

**REGIONAL GERIATRIC PROGRAM CENTRAL**

**STRATEGIC PLANNING SESSION**

**January 15, 2016**

**SUMMARY REPORT  
KEY OUTCOMES**

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**Contents**

<b>A. Introduction.....</b>	<b>1</b>
Background.....	1
<b>B. Proceedings.....</b>	<b>2</b>
Advice on Current RGP Activities and Future Opportunities and Priorities .....	2
Services.....	2
Final Words and Next Steps .....	4
<b>Appendix A: Agenda and Attendees.....</b>	<b>6</b>

## INTRODUCTION

### BACKGROUND

On January 15, 2016, the Regional Geriatric Program central (RGPC) held a strategic planning session attended by key stakeholders representing different sectors in three LHINs: Hamilton, Niagara, Haldimand, Brant; Waterloo Wellington; and Mississauga Halton. (See Appendix A for the retreat agenda and those attending the retreat).

The objectives of the session were to:

- Achieve a common understanding of the RGP and its environment; and
- Advise on current RGPC activities and future opportunities and priorities.

In preparation for the session, participants were provided with a Summary of Reports document prepared by Kelly Kay, Executive Director, Seniors Care Network and revised by the RGPC. The document included the key themes, recommendations and web links of major reports that impact on healthcare broadly or on geriatric care in particular.

Dr. Sharon Marr, Chair of the RGPC, presented background information on the RGPC and its external environment and impacting factors. She noted that Ontario's five RGPs have similar goals and priorities; however, each RGP is funded differently and each program determines how best to deliver on these, and allocates their resources accordingly. The majority of RGPC funding pays for staff who administer the RGP, and engage in planning, education and research-related activities. The RGPC does not hire health professionals, fund clinical services or provide patient care as the current funding does not include direct clinical services. Generally, the RGPC focuses its activities in three areas: i) service improvement and collaboration; ii) education and capacity building; and iii) research and evaluation. The RGPC works collaboratively and partners with other RGPs in education, research and evidence based standards of care to meet the needs of frail older seniors. Sharon reviewed the RGPC's current activities in each of these areas.

### ACKNOWLEDGEMENTS

Dr. Marr on behalf of the RGPC staff thanked all the participants and Ms. Joann Trypuc, Facilitator, for their support and participation at the retreat. She emphasized that many key stakeholders, including seniors and community and health organizations, have supported the work of RGPC. Without their support, the RGPC would not have been able to accomplish the educational, research, and clinical service improvements; without the collaboration, expertise, and leadership amongst its partners including academic health science centres and community programs and seniors and caregivers.

## PROCEEDINGS

### ADVICE ON CURRENT RGP ACTIVITIES AND FUTURE OPPORTUNITIES AND PRIORITIES

Meeting participants were asked to comment on the RGPc's current activities and suggest future opportunities and priorities. A wide range of suggestions was made in an open forum discussion. These suggestions were categorized into three broad areas: services, education and research/other. Participants selected the area they wanted to explore further in a small group discussion. Groups were asked to:

- Confirm the opportunities for the RGPc (e.g., add, modify, drop);
- Suggest key priorities.

#### Services

The Services Working Group identified a wide range of opportunities and selected three top priorities for the RGPc, as follows.

- **Broaden** the RGPc's current focus on a medical/clinical model of care to include a social model of care. It was noted that a medical/clinical focus is too narrow. An integrated, cross-sectorial medical/clinical and social model of care needs to consider the social determinants of health and factors such as housing, nutrition, financial resources, social supports, community services, social interactions, companionship, transportation, "walkability", and so on.
- **Advocate** for more clinical services, as well as, enhance the capacity of current services to improve timely access to appropriate specialized geriatric expertise. Before advocating for more services, current capacity should be assessed to identify potential issues and gaps. Some services may be available but difficult to access. Examples of *more services* include training more geriatricians and other healthcare professionals to provide geriatric services. Examples of *enhancing current capacity* include giving providers information on how to access services for their patients/clients, using communication and information technologies to share information, and establishing working partnerships. It was suggested that geriatricians could provide specialised geriatric consultations to Family Health Teams and CCAC case managers. This approach might reduce the incidence of patients going to walk-in clinics or hospital EDs to access specialised geriatric services, and would need to be evaluated.
- **Advocate** for and support a provincial strategy for dementia care (including behaviour issues, chronic disease management, end-of-life). In the open forum, some individuals cautioned against focusing too much on dementia and encouraged a broader focus on the full range of needs of older persons.

The Services Working Group identified other opportunities for the RGPc to consider.

- Identify the requirements for a high-performing system of specialized geriatric services (e.g., comprehensive geriatric assessments - CGA). Of note currently RGP's

of Ontario are developing a report for the Ministry of Health on the key components of the CGA.

- Proactively address inequitable access to services by ethno-racial groups, socioeconomic status, etc.
- Coordinate geriatric assessments by facilitating links and information sharing between multiple service providers. This would reduce the number of assessments and reassessments, and minimize duplication of effort.

A number of individuals preferred “healthy aging” focus and term versus “frail” seniors. It was explained that the need for SGS was in “frail” elderly persons with complex health needs and challenges. It was acknowledged and recognized that healthy aging was needed and important to prevent seniors from becoming severely frail. Currently the mission of the RGP’s of Ontario is to promote a system of healthcare that optimizes the health, independence and quality of life of frail seniors based on evidence – informed practices.

## **Education**

The Education Working Group identified the following priorities for the RGPc to consider.

- Help the public navigate geriatric-related services by providing information and education on the type, location of and ways to access services and resources. In addition, the RGPc should consider supporting navigators/peer support/liaison coordinators to help seniors navigate multiple organizations and service providers.
- Advocate for mandatory core training in geriatrics for: i) physicians in Family Medicine, Emergency Medicine and Internal Medicine; ii) Nursing; iii) Pharmacy; and iv) other health professionals. This would require advocating to the health professions regulatory colleges for curriculum changes at the undergraduate and post-graduate levels.
- Require students taking the Geriatric Certificate Program and other related training to transfer their knowledge to their colleagues at their home organizations.
- Launch a public awareness campaign about aging. Rather than doing this on its own, the RGPc could encourage health/social organizations to add content related to aging to their education and awareness campaigns (e.g., stroke, cancer, diabetes, public health, pharmacies, municipalities, churches, etc.).
- Educate the public about the care of older persons including illness prevention, wellness, and available geriatric services. The RGPc could partner with special interest groups to provide joint education initiatives. In addition, the RGPc could educate family members to be advocates for the senior members of the family. Education could include the services that seniors need, and the questions to ask to get these services.
- Provide education and information to primary care providers on end-of life-care and assisted dying.

- Advocate for appropriate compensation for physicians who care for older adults which takes more time than caring for younger persons or providing acute episodic care.
- Develop and implement an RGPC communications plan to expand sharing of success stories and tangible improvements in practice, and to build a more vibrant network. The plan should include communications to multiple audiences (e.g., practitioners, ministry, others).
- Adopt/adapt a quality improvement tool to track performance (e.g., BSO template).

## **Research/Other**

The Research/Other Issues Working Group identified a number of priorities for the RGPC to consider.

- Advocate for the development of a specialised geriatric funding model similar to Quality-based Procedures.
- Provide support and/or facilitate access to advice on ethics to guide decision making. Larger organizations have ethics expertise in-house whereas smaller organizations do not have or have difficulty accessing this expertise.
- Develop a “Business Class Model” which translates applied research into innovation and healthcare provider education. Examples include: i) virtual reality headbands to simulate falls, restraints and so on (e.g., create virtual headband programs for PSWs or learners by bridging the expertise at Mohawk and Waterloo; ii) simulate other situations for education purposes such as communicating when one does not understand English, postural hypotension, etc.
- Adapt/develop the use of (low cost) high-tech white boards for delirium prevention.
- Develop a process/model that effectively and efficiently translates research into practice (e.g., more falls happen at shift change therefore put initiatives in place). SAGE events (Service Awards for Geriatric Excellence) could include workshops that showcase innovations and share information).
- Develop low-cost YouTube videos targeted at families and clients on a range of topics that include the most up-to-date research evidence (e.g., the impact of various medications). Use Skype to assist with immediate translation.
- Nurture good working relationships with policy and decisions makers in government and elsewhere.

## **FINAL WORDS AND NEXT STEPS**

### **RGPC Retreat: Summary, Recommendations/Next Steps**

The RGPC staff thanked everyone for their generous support for attending and participating in the retreat. The discussions and valuable insights and suggestions into the future programming within the RGPC were informative and **greatly appreciated**. The information gathered from the retreat helped to guide the RGPC in the development of its future goals and objectives which is as follows:

- 1) Increase the level and participation of the RGPC to work collaboratively with others within the WWHNHB LHIN to enhance, develop and implement a structure, system wide process for setting goals and objectives, analysing me and understanding system gaps and linkages to enhance the capacity of current services to improve accessibility and to reduce gaps within our current model of delivery of care in seniors;
- 2) Develop and expand the level of coordination of service delivery across multiple agencies within the WW/HNHB LHIN;
- 3) Assist in the development of an evaluation framework to monitor key performance indicators and service delivery performance with other key stakeholders;
- 4) Improve the level of integration and service coordination across various agencies;
- 5) Continue to promote and coordinate training and educational programs, which promote best practise care to increase the capacity of the local network and its members, including the public and other service providers.

#### Implementation:

It is the goal of the RGPC to develop a work plan and to review, focus and evaluate activities to ensure that the implementation plan for meeting the objectives above are being focused appropriately.

The key activities for the RGPC will include service coordination and integration, training/education, research/evaluation, and promotion of the RGPC's activities and services provided by it's members.

At the present time a key focus for the RGPC is training and education, over the next one to three years, the goal for the RGPC will be service coordination and integration and planning. In addition, the role of the RGPC staff, director and education coordinator will be reviewed and realigned with the above objectives.

In order to meet the strategic objectives for the RGPC, it will be important for the RGPC to have support, expertise and advise from the RGPC steering committee. However, the role of this committee will be reviewed and revised in accordance with the objectives. The support from the WWHNHB LHIN will be needed to help the RGPC meet the objectives. The strategic plan and recommendations, will be presented to various stakeholders including WWHNHB LHIN's as well as to the steering committee and other partners. Also, with the recruitment of a new RGPC director, the strategic objectives, will be a priority to the new director to collaborate, coordinate and partner with other stakeholders and organizations in both regions to ensure successful initiation and implementation of the strategic plan.

## APPENDIX A: AGENDA AND ATTENDEES

### Regional Geriatric Program central Strategic Planning Session

Friday, January 15, 2016  
10:00 am-3:00 pm

Art Gallery of Burlington  
1333 Lakeshore Rd, Burlington ON  
Shoreline Room

*Registration and Refreshments will be available at 9:30 am*

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### OBJECTIVES

- To achieve a common understanding of the RGP and its environment
- To advise on current RGP central activities and future opportunities and priorities

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### AGENDA

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|--|-------------------------------|
| <p><b>1. Welcome and Introduction of the Facilitator</b><br/>Sharon Marr, Chair, Regional Geriatric Program central</p>  | <p><b>10:00-10:05 am</b></p>  |
| <p><b>2. Overview and Objectives of the Session and Group Introductions</b><br/>Joann Trypuc, Facilitator</p>  | <p><b>10:05-10:15 am</b></p>  |
| <p><b>3. Increasing Our Understanding of the RGP</b><br/><i>What the RGP Is and What It Isn't</i><br/><i>The External Environment and Its Impacts</i><br/>S. Marr<br/>Discussion All</p>                                       | <p><b>10:15- 11:15 am</b></p> |
| <p><b>4. Advising on Current RGP Activities and Future Opportunities and Priorities</b><br/><i>Overview of Current Activities: Clinical Services, Research and Education</i><br/><i>Our Task</i><br/>S. Marr and J. Trypuc</p> | <p><b>11:15-11:45 pm</b></p>  |

*Lunch 11:45-12:30 pm*

- 5. Small Group Discussion of Current RGP Activities and Future Opportunities and Priorities** **12:30-1:30 pm**

*Break 1:30-1:45 pm*

- 6. Small Group Report Back and Discussion** **1:45-2:50 pm**

- 7. Final Words, Wrap-up and Next Steps** **2:50-3:00 pm**  
S. Marr



**ATTENDEES: (Titles and organizations to be added)**

Mr. Paul Armstrong	HNHB LHIN
Ms. Mary Burnett	Voice of the Senior
Ms. Mary Buzzell	Alzheimer Society HNHB
Ms. Nancy Candy-Harding	Community Addictions and Mental Health Services Haldimand Norfolk
Ms. Florine Cove	Voice of the Senior
Mr. Ben Deignan	HNHB LHIN
Mr. Robert Gadsby	HNHB Family Council (Region 4)
Ms. Jennifer Kodis	Hamilton Health Science
Dr. Justin Lee	Hamilton Health Sciences
Ms. Lori Leighton	HNHB
Ms. Jane McKinnon Wilson	Waterloo Wellington Specialized Geriatric Services
Ms. Wendy McPherson	Niagara Health System
Dr. Brian Misiaszek	Hamilton Health Sciences
Ms. Francine Myers	HNHB
Dr. Amra Noor	Waterloo Wellington Specialized Geriatric Services
Ms. Jeanette O'Leary	Shalom Village, Hamilton
Dr. Alexandra Papaioannou	GERAS and Hamilton Health Sciences
Mr. Blair Philippi	WW LHIN
Ms. Sharon Pierson	Hamilton Health Sciences
Ms. Anne Pizzacalla	Community Representative
Dr. Sadhana Prasad	Waterloo Wellington Specialized Geriatric Services
Ms. Sandra Robinson	Hotel Dieu Shaver Health and Rehabilitation Centre
Dr. Mike Sharratt	Research Institute for Aging
Ms. Sharon Stap	Waterloo Wellington Community Care Access Centre
Mr. Kevin Sulewski	McMaster University
Ms. Joann Trypuc	Facilitator
Dr. Irene Turpie	Hamilton Health Sciences
Ms. Susannah Watson	McMaster University
Ms. Nicole Zinn-Schadenberg	Alzheimer Society - HNHB
Dr. Sharon Marr	Regional Geriatric Program Central
Ms. Anisha Patel	Regional Geriatric Program Central
Ms. Lily Consoli	Regional Geriatric Program Central
Ms. Marley Kafato	Regional Geriatric Program Central
Ms. Natasha Szostak	Regional Geriatric Program Central