons with lived experiences, service providers, researchers and educators who provide oversight and support to clinical, educational and research priorities related to the care of older adults. The Council meets regularly to focus on quality improvement, system planning and implementation of best practices.

In the 2019-20 year, the Council reviewed the Regional Geriatric Program central's existing Mission, Vision and Areas of Focus and supported using these principles as the strategic foundation on which to build future plans and activities.

Council members also heard from Joseph Brant Hospital, the 2018 Specialized Geriatric Services Grant recipient. Trish Corbett, Clinical Nurse Specialist, explained how Grant funding supported the hospital's Acute Integrated Care of the Elderly Unit. This Unit was associated with excellent patient and family satisfaction, achievement of patient goals, and improved communication among care teams.

Members of the Council also highlighted how the Regional Geriatric Program central may support ongoing work related to Ontario Health Teams. "Ontario Health Teams are groups of health care providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population"[1]. In the 2020-21 year, the Regional Geriatric Program central will strive to support regional partners in their Ontario Health Team work focusing on older adults, their families, and their providers.

RGP central is grateful to all Council members for their active engagement and thoughtful participation in the past year. The 2020-21 year will undoubtedly offer further opportunities for growth and collaboration.

[1] http://health.gov.on.ca/en/pro/programs/connectedcare/oht/

Education

2019 GCP Graduate Feature: Rebecca Griffiths

I work as a Life Enrichment Assistant on the Assisted Living floor of Amica Newmarket retirement residence. I facilitate a variety of programs to seniors including fitness classes, craft groups, music programs and one-on-one supports.

After I graduated from Laurentian University with a BA in gerontology and felt I was missing the more practical skills needed to work with seniors. After taking my first workshop, DementiaAbility Methods, I had so much more confidence in my own skills and knowledge which led me to my first job in recreation. I fell in love with the residents and the feeling of accomplishment when I found an activity that a resident really connected with.

With the GCP program, I have a well-rounded perspective when working with my residents not only with practical approaches to activities but also understanding their experiences of aging. During the recent COVID-19 pandemic I have reached into my GCP tool belt almost every day! It has been a challenging time for a lot of the residents I work with and having the knowledge to understand their unique experiences with aging has proved invaluable.

While working towards my GCP I was able to meet and collaborate with many professionals from various fields. The in-person workshops where an opportunity for me to take time off work, talk to other health care workers who were experiencing similar struggles and learn from one another.

I would recommend this program to anyone interested in working with seniors. Not only does the program provide you the knowledge to help seniors through the aging process, it is also a standout on a resume and has helped me advance in my career.

– Rebecca Griffiths, Life Enrichment Assistant

geriatric certificate program | McMaster University

Geriatric Certificate Program™

The Geriatric Certificate Program is an interdisciplinary education program that consists of core educational courses/workshops that are offered through well-known healthcare organizations and clinician educators. There are now three education streams available to students in order to meet their unique learning needs: the Regulated stream, Non-Regulated Stream, and Online Non-Regulated Stream. The Online Non-Regulated stream was recently launched to provide accessible online education. This past year, two new courses were also added to the GCP, 1) Mental Health First Aid Seniors and 2) the Waterloo Wellington Knowledge Exchange. In 2019, 24 GCP students enrolled in MHFA Seniors and 5 students enrolled in the Waterloo Wellington Knowledge Exchange.

GCP Website: www.geriatriccp.ca
User Data from April 1, 2019 – March 31, 2020

Country	User
Canada	18,407
United States	2,154
India	262
Brazil	129
United Kingdom	71
Nigeria	64
China	53
France	53
Hong Kong	51
Germany	49

A “user” is defined as someone who engages with a website. A “user” can either be new or returning.

Program enrollment 2019 **145**

115 Program graduates 2019

This past year, GCP had 145 new enrollments and 115 program graduates. This is the greatest number of program graduates the GCP has had since the program ’s start.

Register today at: www.geriatriccp.ca
info@geriatriccp.ca
@geriatriccp

Online Non-Regulated Stream Student Feature: Dr. Hakim Sendagire MBChB, MSc, PhD

I am a lecturer at Makerere University, College of Health Sciences. I am a Medical Doctor. I studied Medicine at Makerere University, I have a Masters of Biomedical Sciences from the University of Greenwich, London and a PhD in Biochemistry from Makerere University. For most of my time I have worked in Academics and Research but have concurrently spent a big section of my professional life in health management and systems strengthening. I have travelled widely and have been impressed by the way the Western World value their seniors. Care for the elderly is particularly lacking in our developing economies.

My interest in working with the elderly was particularly driven by the medical needs that my parents have had. They have needed attention from multiple medical specialties that couldn't be attained at any one stop center in Kampala! In Uganda, there are very few Geriatricians and very few physicians, if not none, interested in geriatrics. My Dad, for example, died in 2014 aged 69 with several medical complications that included Dementia and Diabetes. In late stage, he developed difficulty in breathing and several other signs and symptoms that pointed to both Pulmonary and Cardiac pathologies. At the time of his death no definitive diagnosis had been made! As the country locked down in March 2020, my Mother had a fall. She sustained a fracture, neck femur. Her Pelvic X-ray showed evidence of healing fractures in the pelvic bones, a sign that she fell many times and probably kept quiet. I felt I had to help her alongside other suffering seniors.

I recently won a small grant from my University (Makerere University) to study the use of Clinical chemistry, Immunochemistry and other laboratory parameters as surrogate markers in monitoring disease severity and prognosis among Covid 19 patients. I am working to extrapolate this into a geriatric metabolic assessment. I have made the necessary preliminary preparation to run a Geriatric Assessment clinic at the National Referral Hospital, Mulago. In this preparation, I therefore searched the internet for a geriatric online course. I have found the Geriatric Certificate Programme at Hamilton Health Sciences most appropriate.

The outcomes of the COVID 19 pandemic in Uganda are not very well documented. Until late July 2020, as a country we hadn't registered a single death. The cases were largely mild to moderate, and rarely severe. The assumption is that most people are young, but it is also possible that the elderly generation has not got full attention and have not been fully investigated. Elderly patients who have had hypertension for a long time, for example, may get complications of COVID 19 that are not diagnosed. Without proper and appropriate medical diagnostic services, this may pass simply as a complications of chronic hypertension, after all. We need to take a more critical look at the problems of the elderly in Uganda.

Dr. Hakim Sendagire MBChB, MSc, PhD

Geriatric Training Program

The Geriatric Training Program (GTP) is a two-day educational conference hosted by the RGPc that targets health care professionals working with older adults. The 9th Annual Geriatric Training Program was held on October 3rd and 4th, 2019 at the Royal Botanical Gardens in Burlington, ON.

In the spring of the following year, the **Online Geriatric Training Program (eGTP)** was offered to healthcare providers to view the presentations from the in-person conference on a secure online platform. This supports learners who are unable to travel to Burlington, ON, and allows flexibility with their schedules. Learners are given access to the presentations for a two week period. Special accommodations were made for eGTP this year due to the impacts of COVID-19 on our students. The deadline was extended by one week to provide students with more time to complete the modules. 54 participants attended in person on October 3rd and 4th, 2019 and 71 participants completed eGTP March 10th – April 14th, 2020.

Care of the Elderly

The 10th annual Care of the Elderly (COE) event is a primary care organized event to provide high quality, evidence-based education and knowledge to front-line health care workers working with elderly patients. This year's event had 4 speakers each talking about the challenges of providing COE for under-serviced populations, including people who are Indigenous, Homeless, LGBTQ, and in LTC. Each of our speakers provided a case study and educated our audience on the specific care considerations, local resources, and care gaps that need to be addressed. Audience attendees were encouraged to identify their own knowledge gaps and work through case scenarios to further their learning.

"Very refreshing. Wonderful to have different topics at a CME. These speakers should also talk to medical students, so they don't make the same mistakes I have." – MD attendee

Mental Health First Aid Seniors

MHFA Seniors is a course offered by the Mental Health Commission of Canada that is intended to increase the capacity of seniors, families, friends, staff in care settings and communities to promote mental health in seniors, prevent mental illness and suicide wherever possible in seniors and intervene early when problems first emerge. The course content and resource materials are based on best available evidence and practice guidelines and were developed in consultation with Canadian experts in the field of geriatric psychiatry. The course trains participants to effectively respond to an emerging mental health problem or crisis until the situation is resolved or appropriate treatment is found, by using ALIFE, the 5-step framework towards having a confident conversation about mental health. Topics covered include substance-related disorders, mood-related disorders, anxiety and trauma-related disorders, dementia, delirium, and psychosis. After completing the 14-hour course, participants receive a manual and a certificate.

Mental Health First Aid Canada 65+

Canadian Fall Prevention Curriculum (CFPC)

The CFPC is an online elective course with the Geriatric Certificate Program. This evidence-based interactive course on fall and injury prevention for older adults is offered each semester through the University of Victoria. This award-winning course has been offered since 2012 at the University of Victoria, with full registration each semester.
A new course is now under development to compliment the CFPC with a focus on practical application of fall prevention strategies and home exercises for frail elderly living in the community. This course known as Strategies and Action for Independent Living, or SAIL will be also be offered as a facilitated, online and interactive course, resulting in certification from the University of Victoria.

CFPC CANADIAN FALL PREVENTION CURRICULUM©

Advanced Gerontological Education (AGE) Inc.

AGE is a national not-for-profit social enterprise providing dementia education to those who work at the point of care. We are extremely proud of our professional relationship and partnership with the Regional Geriatric Program central (RGPc), helping to advance its important work in clinical practice, research and education. It is an enduring relationship that stretches back to the early 2000s. This past year, we were excited to be part of the RGPc's launch of a new *online non-regulated stream* in its Geriatric Certificate Program.

To date, more than 406,000 Canadian healthcare providers have taken AGE's practical evidence-based dementia care curriculum, **Gentle Persuasive Approaches (GPA) in Dementia Care**. To meet the busy schedules of healthcare providers and students, we offer GPA in a variety of formats: a full-day traditional classroom session facilitated by a GPA Certified Coach; a blended learning option known as Integrated GPA or iGPA comprised of eLearning plus a coach-facilitated classroom session. During COVID-19, we have taken the opportunity to re-imagine iGPA as a fully virtual online option. This new virtual option is being trialled across Canada and receiving rave reviews from GPA Certified Coaches and program participants. GPA is also offered in a popular independent learning format known as GPA eLearning, a 2.5 to 3 hour online format designed particularly for healthcare students. We are proud that GPA eLearning is a staple of the Geriatric Certificate Program.

GPA eLearning Session Objectives:
Participants learn at their own pace, at times that are personally convenient. They are guided to better understand responsive behaviours associated with dementia in order to interact effectively, respectfully and safely at the point of care.

At the end of their GPA eLearning session, participants are able to:

- Recognize persons with dementia as unique human beings who can display an emotional response to stimuli;
- Understand that behaviour is related to brain function and that it is critical to apply strategies that maximize remaining strengths and compensate for losses;
- Use caregiving strategies that support persons at risk for delirium;
- Choose strategies that prevent and defuse responsive behaviours;
- Apply suitable and respectful physical techniques to situations of risk at the point of care.

For more information about Advanced Gerontological Education (AGE) Inc. and its products and services, please visit us at www.ageinc.ca

406,000

Number of times Canadian healthcare providers have taken AGE's practical evidence-based dementia care curriculum, **Gentle Persuasive Approaches (GPA) in Dementia Care**

AGE Advanced Gerontological Education
Enhancing the care of older adults by learning together

GPA Gentle Persuasive Approaches®

A research study was published in Hong Kong, providing evidence of positive outcomes using the DementiAbility Methods:

> Yuen, I., & Kwok, T. (2019). Effectiveness of DementiAbility Methods: The Montessori Way on agitation in long-term care home residents with dementia in Hong Kong. *International journal of geriatric psychiatry.*

Many and diverse success stories continue to be shared related to putting the DementiAbility Methods into action. Check out our website for more information at www.dementiability.com.

"Everyone needs this education."

"Thank you so much. You made me love my job even more – and I didn't think that was possible."

"I love the WOW Model. This really helps me to know how to understand behaviours and to put person-centred care into our daily practice."

"Thank you. You have helped me to understand behaviours. Now I want families and staff to see that people with dementia are still capable of engagement. In our hospital this will reduce the need for medication to manage behaviors."

DementiAbility Methods

DementiAbility provides Education that:

- Integrates models of Knowledge Transfer into the curriculum
- Focuses on enhancing Quality of Life (for both the person with dementia and those who care)
- Supports Research and enquiry (a number of articles have been written about outcomes and research informs the content of the curriculum and methods).

Train the Trainer Program

DementiAbility launched a "Train the Trainer" Program in Ontario, British Columbia and Taiwan in 2019 and continues to deliver the DementiAbility Methods workshops across Canada, Taiwan and Hong Kong. The workshop was also delivered as part of the Niagara College Recreation Program curriculum and as an option for students in the Social Service Worker – Gerontology (SSWG) Seneca College and the Mohawk College Recreation Therapy Program. These college-based programs have provided students with the opportunity to put theory and tools into action before they graduate.

During the past year (March 2019 – 2020) DementiAbility:

- Delivered 61, 2-day DementiAbility Methods workshops in Canada,
- Held 3 DementiAbility Certification Sessions,
- Certified 45 people, who shared exceptional outcomes in the DementiAbility Certification Sessions
- Held 2 Train the Trainer sessions in Canada
- Worked with Dr. Raymond Yan, Neurologist, in Taiwan on a number of projects (development of a DementiAbility Centre, a joint presentation at the Global Health Forum and translation of the DementiAbility book into Chinese)
- Documented new outcomes (many are presented under Successful Outcomes on the DementiAbility website, at www.dementiability.com).

Research

AGE-ON

AGE-ON

AGE-ON was originally developed to support older adults looking to engage with technology, specifically the Apple iPad. AGE-ON is a 6 week education program designed to guide older adults through the various features of the iPad. The AGE-ON Instructor Toolkit was developed as a step-by-step guide to organizing, hosting and evaluating an AGE-ON program. As of February 2020, the Toolkit can be downloaded for free on the RGPc website: https://rgpc-ca.s3.amazonaws.com/uploads/2020/02/AGE-ON-Tool-Kit-2019_lg.pdf.

geriatric certificate program

Geriatric Certificate Program – Behavioural Supports Ontario Collaboration

The Behavioural Supports Ontario (BSO) Hamilton Niagara Haldimand Brant (HNHB) Long Term Care (LTC) program partnered with the Geriatric Certificate Program (GCP) to support health care providers within LTC with access to ongoing education which will also facilitate capacity building among other staff members. During the final year of this partnership from 2019-2020, 21 healthcare professionals from LTC participated in the GCP.

Hamilton Niagara Haldimand Brant Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario de Hamilton Niagara Haldimand Brant

To learn more about BSO in the HNHB region, please go to:
http://hnhb.behavioursupportsontario.ca/

or contact the Strategy Team:
Terri Glover, Strategic Lead
gloverte@hhsc.ca
Kristy McKibbon, BSO Coordinator
mckibbonkr@hhsc.ca

GERAS CENTRE FOR AGING RESEARCH

GERAS celebrates five years of collaboration, innovation and improved interventions and therapies for our aging population. The GERAS Centre for Aging Research is part of Hamilton Health Sciences and affiliated with McMaster University. Our why is to make life better for older adults by bringing the best research to the frontlines of care as quickly as possible. We are leaders in research and innovation in the Geriatric 5Ms: mind, mobility, medications, multi-complexity, and built on a framework on what matters most for older adults.

5-Years GERAS celebrates 5-year anniversary

48+ research grants in 5-years

35,000 number of older adults who have benefited from GERAS interventions in past 5-years

180+ publications in the past 5-years

400+ presentations in the past 5-years

14,000+ citations in the past 5-years

DANCING TO IMPROVE MIND-BODY HEALTH

GERAS DANcing for Cognition and Exercise (GERAS DANCE) is a new therapeutic 12-week mind-body program for older adults (aged 60+) with early cognitive or mobility impairments. GERAS DANCE was developed with rehabilitation and geriatric medicine expertise at the GERAS Centre for Aging Research at Hamilton Health Sciences and McMaster University in partnership with the YMCA. GERAS DANCE has a progressive curriculum with a primary focus on the ABCs (agility, balance, and coordination) of movement and functional exercises with both seated and standing dances (preview available: www.gerascentre.ca/geras-dance). Over the past year (2019-2020), the GERAS DANCE program has expanded to 12 YMCA sites in Southern Ontario with funding from the Centre for Aging and Brain Health Innovation (CABHI) Researcher Clinician Partnership Program and are preparing to launch a certified GERAS DANCE instructor program funded by the AGE-WELL SIP Accelerator Program. For more information to become a certified GERAS DANCE instructor please visit: https://www.gerascentre.ca/geras-dance-courses/

twelve YMCA sites across Southern Ontario offered GERAS DANCE programming.

28 certified GERAS DANCE instructors trained in our Southern Ontario network.

100% of GERAS DANCE participants would recommend to a friend or family member.

380+ seniors participated in our GERAS DANCE program of research.

Preventing Fractures in Long-Term Care

ONTARIO OSTEOPOROSIS STRAGETY FOR LONG-TERM CARE: Funded by the Ministry of Health & Long-Term Care, the Ontario Osteoporosis Strategy for LTC is a province-wide program of outreach activities aimed at increasing awareness about fracture prevention specifically in LTC, with a focus on the importance of appropriate vitamin D and calcium intake, and on falls prevention. Our team uses cutting-edge research to inform education in healthcare and influence practice.

Fracture Risk Scale (FRS) is a new valid tool for assessing and managing fracture risk in long-term care developed by clinical researchers at the GERAS Centre for Aging Research. FRS predicts fracture over a 1-year in institutionalized frail older Canadians and supports clinical decisions in care-planning by identifying who is at risk. Available in PointClickCare (auto-generated in MDS 2.0) and more information available at www.gerascentre.ca/osteoporosis-strategy-for-long-term-care/

50+ Osteoporosis is the single greatest cause of fractures among Ontarians over 50

57,000 osteoporosis fractures every year in Ontario, costing approximately $500 million in acute and long-term care

1-Year FRS predicts fracture over a 1-year in institutionalized frail older Canadians

Fracture Risk Scale (FRS)

Low Risk Resident

Walks in corridor and BMI > 30

or

Unable to walk in corridor and no fall past 30 days

High Risk Resident

Walks in corridor and BMI 18-30

& one of the following:

- Prior fall
- Prior fracture
- Cognitive impairment
- Tendency to wander
- Age > 85

or

High Risk Resident

Unable to walk in corridor and has a fall past 30 days

High Risk Resident

Walks in corridor and BMI < 18 with or without a fall

GERAS to Go: An Educational Series to Age Well and Wisely

GERAS shares our information on living and aging well with community clinical practitioners, with a focus on those working with senior communities, so that more seniors and their family caregivers can benefit from the latest evidence informed interventions. Peer to peer counseling can motivate older adults to make positive lifestyle changes that can impact on their health. With support from the Hamilton Community Foundation, Women4Change Fund, Hamilton Council on Aging – in partnership with GERAS is pleased to launch a NEW POSITIVE AGING SERIES for women & men. GERAS – Women4Change is an evidence informed Workshop Series modeled after the highly regarded GERAS to Go. Additionally, over the past year (2019-2020), funded by ***Centre for Aging and Brain Health Innovation (CABHI) SPARK Program***, we have worked to develop an online portal for instructors to access educational materials and expand the program beyond our local area.

Instructor spotlight:

"It wasn't just the opportunity to use my knowledge and skills, although I really liked that, it was also the learning I did." said Ruthanne Cameron about her experience as a workshop facilitator. Ruthanne is one of the eight women, over the age of 55 with a background in healthcare and/or education, recruited by the Hamilton Council on Aging (HCoA) to volunteer as peer facilitators. The facilitators led four 6-week series for older adults in the greater Hamilton region.

RGPc Specialized Geriatric Services Grant

Since 2014, the Regional Geriatric Program Central has provided Grants to support innovative ideas for quality improvement within Specialized Geriatric Services (SGS). Frontline, clinical, professional, and administrative staff are invited to apply for up to $10,000 in one time support funding for ideas that aim to improve quality of care or customer service within SGS.
In 2019, two SGS QI Grants were awarded. The first grant was awarded for the project titled, A Cup a Day Keeps Dehydration Away: A Quality Improvement Initiative to Increase Hydration with a Dose-restricting Dysphagia Cup, led by Julia Colangeli, Speech-Language Pathologist at Hotel Dieu Shaver Health & Rehabilitation Centre.

So far, the team has completed the following accomplishments with the grant:

- Update of Project Charter
- Researched and purchased various dysphagia cups
- Tested cups for durability, versatility, and reliability
- Trialed each cup with 1 patient with liquid-based dysphagia
- Conducted a focus group with speech-language pathologists. Surveys administered.

The second grant was awarded for the project titled, Developing the prototype for a standardized open-access online modular education program: Enhancing practice specific to sexual expression and intimacy in older adults with dementia led by Katelynn Viau Aelick, Project Coordinator for Behavioural Supports Ontario (BSO) Provincial Coordinating Office (PCO).

Katelynn Viau Aelick, M.Sc.
Project Coordinator
Provincial Coordinating Office (PCO)
Behavioural Supports Ontario (BSO)

Dr. Lori Schindel Martin,
RN, PhD, GNC(C)
Professor
Daphne Cockwell School of Nursing
Ryerson University

Dr. Birgit Pianosi
Associate Professor
Gerontology Department
Huntington University

Long-Term Care Clinicians Interest Group (Quarterly Meetings)

Each meeting is attended by LTC physicians, administration and other clinical staff working in LTC. Each quarterly meeting has a clinical theme (such as Pain Management in LTC, Responsive Behaviours, ED Diversion), but has developing local LTC research as a standing business item. Members of this group have been approached more during COVID-19 by interested researchers to study the impact of COVID-19 in LTC. As a result, a sub-committee is being formed to develop a vetting process of research requests to local LTC homes in Hamilton.

Care of the Elderly Working Group (Monthly Meetings)

This is a group of interested primary care physicians with an interest in care of the elderly. Our membership includes clinicians from Hamilton, Brampton and Kitchener-Waterloo. Recently members of our group developed a LTC education resource for family medicine residents and LTC preceptors to help boost the quality of resident educational experience.

Services

Central Clinical Intake
Specialized Geriatric Services
Hamilton Niagara Haldimand Brant

RGP Central is the lead employer for BSO/SGS Central Clinical Intake. This program serves as one point of access to community-based Behavioural Supports Ontario and Specialized Geriatric Services.
Below are some of the accomplishments from the BSO/SGS Central Clinical Intake team in the 2019-20 year.

- 1,660 referrals triaged through Central Clinical Intake to Specialized Geriatric Services from August 1, 2019 – March 31, 2020.
- 2,641 visits provided by the BSO/SGS CCI team to seek out relevant information and complete clinical intake assessments.
- 3 new team members added through funding made available by the Ontario Dementia Strategy.
- 18 Working Group meetings and 4 email updates held to engage stakeholders around key decisions and inform the day-to-day clinical operations of the BSO/SGS CCI team.
- 6 Steering Group meetings held to make decisions about the overall scope and direction of the BSO/SGS CCI program.
- 140 duplicate referrals to Specialists detected from July 1, 2019 – March 31, 2020. By detecting these duplicate referrals, patients and their caregivers were not required to undergo duplicate assessments, and appointment spaces were spared for new patients.

The BSO/SGS Central Clinical Intake team looks forward to advancing this model in 2020-21 by:

- Deepening integration with the Behavioural Supports Ontario Community Team. The 2020-21 year will focus on refining the processes by which referrals are assigned to BSO Community Team members, promoting greater efficiency and clarity.
- Enhancing access to GeriMedRisk. In 2020-21, GeriMedRisk will be added as a service option to the BSO/SGS CCI referral form, and the BSO/SGS CCI team will begin directing referrals to GeriMedRisk.
- Responding to changes prompted by COVID-19. A future direction for the BSO/SGS CCI team involves understanding how COVID-19 has affected our healthcare system; in particular, services for older adults with frailty and complex needs.

Central Clinical Intake Team [from left to right]: Franca Kovacs, Jennifer Siemon, Stacey Baird, Jena Tassone, Susan Lamont Thompson, Daniella Cisternino. Not pictured: Natalie Stefanski, Tianna Levesque, Emma Saltmarche.

GeriMedRisk®

GeriMedRisk is a non-profit, interdisciplinary geriatric pharmacology and psychiatry consultation service that supports doctors, nurse practitioners and pharmacists to optimize their older patients' medications, physical and mental health. Leveraging virtual medicine since 2017, 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 knowledge events to enhance geriatric pharmacology capacity among all referring clinicians.

GeriMedRisk offers an interdisciplinary geriatric specialist training experience for physicians and pharmacists and a clinical fellowship position. In 2019, the first clinical fellow from the McMaster University geriatric clinical pharmacology and psychiatry clinical fellowship joined the GeriMedRisk team.

GeriMedRisk continues to collaborate with local Regional Geriatric Programs and Specialized Geriatric Services (SGS) to create an integrated referral pathway to support patients through SGS Central Clinical Intakes in North Simcoe Muskoka (satellite site since 2019), Ottawa Champlain (satellite site since 2019-2020), Hamilton Niagara Haldimand Brant, and Waterloo Wellington to support existing teams and resources.

Response to COVID-19

GeriMedRisk expanded its clinical and educational services to respond to COVID-19. It ramped up its regular clinical service to patients, including those in long-term care, directly and by collaborating with virtual care pathways across the province. It prioritized peer-reviewed, accessible and regularly updated COVID-19 drug summaries and materials to prevent harmful drug-drug interactions or adverse events and hosted two widely attended educational events as part of a Prescribing Safely during COVID-19 monthly webinar series.

Research

In 2019, GeriMedRisk completed a randomized controlled trial to evaluate geriatric pharmacology infographic education materials for consulting clinicians (in collaboration with the Health Design Lab at Emily Carr University of Art + Design and funded by the Center for Aging and Brain Health Innovation). GeriMedRisk clinicians Dr. Tony Antoniou, Robert Jack Bodkin and Dr. Joanne Man-Wai Ho published in the February 2020 issue of the Canadian Medical Association Journal "Five things to know about drug interactions and cannabinoids." The Canadian Coalition for Seniors Mental Health published clinical practice guidelines for older adults and benzodiazepines and alcohol use disorders in 2019 towards which Dr. Joanne Man-Wai Ho and Dr. Jennifer Tung contributed as co-authors.

Here are a few statements of feedback that reflect the response of clinicians to our educational activities:

"I thought this was very helpful to get MD's/NP's to understand deprescribing! I already do a lot of the things [presenter] discussed, but I'm the pharmacist and I think this is an excellent topic series to help promote deprescribing SAFELY to prescribers!"

"Excellent presentation! Very concise and straight to the point. All information is evidence-based. Lots of resources are shared throughout the presentation. The case study and poll questions keep me engaged. Thank you!"

Clinical Service

"What we really appreciate about GeriMedRisk is it's very much interdisciplinary, so we're not just looking at the mental health, but we're looking at their physical ailments as well, and how that can contribute to their mental health state (such as behaviours or depression and anxiety disorders), and also the medication component is very much important". –Referring Nurse, LTC

"I really can't thank you enough for this extensive review of this patient, it is invaluable and I appreciate the help!" –Referring Physician, Community

"Thanks so much for the in depth analysis and detailed stepwise recommendations. Will work with patient and his team to follow through with changes to optimize his status. Much appreciated." –Geriatric Specialist, Community

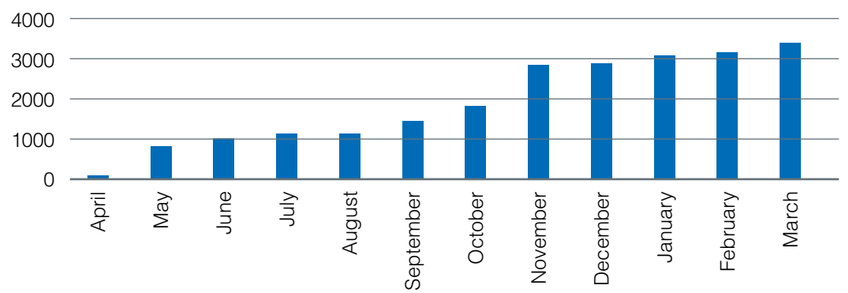
GeriMedRisk and ED Prevention

"As a team we had decided that it wasn't necessary to transfer to hospital, that it [patient's condition] could be managed at home with the recommendations of GeriMedRisk". –Referring Nurse LTC

Key Statistics

- GeriMedRisk has supported clinicians from primary, long-term and specialist care across all 5 health regions (14 Local Health Integration Networks) by providing timely clinical expertise and education.
- From April 1, 2019 to March 31, 2020, GeriMedRisk specialists and pharmacists provided capacity building to 3368 clinicians at local, provincial, national and international conferences and GeriMedRisk hosted educational events. (see table below)
- In 2019-2020, GeriMedRisk hosted 11 online educational events, including 8 accredited Geriatric Clinical Pharmacology Royal College of Physicians and Surgeons Rounds and 3 accredited College of Family Physicians of Canada Rounds with cumulative attendance of 930 clinicians.
- In 2019-2020, GeriMedRisk hosted 23 postgraduate medical trainees and fellows in family medicine, geriatric medicine, geriatric psychiatry, clinical pharmacology, emergency medicine, internal medicine and have trained more than 60 trainees since our inception. Last year, GeriMedRisk hosted 4 pharmacy co-op students.

GeriMedRisk Cumulative Educational Presentations Reach
April 2019-March 2020

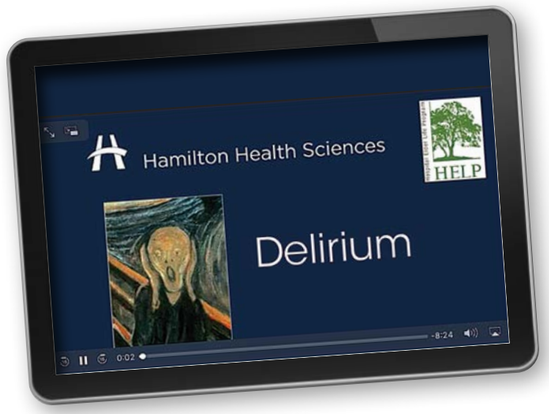


Hospital Elder Life Program (HELP) Celebrates 15 Years

It is with great excitement that the HELP team celebrates the 15th anniversary of its inception at Hamilton Health Sciences (HHS). HHS was the first Canadian and international site to adopt HELP and has continued to be a Center of Excellence, providing support to hospitals locally, nationally and internationally as they implement HELP interventions and protocols in the care of older adults. As an established Center of Excellence, the HELP team co-led sessions and spoke at the 2019 American Geriatric Society/HELP conference in Portland, Oregon, sharing and showcasing the work the team does with its dedicated volunteers.

In the spring and fall the team delivered Delirium Prevention and Management workshops, which are well attended by learners from several healthcare organizations across Ontario. This workshop counts as an elective course for students in the Geriatric Certificate Program.

As part of raising awareness around delirium, the HELP team actively participated in the World Delirium Awareness Day campaign, on March 11, 2020. As with years before, the HELP team developed a number of educational and fun activities for staff to participate in on that day. This year, the team debuted their new 7-minute Delirium Awareness video. The video highlights key points about delirium, capturing patient and staff perspectives. This video was subsequently disseminated and shared with others globally. To view the video click on the following link Delirium Awareness Video 2019 or visit https://c.streamhoster.com/link/http/WZsdig/itlZNk2NseK/FwPGkAscdZG_1



As the COVID-19 pandemic began to manifest itself, the HELP team promptly responded to the need for delirium prevention by developing senior friendly packages with specific instruction sheets to support staff in implementing delirium prevention strategies. Due to restrictions imposed by COVID-19 on family visitations, the HELP team also developed a script for family members who call their loved ones in the hospital entitled Make Your Phone Call Count as a guide for family members as they engage their loved ones in orienting conversations. For all these resources related to COVID-19 pandemic, please visit the following link: https://www.hamiltonhealthsciences.ca/areas-of-care/seniors-care/hospital-elder-life-program/

In 2019/20, HHS' HELP enrolled 527 acute care patients in delirium reduction strategies. After assessment by the HELP team, volunteers logged just over 7,000 hours to deliver a variety of interventions to patients across the Juravinski and Hamilton General Hospitals. The volunteer base continues to grow. This past year, the team was host to many learners, including nursing students, Personal Support Workers in training, and high school co-op students who have all participated in the delivery of HELP activities.

527

2019/20, HHS' HELP enrolled 527 acute care patients in delirium reduction strategies

LTC-CARES (Consults and Recommendations for Emergency and Support Services)

Developed through collaboration between LTC home Administrators and Medical Directors, HHS, SJHH, Hamilton Nurse Led Outreach Team Nurse Practitioners, Emergency Medical Services, the Centre for Paramedic Education and Research, STL Diagnostics and LifeLabs, LTC-CARES provides LTC Physicians or Nurse Practitioners direct access to consultation and collaboration with an ED physician and provides timely access to other resources through alternative pathways. Consultations can occur by telephone, teleconference, or through video conference. Once the consultation has occurred, a plan of care will be agreed upon by the Physicians/NPs and if there is follow-up that needs to be coordinated through the LTC-CARES program, the LTC-CARES Nurse will organize and communicate all appointments back to the LTC team.

One Number to Call 24/7

A central number that LTC Homes call to reach the 24/7 ED Physician On-Call Service. This service is staffed by ED Physicians credentialed at HHS and SJHH, organized through CPER. HHS accepts calls 4 days per week and SJHH accepts calls 3 days per week. This allows the workload related to follow-up care to be distributed equitably

CPER - Center for Paramedic Education and Research

Alternative Pathways

Alternative care pathways are designed to allow LTC residents access to healthcare services in their home or through scheduled virtual or onsite visits at the hospital, without having to come to the ED. Services available include: diagnostic imaging, labs, General Internal Medicine, Geriatric, Orthopedic/Fracture Clinic, Palliative Care, Heart Function clinic and Firestone Clinic consultations

Care Follow-up

A team at SJHH and HHS (currently Nursing staff) are available to support the LTC residents and providers navigate the system and to ensure follow-up is arranged, as required

Program Data from April 1, 2020 – June 11, 2020

Total # calls:	32
Total # of calls resulting in transfer to ED:	10 (31.25%)
Follow-up/ Consultations arranged:	
Managed in LTC with no follow-up consultations required:	11 (34.4%)
Consultations arranged (mix of Diagnostic Imagining; General Internal Medicine, Orthopedic Specialist, Gastroenterology):	11 (34.4%)

Examples of situations where LTC-CARES could be consulted:

- An acute exacerbation of a chronic illness (COPD, diabetes, heart failure) that could be managed in LTC if more frequent labs and/or an expedited specialist follow-up appointment could be arranged
- An acute illness (possible pneumonia, UTI or other infection) requiring consultation regarding acute management
- Low hemoglobin, in a patient without active bleeding, that may require transfusion, but could wait to be arranged in a medical day unit within a few days
- An upper extremity fracture that could be managed with a splint or sling and a virtual fracture clinic visit within a few days
- A fall with no significant injuries to determine whether an ED visit is needed for a CT scan or other imaging
- A G-tube concern that could be managed through an outpatient appointment in Interventional Radiology

Follow-up consultations or appointments may be done virtually or might require an appointment; both options would avoid ED visits and long waits.

"A tremendous level of teamwork has made this service a reality in record time and one of the first of its kind in Ontario," says Dr. Mohamed Panju, A-CTU Director at Boris Clinic, and Virtual Care for LTC Initiative Co-Lead. "We all know that keeping our most vulnerable populations safe is critical now during the pandemic and beyond. Together, we will be able to bring more resources to these individuals in the comfort of their homes."

"This care initiative is just another way that the health care system is transforming to have a direct and positive impact on vulnerable seniors," says Renee Guder, Senior Administrator, Thrive Group. "It is a win-win for the entire Hamilton community. With access to critical services now available for those who need it most, we can make a dramatic difference for those we serve." - HHS Shares Article – April 9th, 2020

The HNHB Behavioural Supports Ontario LTC Team Embarks on the RNAO Best Practices Spotlight Organization® Pre-Designation Journey

The Hamilton Niagara Haldimand Brantford (HNHB) Behavioural Supports Ontario (BSO) Long Term Care (LTC) program has been approved by the Registered Nurses Association of Ontario (RNAO) to embark on the Best Practice Spotlight Organization® (BPSO®) pre-designation journey. We are humbled to be Ontario's first BSO program granted the opportunity to work towards achieving this highly respected designation over the next three years. Throughout this process the HNHB BSO LTC Team will work in collaboration with the RNAO in implementing, evaluating and sustaining multiple clinical nursing best practice guidelines (BPG), and disseminating knowledge from their experiences and outcomes with guideline implementation.

The following clinical guidelines will be our focus for this designation process:

- Person-and-Family-Centered Care;
- Delirium, Dementia and Depression in Older Adults;
- Assessment and Management of Pain.

We look forward to collaborating with all 86 LTC Homes across the HNHB region throughout the duration of this designation process. We would also like to extend our appreciation to St. Joseph's Villa, John Noble Home, Creek way Village Long Term Care Home and Garden City Manor Long Term Care Home for their willingness to collaborate and extensive involvement with us throughout this journey.
The steering committee has worked diligently to initiate a Person-and-Family-Centered Care pilot project to trial the use of a revised "I am who I am" form, with the intention of documenting information in a way that is meaningful to the person and his/her unique experience. This form is used to collect information from new residents & their family members in order to get to know the person and to communicate the information to the staff that will be caring for him/her within the LTC Home.

To learn more about the RNAO BPSO, please go to: https://rnao.ca/bpg/bpso

For more information about the HNHB BSO LTC BPSO journey, please contact **JoAnne Chalifour** at: jchalifour@sjv.on.ca

Above: This image was produced from responses gathered from the BSO-LTC team describing how they will champion change within their work. This image belongs to SJV.

Below: BPSO Steering Committee Bottom row (Left to right): Ashley Passero, Lisa Gauthier, Tamara Villeneuve, Rachel Tubman, Noriel Santos. Top row (Left to right): JoAnne Chalifour, Erin Denton-O'Neill, Bob Gadsby, Katie Trapnell, Janet Plastow, Leonard Lwesso, Kristy McKibbon, Ashton Verhaeghe, Tamara Johnson. Not pictured: Emma Martin, Rosie Sears & Lisa Coddington.

In It Together: Caring for Older Adults in Niagara

The Geriatric Assessment Program (GAP) at Niagara Health provides specialized geriatric services to complex older adults across the 12 municipalities in the Niagara Region. The growing team is comprised of a Geriatrician/ Registered Nurse care delivery model that is integrated into both inpatient and outpatient services. This extraordinary and highly collaborative team received over 1,650 referrals from April 2019 to January 2020.

In light of the need for a timely response to COVID-19, the GAP team demonstrated agility and flexibility to respond to the shifting needs of older adults in Niagara by finding creative solutions for care delivery in inpatient and outpatient settings. With the phased resumption of ambulatory services, the Niagara Health Leadership Team is prioritizing the safety of older adults in all aspects of our recovery planning, with the opportunity to provide innovating care solutions for older adults and their caregivers.

"Part of our role involves case management over the phone with older patients and caregivers. However, conducting standardized testing over the phone, like memory tests, is something new that we've had to adjust to and learn about. Normally we would conduct those tests in person. We've been gathering the best evidence-based tools to be able to conduct the tests over the phone. Older adults sometimes have hearing impairment and it's difficult for them to hear over the phone. So when you're trying to conduct tests and get a good history, it can be challenging for them. The Regional Geriatric Program of Ontario has also released several evidenced-based resources since the pandemic started on how to properly conduct the cognitive testing and other geriatric assessments over the phone." – Annie Lam RN, BSN, MSN, GNC(c) (Geriatric Assessment Nurse)

Student-Senior Isolation Prevention Partnership (SSIPP)

The aim of this program is to partner volunteers with older adults in the community (from Hamilton, Waterloo and Niagara) to provide regular telephone check-ins for social comfort and health education. The program has over 100 volunteers who speak 15+ languages.

Key Statistics as of August 7, 2020

107	referrals
41	active volunteer-older adult pairs
143	volunteers signed up
235	calls
102	hours volunteered

Volunteer Testimonials

"We had a wonderful coincidence -- my friend grew up not 200m from where I currently live! So we had a really nice time sharing about our experiences in the neighbourhood, and I got to hear some really interesting stories about what the area was like back in the day."

"We chatted about how hard knitting was! And she asked me about connections with her community - seniors chat groups, knitting classes, etc. I am excited to be able to connect her with resources!"

"Today we covered such a range of topics, from politics, to the weather, family, childhood and everything in between, in addition to sharing many good laughs!"

"We looked up traditional foods together and they had a wonderful time telling me all about their traditional dishes and how their mother used to make them. A nice walk down memory lane!"

"After four sessions we finally figured out how to use zoom! It felt great to help them learn something that they could use to connect with others and feel less isolated."

For more information visit: https://www.ssipp.info/.

Waterloo Wellington Older Adult Strategy

The Waterloo Wellington Older Adult Strategy (WWOAS) was developed through collaborative leadership of the health and social service sectors and inclusive of older adult's active participation. Resting upon a series of priority pillars and key enablers, the WWOAS articulates six overarching and interrelated goals (see diagram) as foundational to a transformed system that best supports older adults. These important goals are offered to better support the health of an aging population, improve care experiences and increase value for the health system, those who function within it and everyone who relies upon. There are three workstreams associated with the OAS that have and continue to focus on implementation of a transformed health system that supports system integration; healthy aging and ensures an enhanced quality of life for all people in our community as expressed through lived experiences. In addition to the involvement of the older adults on the steering committee and workstreams there is an active community member forum made up of older adults across the region with lived experiences who inform the implementation of the strategy and identify opportunities to address ongoing and/or 'new' challenges within and across the system of care.

Priority Pillar
Key Enabler
Goal

A Framework for the 10-Year Older Adult Strategy for Waterloo-Wellington

GOAL 1	Age-Friendly Society and Communities	Waterloo-Wellington citizens age well within communities that celebrate their life in society and contributions to their communities, thriving through dignity, purpose, belonging and inclusion.
GOAL 2	Healthy Aging	All people living in Waterloo-Wellington are exposed to the conditions and experiences hat support optimal health throughout the lifecourse/lifespan.
GOAL 3	Health System Capacity	The Waterloo-Wellington health system is designed and coordinated in a way that realizes deep functional integration and the appropriate use of health resources to achieve optimal system capacity in support of an aging population.
GOAL 4	Collaboration and Coordination	The Waterloo-Wellington health system fully leverages and capitalizes on intra and intersectoral collaboration, offering a whole -of-community orientation to health, well-being and quality of life.
GOAL 5	Quality	Older adults living in Waterloo-Wellington have universal access to the highest quality of care, services and supports — those that emphasize excellence in safety, effectiveness, person-centredness, timeliness, efficiency and equity.
GOAL 6	Empowerment	The Waterloo-Wellington health system plays a pivotal and functional role in enabling the empowerment of people as they age, their caregivers and the health and social service providers they rely upon.

Governance and System Stewardship	Availability and accessibility of care, services and supports where and and when they are needed	Clinical Leadership	Performance, Productivity and efficiency	Innovation	Linkage, coordination and navigation (includes provider awareness)	Digital Health	Equity, diversity and inclusion	Education and Training	Health Empowerment	Models for partnership and service integration/expansion

Highlights of the three workstreams implementing the Older Adult Strategy include:

Accessibility, Availability and Integration of Services

- Enhanced integration of geriatric medicine, geriatric psychiatry and outreach by optimizing service delivery and implementing quality improvement measures;
- Flexible Assertive Community Treatment Teams for Older Adults identified as required in Waterloo Wellington; supported by data; evidence informed best practices; and commitment to move forward;
- Older Adults use of substances inclusive of cannabis and impact on health; identification of need for reliable and accessible public health data; knowledge transfer and access to information for older adults re: use of cannabis developed in collaboration with Brain Xchange/BSO; https://brainxchange.ca/Public/BSO/Files/Substance-Use/Cannabis-Older-Adults-Know-the-Facts_Accessible_FI.aspx
- Intake system development with a focus on identifying opportunities to maximize supports region wide;
- Integration of elder abuse and neglect systems across the region; intersectoral review and mapping inclusive of EMS; Police; and Community Supports; education and knowledge transfer across the continuum of care; access to information: https://seniorsatrisk.cmha.ca/about/
- Engagement of older adults in the development, implementation and delivery of the Annual Knowledge Exchange in Geriatrics

Linkage, Coordination and Navigation

- Development of an older adult community service hub; include the work of optimizing geriatric medicine, geriatric psychiatry and outreach service delivery;
- Increase caregiver education; include the working caregiver; partner with provincial caregiver strategy work to date:
- Co-designed a Facebook page for the working caregiver providing support for older adults: provides an education and support function; https://www.facebook.com/cityofguelph/posts/caregiver-connections-a-simple-way-for-caregivers-in-waterloo-wellington-to-conn/10158035720883156/

Equity Diversity and Inclusion

- Working collaboratively with Age Friendly Communities; and Rural Communities with a focus on reducing social isolation;
- Identify and reduce the incidence, prevalence and negative outcomes associated with marginalization and social isolation with a focus on enhanced access to health and social services;
- Partnering with non-traditional service areas to assist with knowledge transfer and community awareness of available diverse services.

The focus, today as always, rests squarely on the health needs of our community, including older adults themselves, their families and their caregivers. Service priorities have pivoted to best address pressing local needs related to the COVID-19 pandemic and the Older Adult Strategy has provided the foundation for timely system wide responses.

The Waterloo Wellington Older Adult Strategy Steering Committee is Co-Chaired by:
David Wormald (St. Joseph's Health Centre Guelph)
Karyn Lumsden (Waterloo Wellington Home and Community Care and System Planning).

Waterloo Wellington Older Adult Strategy Project Team:

Jane McKinnon Wilson
Waterloo Wellington Geriatric Services System Coordinator

Don Wildfong
Waterloo Wellington Geriatric Services System Implementation Facilitator

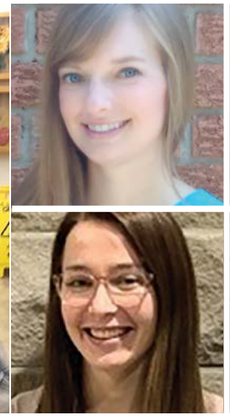
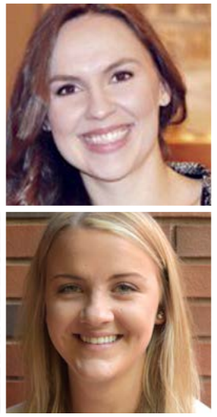
"…having the opportunity to assess the needs of our community and have them addressed in a targeted way has been an important outcome of our work." – Colleen Roberts, Older Adult Steering Committee Member and Community Forum Member

The Rural Community Members of the Older Adult Strategy Community Forum (Left to right): Joanne Weiler, Liz MacLennan, Gail Richardson, Connie Taylor, Colleen Roberts





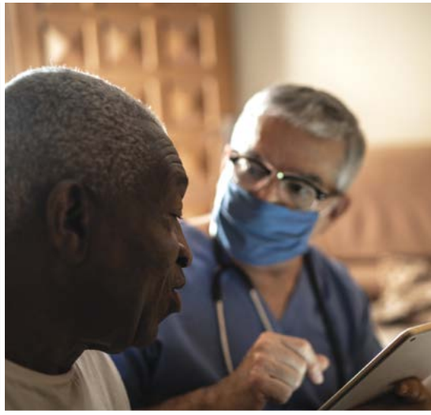

CJSP







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