



Regional Geriatric Program
Affiliated with McMaster University

Annual Report 2020-2021

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



Jennifer Siemon,
Director



Michelle Doherty,
Education Coordinator



Lily Consoli,
Administrative Assistant

New Chair Welcome



We are pleased to welcome **Dr. Alexandra Papaioannou** as the new Chair of our program as of April 1st, 2021. Dr. Papaioannou is a Professor of Medicine, Division of Geriatrics at McMaster University; Geriatrician at Hamilton Health Sciences; Executive Director of the GERAS Centre for Aging Research; and holds an Eli Lilly Research Chair at McMaster University.

RGPc Partners

- Advanced Gerontological Education Inc.
- Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton
- Alzheimer Society of Ontario
- Behavioral Supports Ontario
- Canadian Mental Health Association Waterloo Wellington
- Community Addictions and Mental Health Services of Haldimand-Norfolk
- DementiAbility Enterprises Inc.
- Division of Geriatric Medicine, Department of Medicine, McMaster University
- Faculty of Health Sciences, McMaster University
- Geriatric Education and Research in Aging Sciences Centre
- GeriMedRisk®
- Halton Regional Police Service
- Hamilton Council on Aging
- Hamilton Health Sciences
- Hamilton Paramedic Service
- Hamilton Police Service
- Hotel Dieu Shaver Health and Rehabilitation Centre
- McMaster University
- Mental Health Commission of Canada
- Niagara Health
- Older Adults, Caregivers and Community members
- Ontario Health West Region
- P.I.E.C.E.S.™
- Provincial Geriatric Leadership Office
- Shalom Village
- St. Joseph's Healthcare Hamilton
- University of Victoria
- Waterloo Wellington Specialized Geriatric Services

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Message from our Chair



I am delighted to share with you the Regional Geriatric Program Central's Annual Report for 2020-21. During the past year, the Regional Geriatric Program Central (RGPC) has remained committed

to its five areas of focus: Education and Capacity-Building, Knowledge Exchange and Translation, Service Improvement, Collaboration, and Research and Evaluation. We co-hosted the 10th Annual Update in Geriatrics virtual education day with the Division of Geriatric Medicine, McMaster University and the Geriatric Education and Research in Aging Sciences (GERAS) Centre. This year's successful event saw the greatest number of registrations to date. The RGPC increased its social media presence, helping to increase the reach of the program. Central Clinical Intake for Behavioral Supports Ontario and Specialized Geriatric Services (SGS) saw increased growth again this year. The RGPC also collaborated with numerous organizations to offer tailored education to their staff from various sectors and settings. The program also successfully supported important research within SGS.

I wish to once again extend my sincerest thanks to all of our partners, community members and front-line workers including: older adults; caregivers; community and health care workers from all sectors; the RGPC staff; members of the Division of Geriatric Medicine; staff in the Department of Medicine, Faculty of Health Sciences, and Michael G. DeGroote Initiative for Innovation in Healthcare, McMaster University; and the GERAS Centre team for their dedication, support and contributions to this report and the initiatives described.

I am sharing this report with you for the last time as the Chair of the RGPC. I am honored to have served this program for the last decade, having been a part of so many important initiatives. I am delighted

that my colleague, Dr. Alexandra Papaioannou has stepped into this role. Dr. Papaioannou is a Professor of Medicine, Division of Geriatrics at McMaster University and a Geriatrician at Hamilton Health Sciences. She is also the Executive Director of the GERAS Centre and holds an Eli Lilly Research Chair at McMaster University.

The past year has challenged older adults, their caregivers and families, healthcare and social care providers and indeed our entire healthcare system in ways we could not have imagined. On behalf of the RGPC, I extend my sincerest thanks to everyone who has worked to navigate this unprecedented time. The RGPC is poised and prepared to support recovery efforts from the pandemic, and restoration of our system.

We are pleased to share this report, which highlights the important work that is being done to support older adults, their caregivers, and health care providers in the Hamilton Niagara Haldimand-Norfolk Brant, Waterloo Wellington and Halton regions. To stay connected, I encourage you to follow the RGPC on Twitter (@RGPCentral) and to join our mailing list (email info@rgpc.ca). These are the best ways of staying connected and up to date with the work of the RGPC.

Sincerely,

Dr. Sharon Marr Chair,
Regional Geriatric Program central



Awards and Recognition

2020 Peter McCracken Physician Innovator in Education Award

Dr. Sharon Marr was awarded the 2020 Peter McCracken Physician Innovator in Education Award from the Canadian Geriatrics Society (CGS) for her extensive work in geriatric education. Dr. Marr was among the group of dedicated partners who launched the Geriatric Certificate Program (GCP) in 2013 and has continued to be dedicated to the important work of this program in providing health care workers with the core geriatric competencies required to care for older adults.



2020 Recognition Awards

To recognize the valuable contributions of front-line workers, community members, and informal caregivers to older adults during the COVID-19 pandemic, the Recognition Awards were created. Nominations were invited from Hamilton, Niagara, Haldimand Norfolk, Brant, Waterloo, Wellington, and Halton regions.

The 3 recipients of the 2020 Recognition Awards were: Sherry Fjell, a Personal Support Worker, Team Lead at Acclaim Health and Community Services; Michelle Barclay, Victim Support Coordinator at Halton Regional Police – Victim Services Unit; and Sandy Croley, Executive Director of Foxridge Care Community. All recipients demonstrated compassion, empathy, dedication, service above self and a willingness to go above and beyond to supporting older adults.

Sherry, Michelle and Sandy were featured in a short video to highlight their contributions to older

adults during the pandemic. The video was made possible by the support of the communications team at Hamilton Health Sciences. The video can be accessed from our website.



Left to Right Sherry Fjell, Michelle Barclay, Sandy Croley



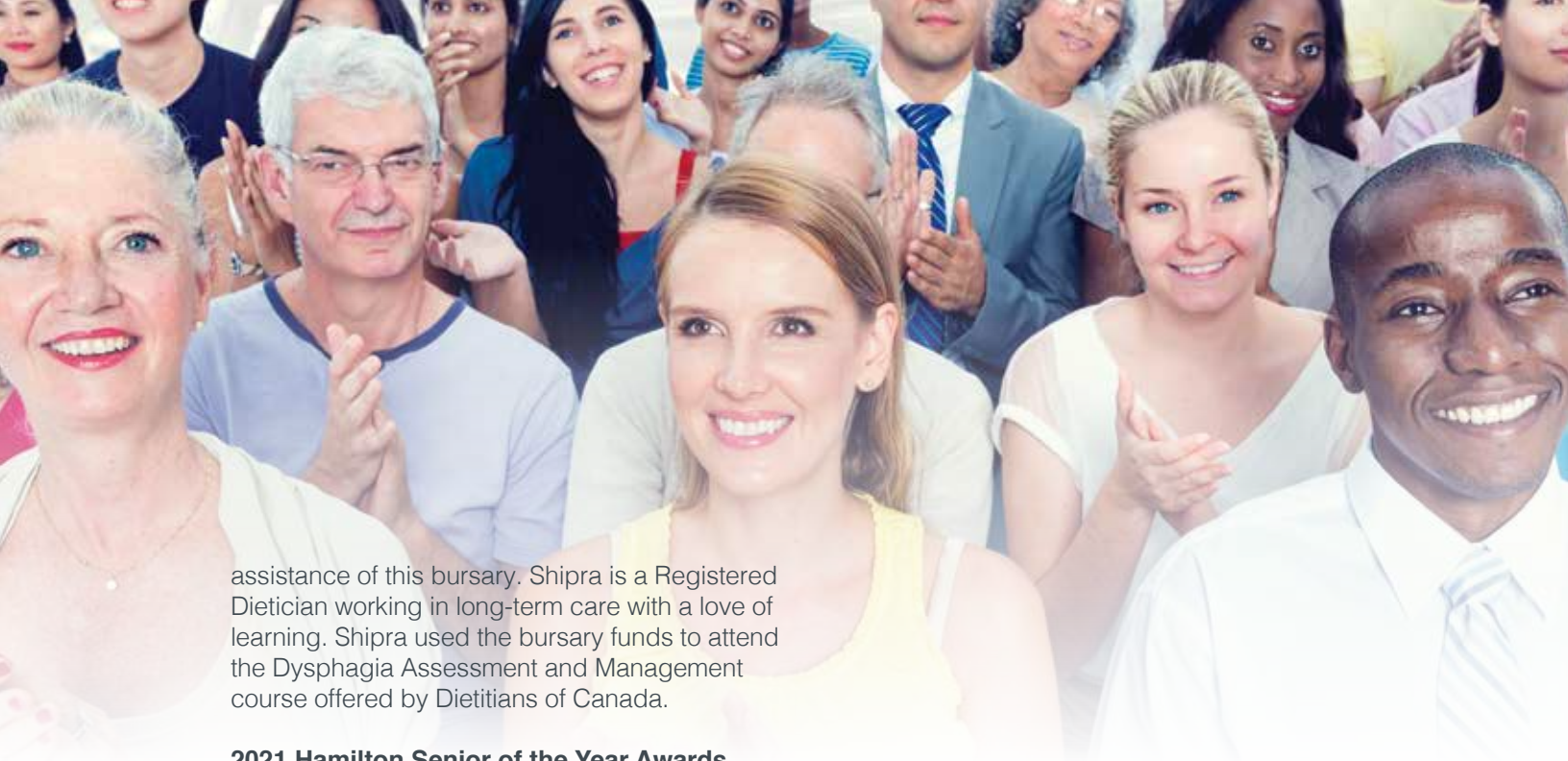
Education Bursary

The Geriatric Education Bursary is awarded to two individuals annually and provides funding to attend geriatric-focused educational events and/or courses to support learning needs and goals. Health care providers currently working or intending to work in a geriatric setting or medical residents with an interest in geriatrics as a profession are eligible to apply. Applicants must also be working in the Hamilton, Niagara, Haldimand Norfolk, Brant, Waterloo, Wellington, or Halton regions.



Left to Right Shannon Gibson, Shipra Tomar

The two recipients of the 2020 Geriatric Education Bursaries were Shannon Gibson and Shipra Tomar. Shannon is an Occupational Therapist with a passion for working with older adults and is looking to continue to add to her skillset by completing more geriatric education with the



assistance of this bursary. Shipra is a Registered Dietician working in long-term care with a love of learning. Shipra used the bursary funds to attend the Dysphagia Assessment and Management course offered by Dietitians of Canada.

2021 Hamilton Senior of the Year Awards

The Hamilton Senior of the Year Awards celebrate and recognize the achievements of Hamilton residents age 65+ who have voluntarily contributed to the social, cultural or civic life of the Hamilton community.

Annually, a gala event and awards ceremony takes place in June hosting 400-500 attendees including 30-40 nominees. In 2021, life changed for all of us as a result of the COVID-19 pandemic. However, many Hamilton residents continued to volunteer in the community including many ages 65+. In 2021, 21 nominations were submitted to honour those residents in the following categories:

Senior of the Year
Lifetime Achievement
Leadership
Healthy & Active Living
Behind the Scenes
Innovation
Compassion & Companionship
Diversity & Cultural
Economic Leadership

An awards event could not be hosted in 2021 due to COVID-19 restrictions around large group gatherings. So, we pivoted by recognizing all nominees and award winners through social and print media and by honouring them with a gift, awards and certificate of recognition signed by the Mayor of Hamilton.

Education

2020 GCP Graduate Feature: Janice Mangano, Clinical Nurse Leader



I actually found out about the Geriatric Certificate Program (GCP) by accident. After completion of a Falls Prevention course through the University of Victoria, I read a comment on the receipt that the class was credit towards the Geriatric Certificate Program. What was this program, I wondered? Moments later, with a few clicks and a credit card, I was enrolled! The course website was easy to use. I liked the program layout: required courses and choice among the electives to align with my resident needs. Each course built upon the next. The email reminders on course progress were timely. If I had technical difficulties, an email response was immediate. Emails to the education coordinator were always helpful. Most importantly, I felt that I was part of a learning community even though I was thousands of miles away on the west coast.

My employer, Island Health, was very supportive in approving some Education Days to complete some of the courses; I also used some vacation days. Island Health also offered PIECES education which was one of the core requirements. Changes due to Covid allowed me to complete some of the courses earlier: some classes, for the first time, were offered by zoom

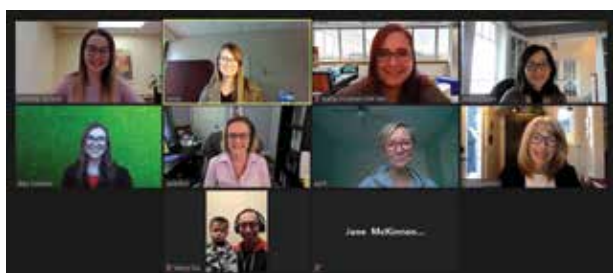
instead of in class in Vancouver or Ontario. The zoom courses were very interactive and interesting. During those dark days of early Covid, I found that the GCP reconnected me with the true meaning of my nursing profession; I welcomed the interaction with like-minded health professionals from across Canada—even if it was 5 am for me in BC! I am very appreciative of the special considerations granted by McMaster University to all GCP students during Covid: extended course completion times and reduced course fees.

My big take away from this certificate can be summed up in the course phrase: All Behavior has Meaning. This concept of observing resident actions wove itself in and out of the program. This phrase highlights the most challenging aspect of my role as a Clinical Nurse Leader in Long Term Care: to encourage the nursing team to take the time to truly observe and listen to our residents; then plan our geriatric care around these behaviors to promote meaning, dignity, and comfort.

EDUCATION AND CAPACITY BUILDING

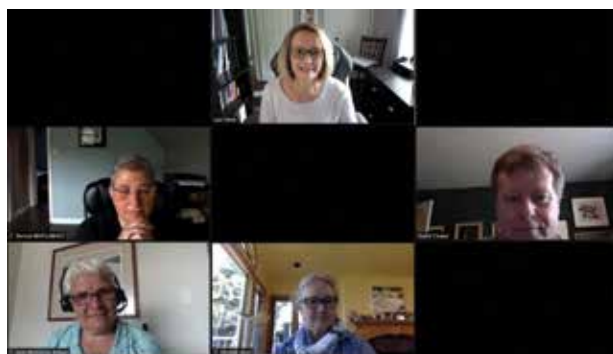
Geriatric Certificate Program™

The Geriatric Certificate Program (GCP) is an evidence-based interdisciplinary education program that provides learners with core competencies in geriatrics. Courses are offered by well-known healthcare organizations and clinician educators. There are 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. As a result of the COVID-19 pandemic, all streams can now be completed online. Courses will continue to be offered online to increase accessibility of the program once in-person courses resume. The Geriatric Certificate Program is supported by a robust network of partners pictured below:



Left to right, top to bottom:

- Michelle Doherty, Education Coordinator, RGPc
- Jennifer Siemon, Director, RGPc
- Kathy Hickman, Director, Education Design and Training, Alzheimer Society of Ontario
- Dr. Sharon Marr, Clinician Educator and Associate Professor, Division of Geriatrics, University of Toronto; Associate Professor, Division of Geriatric Medicine, McMaster University
- Alexandra Curkovic, Clinical Nurse Specialist, Hospital Elder Life Program, Hamilton Health Sciences
- Gail Elliot, Gerontologist & Dementia Specialist; Founder, DementiAbility Enterprises Inc.
- April Morganti, Executive Director, Advanced Gerontological Education Inc.
- Pamela Hamilton, Clinical Advisor and P.I.E.C.E.STM Curriculum and Education Consultant
- Dr. Henry Siu (and son), Associate Professor, Department of Family Medicine, McMaster University



Left to right, top to bottom:

- Gail Elliot, Gerontologist & Dementia Specialist; Founder, DementiAbility Enterprises Inc.
- Denise Waligora, Training and Delivery Specialist, Mental Health First Aid Canada, Mental Health Commission of Canada
- Dr. David Cowan, Assistant Professor, Division of Geriatric Medicine, McMaster University
- Jane McKinnon Wilson, Waterloo Wellington Geriatric Systems Coordinator
- Dr. Vicky Scott, Clinical Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia

Not pictured:

- Dr. Alexandra Papaioannou, Professor, Division of Geriatric Medicine, McMaster University; Eli Lilly Chair; Division Member of Rheumatology, McMaster University; Associate Member, Department of HEI, McMaster University; Executive Director, GERAS Centre for Aging Research; Chair, RGPc
- Dr. Kenneth LeClair, Professor Emeritus, Queen's University; PIECES Canada Consult Group

This past year the GCP offered two virtual information sessions in fall and spring. These sessions gave current and prospective students the opportunity to learn more about the program have any questions they may have answered. The recording of our most recent session can be accessed on the RGPc website (<https://rgpc.ca/education/geriatric-certificate-program/>).





GCP Website (www.geriatriccp.ca) User Data from April 1, 2020 – March 31, 2021

Country	Users
Canada	18,910
United States	1,816
India	315
China	174
Saudi Arabia	87
Hong Kong	80
Nigeria	79
Germany	65
United Kingdom	58
United Arab Emirates	54

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

Register today at: geriatriccp.ca
 Learn more: info@geriatriccp.ca
 Stay up to date on social media: [@geriatriccp](https://twitter.com/geriatriccp)



Geriatric Training Program

The Geriatric Training Program (GTP) is a two-day educational program hosted by the RGPc that provides learners with the skills and perspectives needed to provide the best care possible to the older adults they work with. This inter-professional course is geared toward a multidisciplinary group of health care providers who are either 1) experienced in the field and looking to update knowledge of best practices, or 2) new to the field and looking to learn new skills and perspectives.

Last year’s event, the 10th Annual GTP, was delivered virtually on October 8th and 9th, 2020. This event was the first of its kind for the RGPc and was a great success. Registration numbers were higher than in 2019. This increase can likely be attributed to the fact that the course could be attended from the comfort of learners’ homes, increasing accessibility.

This spring, the Online Geriatric Training Program (eGTP) was run which enables learners to view the presentations from the live 2-day program (GTP) on a secure online platform. This version of the program supports learners who require a course with more flexibility. Students of the eGTP are given access to the presentation recordings for a 2–3-week period. In this way, the course is self-paced within a designated amount of time.

2020 GTP participants: 94
 2021 eGTP participants: 74

Update in Geriatrics Education Day

The 10th Annual Update in Geriatrics virtual education day had 524 participants that attended from across the country. There were also some international participants who were able to attend due to the virtual format. The theme for the day was Evidence-Based Highlights and featured a keynote presentation titled Delirium Prevention in Older Adults by Dr. Fred Rubin, Professor of Medicine, Division of Geriatric Medicine, University of Pittsburgh School of Medicine.



“All speakers were well versed in their topics, and I appreciate the time taken to update all of us interested in providing updated geriatric care.” – MD

Cognitive Assessment Tools Workshop

The Cognitive Assessment Tools Workshop is a half day training opportunity that was developed by Dr. David Cowan, Geriatrician, and supported by the 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, as well as understanding why certain tests are used in different clinical situations and how to interpret the results.

The course was adapted in the fall of 2020 to be delivered using a virtual platform. Two new facilitators, both occupational therapists, were trained to lead the workshops virtually: Jennifer Siemon and Shari Duxbury. The virtual format for the workshop was piloted in November 2020 with 10 participants. This offering of the course was very successful, with 93% of evaluation respondents indicating that they were “very satisfied” with the method of instruction and 100% indicating that they would recommend this course to their colleagues. Two more successful workshops were then facilitated in February and March. Comparing pre- and post-workshop evaluation data from the March workshop indicates a significant increase in the average understanding of why cognitive assessment tools are used and in the average knowledge of when each tool should be used. 100% of evaluation respondents who participated in this workshop were “very satisfied” with the method of instruction. There is considerable demand for upcoming workshops.

U-First!®: Building Critical Skills for the Whole Care Team

U-First!® is an innovative education program for all members of the care team that are supporting people with behaviour changes due to dementia or other cognitive impairment, including health care providers and care partners (family and friends). The U-First!® Framework is a person-centred approach to looking at the whole person and is built upon the PIECES™ education program for health care providers who have a clinical and leadership role within the team. U-First!® helps create a common knowledge, language and approach to care for the whole care team.

This year, the Alzheimer Society of Ontario shifted all U-First!® programs to an interactive, facilitated online 6-hour Workshop. U-First!® for health care provider is also available as a 3-week, self-paced e-learning course via ALZeducate.

We also continued our commitment to developing health care provider skills by developing the new U-First!® Advanced, a 6-hour program to:

- Deepen understanding of and ability to apply the U-First!® framework
 - Improve collaboration among all members of the team including care partners
 - Increase the wellbeing of people experiencing behaviour changes
 - Reduce stress and increase job satisfaction for the team working with people experiencing behaviour changes
- Outcomes of the program included validation of current practice, increased self-reflection, improved information sharing, improved documentation of behaviour changes and increased awareness of Alzheimer Society resources and programs. We also learned that after participating the program:
- 87% feel better prepared to use the U-First!® framework to support people with behaviour changes
 - 81% are more confident in their ability to manage behaviour changes
 - 84% feel better prepared to work with care partners and other health care providers to provide the best care
- With a goal of making U-First!® accessible to even more Canadians, we have translated all materials into French and the program will be available to French-speaking learners later this year. To learn more about U-First!® and opportunities to take part in this education visit u-first.ca.



DementiAbility Methods and Communication Tips and Tools for Dementia

This past year was filled with both challenges and opportunities. When the year began, no one believed that education would soon be delivered virtually, and successfully. During those initial dark days of COVID-19, DementiAbility focused on creating resources for those living with dementia (posters and books that would help those with cognitive loss to understand that life had changed, and that we all had to abide by the new rules that were being communicated, and changed, regularly). We worked with the BSO to develop a document that listed examples of things to do during the pandemic. We also created new resources to help alleviate boredom, which was taking on a new life in the community and in LTC settings. For example, we created new colouring books and conversation cards and we wrote/developed a new “Life Story” book (and subsequently delivered educational events in the UK and Canada to showcase how to put a memory book together). Throughout this past year we also participated in a wide variety of projects in the community, in LTC (such as consulting with organizations that are renovating or building new LTC homes) and in academia (including the Culture Box Study in the UK).

As we all worked together to figure out how to move forward, we saw that care partners in the community needed help. DementiAbility’s Founder, Gail Elliot, wrote a book for caregivers and created a caregiver workshop that is aimed at helping care partners to think differently about dementia, thereby providing the knowledge and tools required to set each person up for success. By the fall of 2020, there seemed to be an interest in our professional workshops, and people made it clear they were willing to learn online. While we had to cancel 16 workshops in total, we were delighted when we realized that Zoom was a viable option of delivery. Eventually, we were able to reach, and teach, people across Canada (from Newfoundland to the northern parts of BC), and also professionals in Hong Kong, Taiwan, the UK, Nigeria and Thailand. We modified the content of our DementiAbility Workshop to address the changing circumstances brought on by the pandemic.

The feedback from our education has been extremely positive. Our evaluations included statements such as, “We need this education now more than ever. Thank you.” Overall, while



Creative arts – keeping people with dementia engaged – set up for success - and proud of their work.

we travelled less, we were able to bring people from across the country, and around the world, together to learn and share (including both care partners and professionals), and we are moving forward – changing practice through education – in spite of a global pandemic.

Mental Health First Aid Supporting Older Adults

The Mental Health Commission of Canada reports that one in every five Canadians experiences a mental health or substance use problem within a given year. These problems can affect older adults in a unique way. The new Mental Health First Aid Supporting Older Adults is an evidence-based course, specifically designed for members of the public who have frequent contact with older adults, for example, family members, friends, public and private caregivers, community health workers, and volunteers.

Participants first learn how to recognize the signs that an older adult may be experiencing a decline in their mental well-being and how to have conversations that encourage them to talk

Name of Workshop	Details
DementiAbility Methods Workshops	
DementiAbility Methods 2-Day Workshop	Total: 42 Workshops
DementiAbility Certification	3 Sessions (13 people)
BSO DementiAbility Trainer Sessions	3 LHINS; 140 participants
DementiAbility College Program Workshops (Delivered differently by each college)	6 workshops, 3 colleges, 187 Students
Communication (Previously Validation)	
Communication Tips and Tools for Dementia 1-Day Workshop	Total: 5 Workshops, 226 participants
Communication Tips and Tools – Delivered at Niagara College (Integrated into a course)	Total: 1 workshop, 44 students
Education for Care Partners such as Families	
Thinking Differently About Dementia: Caregiving Workshop	Total: 4 Workshops, 43 Care partners
Special Topics	
Conflict Resolution and Personal Resiliency	Total: 2 Workshops, 41 Participants
TOTAL: 66 Educational Events Delivered	

about their mental well-being and reach out for support. Participants then learn how to use MHFA actions to assist in a mental health or substance use crisis, as well as how to use MHFA actions to maintain their own mental well-being.

This blended 10-hour course opens with a self-directed online module, building a foundation of information about mental well-being and MHFA strategies. Participants then take part in two live virtual modules to discuss and practice MHFA actions using small group discussions and case studies. Participants receive an online reference guide and certificate of completion.

In collaboration with MHCC, Vision Gaspé-Percé Now and The Alzheimer Society of Chatham-Kent each successfully piloted the new course. They both invited numerous organizations that support older adults in their regions to take part and provide feedback. With such a positive response to the new material and format, MHCC is excited to launch the updated MHFA Supporting Older Adults later in 2021.



E-Learning Program Underway to Provide Sexual Expression & Dementia Education

Funded by the Regional Geriatric Program central, the Behavioural Supports Ontario (BSO) Sexual Expression & Aging Working Group will soon release introductory e-learning modules on sexual expression and dementia. These introductory e-learning modules will address myths and stereotypes related to the sexual and intimate expressions of people living with dementia and equip healthcare providers with knowledge and practical skills to respond to sexual and intimacy needs across care settings.

Soon to be available in both English and French, the e-modules will be accessible any time on the Frailty E-Learning website (<https://acpmodules.ca/>). The modules will be open access and free to anyone interested in learning more about this topic.

These e-modules are literature-informed, competency-based, will equip health care providers with an introduction to a complex topic, and serve as a baseline for subsequent e-modules for a full program in the future.

Have questions, or want to learn more about how these e-modules may complement your professional practice or your teams? Please contact: BSO Provincial Coordinating Office at ProvincialBso@nbrhc.on.ca



ADVANCED GERONTOLOGICAL EDUCATION (AGE) INC.

There's more than one way to do GPA! Every GPA format now has a virtual option.

Advanced Gerontological Education (AGE) Inc. is a national not-for-profit social enterprise. We provide multi-disciplinary dementia education to care providers across Canada through our practical, evidence-informed Gentle Persuasive Approaches (GPA) in Dementia Care curriculum. AGE is very proud of its 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. Our GPA eLearning is a staple of the Geriatric Certificate Program. Designed for healthcare students, it is a 2.5 to 3-hour online dementia care education session. (For a synopsis of the eLearning session objectives see farther below).

As of 2021, more than 476,500 Canadian healthcare providers have completed GPA. We offer it in convenient flexible formats that offer easy access for everyone who works with persons living with dementia and responsive behaviours.

1. GPA Basics is our full-day (8-hour) traditional classroom session facilitated by a GPA Certified Coach (CC). Learn more [here](#).
2. Integrated GPA (iGPA) is our blended learning option; a hybrid that combines a half-day of independent GPA eLearning with a half-day GPA Certified Coach-facilitated classroom session that builds on knowledge gained in the eLearning. Learn more [here](#).
3. GPA-Recharged (GPA-R) is a knowledge and skills refresher, recommended as an annual 2-hour session for dementia care providers who have previously taken GPA. Learn more [here](#).

NEW in 2021! GPA Virtual Options

Creating virtual options for GPA formats had long been on our “to-do” list. Then COVID-19 struck. We were forced to fast-forward those plans to ensure dementia education could continue in a time of lockdowns, physical distancing and pandemic protocols. In long-term care, dementia education has been essential for new hires, returning staff and those redeployed to the sector.

Working quickly with our stakeholders/partners coast to coast, AGE developed and trialled fully virtual options for GPA formats over the past year. Evaluations and feedback have been extremely encouraging. Our success to date has led us to take the next step and create a virtual GPA Certified Coach training platform. This too has been embraced by coaches and coach candidates during the pandemic.

Can virtual learning replace “in-person” learning? Perhaps not completely. However, for GPA the virtual world has many advantages. Our dementia education did not have to grind to a permanent halt during the pandemic. Going forward, online GPA is ideal for healthcare workers who would otherwise have to travel far to attend an education session or coach workshop. In the new normal now on the horizon, even care providers in Canada’s most remote outposts (and beyond our borders) will have easy access to GPA, able to choose the format that best fits their needs. This is an incredible leap in a very short time. We are extremely grateful to all who helped make this happen.

GPA Bathing launches later this year

Currently, we are in the final stages of trials and evaluations of our new curriculum, GPA Bathing which will launch toward the end of 2021. This is a complementary dementia education curriculum for formal care providers that follows completion of GPA Basics or iGPA. Check out the flyer here: https://ageinc.s3.amazonaws.com/uploads/2021/04/FINAL_GPA-BATHING-FLYER_One-page_CGNA2021.pdf.

In 2021, we’re happy to report that there really is more than one way to do GPA!

To learn more about GPA virtual options follow the link here: https://ageinc.s3.amazonaws.com/uploads/2021/04/GPA-VIRTUAL-OPTIONS_Postcard_2021.pdf.

GPA eLearning Session Objectives:

At the end of a GPA eLearning session, participants can:

- 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.

To learn more about Advanced Gerontological Education (AGE) Inc. and our dementia education programs, visit www.ageinc.ca or call 905.521.3950 ext. 1000.

GPA FUN FAST FACTS TO HIGHLIGHT:

476,500+ Number of Canadian healthcare providers who have participated in Gentle Persuasive Approaches (GPA) in Dementia Care to date.

1,713 of active GPA Certified Coaches across Canada.



**Gentle
Persuasive
Approaches®**

Knowledge Exchange And Translation

HHS Partnership with Grace Villa LTC, in response to COVID19 Outbreak

Hamilton Health Sciences (HHS) and Grace Villa Long Term Care Facility have worked collaboratively to manage resident care challenges that resulting from the pandemic. HHS provided essential site support to Grace Villa during their time of crisis. Approximately 50 HHS staff members were deployed to the Long-Term Care Facility, utilizing many HHS Leaders as consultants. Grace Villa and HHS co-developed a model that was designed to restore the home's operations that met both regulatory and legislative requirements. The two organizations established a strong partnership that has supported the successful resumption of regular operations, keeping Grace Villa residents safe and secure during the COVID 19 Outbreak.

A few key interventions that were implemented made a significant difference in supporting resident care and staff workflow. A daily resident assessment conducted by the health care team, included the "Four Pillars of Care" – Medication, Hydration/Nutrition, Turning and Positioning and Hygiene". Every resident was assessed each shift, ensuring these essential aspects of care were reviewed, fulfilled and documented, and established as a priority.

Daily Safety huddles were implemented, this involved gathering the team for 15 minutes, on each floor, reviewing a checklist that focused on resident and staff safety. Engagement and communication were enhanced, and concerns were addressed in a timely manner.

Daily Dashboard reporting was initiated, allowing the team to monitor important indicators such as Staffing ratios, Infection Control auditing, Vaccine rates, and resident activity.

HHS and Grace Villa continue to stay connected, HHS offering support as needed. The home continues to provide quality long term care and continues to welcome residents to their new home.



Waterloo Wellington Stay safe – Lead the way campaign

Through our extensive local partnerships, The Waterloo Wellington Older Adult Strategy was able to directly address local needs through whole-of-community collaborative efforts to develop tools that help community-dwelling older adults to identify and monitor their daily health and wellbeing was crucial during periods of social isolation and in-home service disruption during COVID-19. Providing older adults with resources and information has helped to enable their empowerment during these times and engage them as active participants in the promotion of their own health and the prevention of premature and avoidable frailty.

The following project was among two that offered access to information and resources that promoted the development of personal health insights and served to improve health literacy in support healthy aging and safer behaviors.



Our Wish List

FOR OLDER ADULTS IN OUR COMMUNITY

- ☐ I am doing what I need to do to protect my health, and that of my family, friends, and community
- ☐ I will share my love for people in my life and stay connected in ways that are safe
- ☐ I choose to cope well despite the current challenges we are facing together
- ☐ I choose to feel joy over despair
- ☐ I choose to see light instead of darkness
- ☐ I know that it is okay to feel a little sad, but that I should reach out to someone if I am struggling or this feeling lasts too long
- ☐ I will focus on opportunities and wonderful moments instead of dwelling on loss
- ☐ I look forward to the spring with hope and openness, knowing that 2023 has already been a better year
- ☐ I know that vaccines are safe and reliable and that they are the best way to protect me and my family from COVID-19. I'm ready to get mine as soon as it is available to me
- ☐ I know that even though I might feel lonely from time to time, I am never alone, and that help is available to me if I need it



Waterloo Wellington
Older Adult Strategy

Follow us on Twitter @WWOASideability

Stay Safe
Lead The Way!

- 1) provide older adults with credible information to stay safe and healthy during COVID-19 and beyond;
- 2) point older adults to local services and supports to help them access what they need.
- 3) help older adults cope through these times by sharing hopeful, positive and strengths-based messages.
- 4) encourage older adults to maintain a healthy balance of activities and routine; and,
- 5) enable older adults to experience a sense of empowerment, even during these challenging times.

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Service Improvement

Central Clinical Intake

2020-21 proved to be another exciting year for the Central Clinical Intake program. The team worked together to weather the challenges posed by the COVID-19 pandemic while continuing to provide clinical intake and system navigation services across our region. Below are just a few successes from this year:

- 2209 patients were connected to Specialized Geriatric Services (inclusive of Geriatric Medicine and Geriatric Psychiatry).
- 941 patients connected to community-based Behavioral Supports Ontario teams. On October 1, 2020, Central Clinical Intake became the primary access point for referrals to the Behavioral Supports Ontario community team, strengthening the partnership between programs.
- Over 160 providers who make referrals through Central Clinical Intake attended information sessions held in November 2020 to learn updates and tips from the program
- 214 duplicate referrals were detected, contributing to improved patient and provider experience through avoidance of potentially duplicate assessments.

An evaluation of the Central Clinical Intake Program revealed that:

- 93% of Behavioral Supports Ontario and Specialized Geriatric Service clinicians agreed that Intake Assessments are comprehensive and contain relevant information
- 78% of Behavioral Supports Ontario and Specialized Geriatric Service clinicians agreed that the program saves time
- 73% of referring providers rated referral form and process “very” or “extremely” efficient

In the 2021-22 year, the Central Clinical Intake looks forward to strengthening and enhancing the program through:

- Leveraging electronic solutions, such as eReferral, to further improve access to care and efficiency.
- Strengthening relationships with providers and colleagues across the system.
- Understanding models of centralized intake across the province, and sharing lessons learned from our region’s program.



Hospital Elder Life Program

Through inventive adaptations, the Hospital Elder Life Program (HELP) continued to provide delirium prevention support to patients, their families and staff throughout the pandemic utilizing various strategies.

In light of visitors’ restrictions, in the fall of 2020, the HELP Phone program was launched with the goal of engaging patients with HELP volunteers via phone to deliver tailored delirium prevention interventions while adhering to infection control measures. This novel initiative has been well received by patients, families, volunteers and staff alike. Patients enrolled in HELP were also supported with “Daily Fact Sheets” that include information on relevant news, a weather report, and fun facts - all meant to support their orientation status while in hospital.

To support families, the HELP team also created a Make Your Visit Count information sheet to provide a quick guide for family caregivers to help them prevent delirium in their elderly family member.



WAYS TO HELP:		JANE SMITH	
Hearing impairment: <input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="checkbox"/> Hearing aid <input type="checkbox"/> Amplifier	Visual impairment: <input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="checkbox"/> Clean and put on glasses	<input checked="" type="checkbox"/> Reorient frequently	<input type="checkbox"/> NPO, since: Diet: diabetic Fluid intake: 8 cups/day
MOBILITY Transfer A x 1 Ambulation A x 1 20 meters Special instructions: Avoid adduction of right hip		<input checked="" type="checkbox"/> Limit daytime naps <input checked="" type="checkbox"/> Offer bedtime snack or warm drink WHAT'S MOST IMPORTANT TO ME: Getting home to take care of my dog Rufus	
		Last updated:	

Recognizing the staff constraints in delivering non-pharmacological delirium prevention interventions, particularly to patients in isolation, the HELP program developed Senior Friendly Resource packages that included cognitively stimulating activity kits and patient education booklets, which were routinely updated and made available to staff to support their patients. For information on these, and additional resources developed by the HELP team, please click here: <https://www.hamiltonhealthsciences.ca/areas-of-care/seniors-care/hospital-elder-life-program/>.

World Delirium Awareness Day (WDAD) took place on Wednesday, March 17, 2021. This year, the HELP team garnered international recognition, as the delirium prevention video was included in a 36 hour, worldwide expert WDAD webinar series. Check out the video here: https://www.youtube.com/watch?v=jj-ZpO6_ol4. Locally, to raise delirium awareness among hospital staff, the HELP team held an online raffle that tested delirium knowledge and several lucky staff members won gift baskets.

The HELP team continues to provide support and leadership to other sites. In July 2020, the HELP team was honored to have the opportunity

to partake in a celebration organized by the international American Geriatric Society CoCare: HELP Special Interest Group, highlighting their program accomplishments over the past 15 years, since its inception at HHS.

Alessia Macaluso is one of the HELP volunteers working with the HELP Phone program. Speaking of one of the patients: "She's told me that she is so moved that this program exists, and that people would volunteer their time to call seniors who are alone in the hospital," Macaluso explains. "She said it makes her feel connected and she cannot put into words how grateful she is to have these phone calls."

The HELP team, as members of the Delirium Research Group, recently published their work on delirium prevention signage project piloted on the orthopedic unit at the Juravinski Hospital site. The aim of the delirium prevention sign which is located at patient bedside was to support staff in identifying delirium risk factors and prompting them to implement preventative strategies as part of the routine care of their elderly patients. To read more about this quality improvement project published in the February 2021 issue of BMJ, please see the following link: <https://bmjopenquality.bmj.com/content/10/1/e001186>.

Stay Well Exercise Program

The Stay Well exercise program for frail adults (Sara Dishart and Maryem Sidarous Program Coordinators; Dr. David Cowan Medical Director) has been operating at the St. Joseph's Healthcare King Campus for over 20 years serving the frail population in the region. The program runs at a capacity of 180 participants most of whom visit twice weekly – but many up to 4 times weekly. This was an exceptional year for the program which managed to remain



operational throughout the pandemic with only a short break at the outset. In response to social distancing requirements, class sizes were reduced; however, the Stay Well Program allowed participating seniors to maintain the level of function as well as providing much needed social interaction which is equally important for elderly persons isolated during the pandemic. This was the only exercise program remaining open in the region.

LTC-CARES

LTC-CARES (Consults and Recommendations for Emergency and Support Services) provides residents and families in long-term care (LTC), and their primary care physicians, nurse practitioners (NPs) and nurses access to virtual consultations with emergency department (ED) physicians for acute health conditions.

Each year, over 2,000 residents are transferred from LTC homes to EDs at Hamilton Health Sciences (HHS) and St. Joseph's Healthcare Hamilton (SJHH) with approximately 50% requiring admission to hospital. LTC-CARES is contributing to health system transformation using a "quadruple aim approach" in its implementation of a virtual urgent care service. Key achievements and benefits of this initiative to date align with the four dimensions of the "quadruple aim" including:

1. Improving population health and well-being
2. Improving resident/family experience
3. Improving provider experience
4. Providing value

After completing an initial pilot between January and March 2020, HHS partnered with SJHH to further develop and spread this model of care to all Hamilton LTC homes in April 2020.

"When we first developed this program, we all sat on a call, and we started discussing the barriers and the challenges that we've been facing in long-term care for years. And we all said, we can do better, and that's what we've been able to do." – Jennifer Burgess, Nurse Practitioner, Hamilton Niagara Haldimand Brant Nurse Led Outreach Team

LTC-CARES is accessed through a central intake. The program is available 7 days per week from 9 a.m. to 9 p.m., including holidays. Consultations can be completed by telephone or video conference. When needed, LTC-CARES arranges referrals to specialty services (alternate pathways).

These referrals are scheduled virtually or in-person avoiding long waits in EDs and admissions to hospitals. LTC patients/families and care providers are supported by HHS and SJHH to navigate the system, ensuring follow-up is arranged and completed in a timely manner.

The LTC-CARES program continues to be spread in Hamilton and Niagara Northwest LTC homes with work underway in other congregate settings.

"Data continues to highlight the effectiveness of the LTC-CARES program in avoiding unnecessary transfers from LTC to ED. Seniors are receiving the urgent care and service that they require from the comfort of their own home and that is a great outcome for both the involved senior and the healthcare system! Everyone wins with LTC-CARES!" – Renee Guder, Senior Administrator, Idlewyld Manor and St. Peter's Residence at Chedoke, Thrive Group

Program Data from April 6, 2020 – April 30, 2021 (Year One Results)

150 virtual consults

55% of LTC home residents served by the program were 90 years of age or older

62% of virtual consults resulted in the LTC home resident being able to stay in their LTC home and have their care needs managed by the LTC home primary care physician and care team members (93 virtual consults)

44 referrals made for additional specialist consultations through alternative care pathways for those LTC residents who remained in their LTC home. Examples include interventional radiology (for feeding tube related issues), general internal medicine, orthopedics/fracture clinic, gastroenterology, thrombosis, and PICC insertions.

38% of virtual consults resulted in a decision to transfer the LTC home resident to the ED for in-person acute care interventions (57 virtual consults)

Emergency Department Geriatric Medicine Clinic

An Emergency Department (ED) visit is a sentinel event for an older person, with increased likelihood of adverse outcomes post discharge. Hamilton Health Sciences (HHS) piloted and established an urgent-access ED Geriatric Clinic in 2017 through collaboration between Juravinski Emergency and Geriatric Medicine Departments. The Clinic is located at Centre for Healthy Aging at St. Peter's Hospital and it accepts referrals from both HHS EDs. The purpose of the Clinic is to provide urgent access to comprehensive geriatric assessments for medically complex, frail seniors that present to the ED with one or more geriatric syndromes. The goal is improved access to outpatient specialized geriatric services, improved patient outcomes, admission avoidance and reducing the number of ED visits for these patients by stabilizing them in the community. The referrals are initiated by the ED Physicians and screened by the Juravinski Geriatric Emergency Management (GEM) Nurse. Geriatric Residents lead the Clinic, under the supervision of Geriatric Medicine. This exciting partnership formally integrates hospital and community programs to advance seamless patient care and transition.

The clinic has been functioning at full capacity despite the COVID -19 pandemic. From April 1, 2020 to March 31, 2021, 147 new patients attended appointments at the Clinic within, generally, two weeks of their ED visit. Four of those visits were conducted virtually.

Waterloo Wellington COVID-19 Community Supports for Older Adults Hub

The virtual Waterloo Wellington COVID-19 Community Supports for Older Adults Hub was implemented in the spring of 2020 to create a platform for local frontline providers to:

- share and learn about locally available and adapted community-based services/ resources in a timely manner during a constant changing environment.
- learn about COVID-19 related service impacts from community leaders including local public health and primary care.
- improve knowledge about accessing services during times of constant change.
- stay connected virtually as needs change and.
- as a community of front-line workers/ service providers, participate in collective problem solving.

The evaluation of this pandemic response intervention surfaced the following important value propositions and themes:

Remaining current with how community services are operating - valuable learning: service updates (new, closures and formats) practice adaptations/modifications re: support each service is providing.

"I know what is happening regionally so that I can inform clients of what services they can access."

"The greatest thing is knowing who to contact about what issue during these times."

Efficient use of time – information in one place at one time

"Receiving updates on several services that are accessed by workers and clients in one place, at one time."

"Coordinating time to connect individually would be more time consuming for updates that everyone is looking for."

Responding together to meet the needs of our community

"WW has great collaborative agencies who care deeply about older adults. Everyone has been so willing to share information and adapt their models of care to continue to be client-centred."

"We are able to adapt quickly during uncertain times to meet the needs of our client."

Being linked and connected to others during uncertain times – not feeling alone

"In a time where people cannot meet, this has been an excellent opportunity to bring people together."

"We are all in this together!"

Waterloo Wellington Annual Knowledge Exchange in Geriatrics



The Waterloo Wellington Annual Knowledge Exchange in Geriatrics, one of the available Geriatric Certificate Program Courses, was hosted on December 16, 2020, with over 110 healthcare and community service providers, older adults, family members and caregivers participating in the first virtual presentation. The title and theme of the event was **Hindsight is 2020: Caring Through COVID-19**. We demonstrated our commitment to, and the value of, coming together as a local learning health system through reflection, sharing, growing and sharing evidence of adaptation through the COVID-19 pandemic. The theme of the 2020 Knowledge Exchange, Hindsight is 2020 provided participants with opportunities to:

- Learn how to build more empowered health teams by sharing experiences, opportunities and resources to target the risks associated with isolation and/or improve the care of those facing it during the COVID-19 pandemic.
- Reflect on the diverse personal life experiences of older adults, facing and overcoming adversity with understanding, coping and resiliency during COVID 19.
- Develop self-care practices and techniques to strengthen mind, body and soul to build personal and professional resilience and improve our capacity to take care of others and ourselves.
- Broaden our professional networks and strengthen our relationships with others who work to improve the quality of life of older adults.

This event was made possible through the technical expertise of Sally Cleford and her team at Face 2 Face Events Management. Guelph General Hospital Inpatient Geriatric Team, Rebekah Larker (Recreational Therapist, Certified Dementia Practitioner, Christine



Mance (Nurse Practitioner) and Dr. Amra Noor (Geriatrician, Acute Care and Community: Guelph Wellington)

GeriMedRisk®

GeriMedRisk is an Ontario Ministry of Health-funded interdisciplinary clinical consultation and education service for doctors, nurse practitioners and pharmacists practicing in Ontario.

"GeriMedRisk has been very helpful to me in the last year. Learning lots from all the great speakers. Kindly extend my thanks to the whole team - you are fantastic! Keep educating us". – Physician, LTC

GeriMedRisk provides virtual access to an interdisciplinary specialist team from geriatric psychiatry, clinical pharmacology, geriatric pharmacy and geriatric medicine who collaborate to answer clinical questions regarding older patients' medications, physical and mental health conditions.

- GeriMedRisk launched a new website: <https://www.gerimedrisk.com/>, which includes an online geriatric drug information library for clinicians.
- GeriMedRisk developed geriatric drug information materials and increased access to them through an online drug information library (with support from the Centre for Aging and Brain Health Innovation) available here: <https://www.gerimedrisk.com/consult/summaries/>. This platform enables Canadian doctors, nurse practitioners and pharmacists to request access to geriatric drug information summaries and infographics to help prevent harmful drug-drug interactions or adverse drug events in older adults.

Key Statistics:

- Educating **4544** rural and urban national and international clinicians at **37** capacity building events with presentations delivered by specialists in geriatric pharmacy, geriatric psychiatry, and geriatric clinical pharmacology.
- Hosting **16** live and replay GeriMedRisk-Geriatric Clinical Pharmacology and Psychiatry Royal College of Physicians and Surgeons of Canada-accredited rounds thereby increasing accessibility to virtual education in safe prescribing to **2359** clinicians.
- Providing **30** postgraduate and fellow resident electives in clinical pharmacology and geriatric psychiatry; **6** pharmacy coop student positions and continuing the GeriMedRisk McMaster University geriatric clinical pharmacology and psychiatry clinical fellowship.

- Building pandemic capacity through the development of evidence-based COVID-19 Drug Information resources, available here: <https://www.gerimedrisk.com/COVID19-Resources.htm>, which have been accessed online more than **3970** times by clinicians (April–June 2020). Additionally, GeriMedRisk hosted **3** COVID-19 focused educational sessions which was attended by **730** clinicians from across Canada.

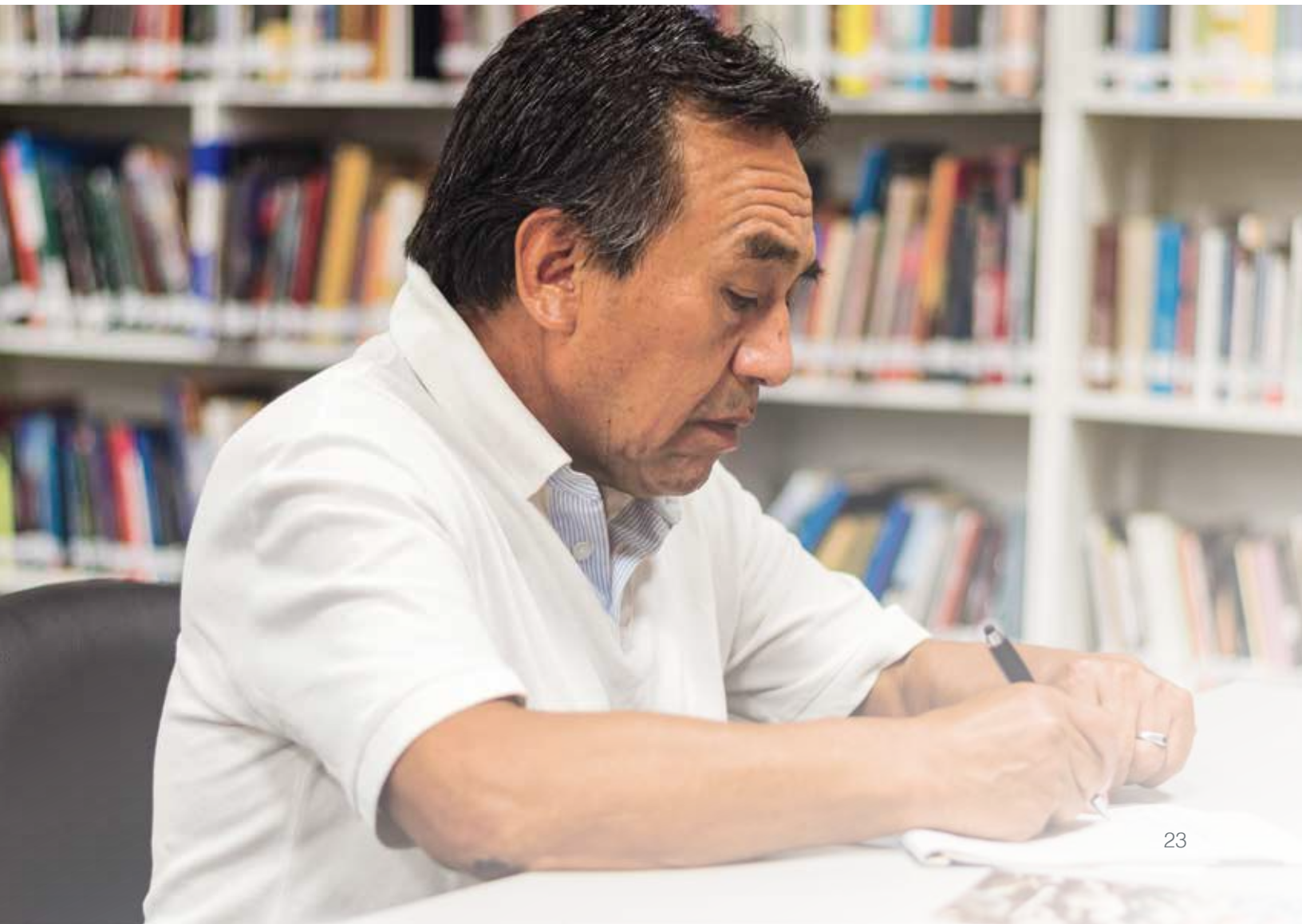
To learn more about GeriMedRisk:

<https://www.gerimedrisk.com/>

info@gerimedrisk.com

1 (855) 261-0508

Twitter: @GeriMedRisk



Collaboration

Regional Geriatric Program central Council

The Regional Geriatric Program central Council is an energetic and passionate group of persons with lived experiences, clinicians, administrators, leaders, researchers and educators who shape and oversee the RGPc's clinical, educational and research priorities.

In 2020, the RGPc Council saw changes at a provincial level as the Regional Geriatric Programs of Ontario group transitioned into Provincial Geriatrics Leadership Ontario and provided guidance to the RGPc Team around how to support this transition.

Throughout the year, the Council also took part in knowledge exchange related to COVID-19, sharing the challenges and collaboratively finding solutions to support one another in navigating the uncharted waters of a global pandemic. Sharing learnings related to virtual care, remote work, and staff wellness brought meaning and value to Council meetings.

The RGP central team extends deep gratitude to Council members for their continued engagement with the Council, and openness to working together to support older adults, their caregivers, and providers.

Paramedic Education

Two new partnerships were formed this past year to offer tailored geriatric education to community paramedics in Hamilton and Peterborough, Ontario. The Geriatric Training Program Online (eGTP) was tailored to meet the learning needs of these learners. 29 paramedics completed this tailored training program.

An evaluation survey was circulated. Feedback from these surveys will be used to inform future

educational offerings for community paramedics. Quotes from the completed surveys include:

"Overall, very informative. Thank you for providing this information."

"Well done and comprehensive."

Long-Term Care Staff Education

The Geriatric Training Program Online (eGTP) and the Cognitive Assessment Tools (CAT) Workshop have both been made available to Behavioral Supports Ontario (BSO) long-term care (LTC) staff in the Hamilton, Niagara, Haldimand Norfolk, Brant regions. The eGTP provides LTC staff with updated knowledge of best-practices to further equip these front-line workers with the skills and perspectives required to care for their residents. The CAT workshop provides staff with necessary knowledge and skills to be able to use cognitive assessment tools in a standardized and consistent manner. See the above Education section of this report for more information on the eGTP and CAT workshops.



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

Provincial Geriatrics Leadership Ontario (PGLO)

Provincial Geriatrics Leadership Ontario, or PGLO, is the provincial body responsible for coordinating perspectives across geriatric medicine, geriatric psychiatry, seniors' mental health, care of the elderly, and interprofessional geriatric teams.

In the 2020-21 year, the PGLO collaborated with partners across the province to advance each of its three strategic directions. A few shining

examples of the PGLO's accomplishments are highlighted below:

Building capacity across the system

- The Specialized and Focus Geriatric Services Asset Mapping Initiative
- Caregiving Strategies resources
- The Competency Framework for Interprofessional Comprehensive Geriatric Assessment

Driving clinical excellence

- Integrated Care for Older Adults with Complex and Chronic Health Conditions
- The Cognitive Screening Toolkit
- Clinical Standards Development

Advancing seniors' health policy

- Supports to Ontario Health Teams
- Enabling Long-Term Care Reform

Visit rgps.on.ca to learn more about these and other exciting initiatives, access resources to support your work, and sign up for the monthly newsletter.



Empowering Dementia-friendly Communities Hamilton, Haldimand Project 2020-2021

The Empowering Dementia-Friendly Communities Hamilton, Haldimand project is a collaborative initiative, led by the Hamilton Council on Aging (HCoA), citizens and a multidisciplinary team of organizations including Persons living with dementia, the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton, the GERAS Centre for Aging Research, the Regional Geriatric Program central, McMaster University, Haldimand-Norfolk Community Senior Support Services, Hamilton Health Sciences, Haldimand War Memorial Hospital and the AgeFriendly Hamilton Collaborative Governance Committee. This project is funded by the Public Health Agency of Canada.

This four-year federal investment provides an opportunity to engage people living with dementia, their care partners, families and other stakeholders to develop, implement and evaluate promising practices, programs or initiatives that improve quality of life for persons living with dementia within their communities.

A Dementia-Friendly Community is a place where people living with dementia are understood, respected, and supported. It is an environment where people living with dementia will be confident that they can contribute to community life. In a Dementia-Friendly Community, people will be aware of and understand dementia, and people living with dementia will be included and have choice and control over their day-to-day lives and level of engagement.

From July – November 2020, we consulted with a total of 305 people affected by dementia in Hamilton and Haldimand. We spoke with 71 care partners and people living with dementia over the phone or video conference and 234 surveys were completed by people living with dementia or supporting people living with dementia. The consultation process provided valuable and rich insight into their experiences and challenges related to living with dementia in Hamilton and Haldimand.



The What We Heard Hamilton, Haldimand report is a summary of the feedback that emerged from community consultations in Hamilton and Haldimand. Our conversations and consultation with people living with dementia, families/care partners in Hamilton and Haldimand revealed the uniqueness of their individual experiences and some shared and common experiences of community life. Our overarching goal for the creation of the What We Heard Hamilton, Haldimand report is to present this feedback in a way that best reflects and respects what we heard from people living with dementia and their care partners, and to present their experiences and ideas in a format that would be accessible and useful to them and the communities in which they live, work, receive care and play.

Five key themes emerged from the consultation:

1. Empowerment of People Living with Dementia
2. Challenging Stigma and Building Understanding
3. Fostering Social Participation and Inclusion
4. Creating Dementia-Inclusive Built Environments and Transportation
5. Improving Community Responsiveness to Crisis/COVID-19

Hamilton's Second Age-Friendly Plan

This plan builds on the success and lessons learned from the first plan.

In 2013, the City of Hamilton partnered with the Hamilton Council on Aging (HCoA) and Seniors Advisory Committee of Council (SAC) to begin the development of Hamilton's first Age-Friendly Plan, Hamilton's Plan for an Age-Friendly City (2014). The plan was endorsed by City Council in 2014 and in 2015, Hamilton became a certified member of the World Health Organization's Network of Age-Friendly Cities and Communities. From 2014 to 2019, the City of Hamilton, HCoA and SAC worked in collaboration with many community partners to make Hamilton an age-friendly city by implementing many of the recommendations in the first plan. By the end of March 2019, 81 of the 101 recommendations were completed or were being implemented. In 2019, the City of Hamilton, HCoA and SAC began the process of developing Hamilton's second Age-Friendly Plan with the goal of identifying the current needs and priorities of older adults and seniors living in Hamilton. A broad community engagement initiative included multiple methods of community consultation, including a launch event, focus groups, an "Aging in Hamilton" survey, and by attending local events to connect "one to one" with older adults who reside in Hamilton. By the end of 2019, 4,100 older adults and other community stakeholders were consulted. Hamilton's second Age-Friendly Plan was to be launched in 2020 but the COVID-19 pandemic put a pause on this goal as the pandemic became the priority.

In 2020, and in response to the COVID-19 pandemic further consultation took place to identify the impact of the pandemic on the lives of older adults and seniors residing in Hamilton. In addition, it was recognized that the needs and priorities of people living with dementia and their caregivers needed to be included in Hamilton's second Age-Friendly Plan.

Hamilton's Plan for an Age-Friendly Community (2021-2026) was launched in April 2021 and includes 7 strategic goals, 21 objectives and 61 recommendations. Like Hamilton's first plan, this plan is a guide for municipal decision-makers and community stakeholders in addressing the current needs and priorities of older adults and seniors living in Hamilton.





Research and Evaluation

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). Last year, the RGPc and the St. Peter's / McMaster University Chair in Aging established a special grant to support research related to SGS and improving the quality of care of older adults. Frontline, clinical, professional, and administrative staff and students were invited to apply for up to \$15,000 in one time support funding for projects that aimed to enhance knowledge, skills, attitudes, clinical practice, quality of care, or customer service within SGS.

In 2020, two SGS Grants were awarded. The first grant was awarded for the project titled, Identifying and Disseminating Strategies to Support the Long-Term Care Sector Following Covid-19, led by Dr. Sarah Neil-Sztramko, Assistant Professor in the Department of Health Research Methods, Evidence and Impact (HEI) at McMaster University and Knowledge Translation Advisor with the National Collaborating Centre for Methods and Tools.

The second grant was awarded to support the project titled, Mobilizing Specialized Geriatric Services to Identify and Triage Older Adults at Risk due to COVID-19 Pandemic Social-Distancing Practices led by Dr. Melissa Northwood, Assistant Professor in the School of Nursing at McMaster University.

GERAS Centre For Aging Research

The GERAS Centre for Aging Research is part of Hamilton Health sciences and affiliated with McMaster University. Our mission is to make life better for older adults by bringing the best research to the frontlines of care as quickly as

possible. Our primary research focus is to lead in research and innovation in the Geriatric 5Ms: mind, mobility, medications, multi-complexity by building a framework of what matters most for older adults. We are leaders in research, innovation and learning for the benefit of our community and the world.

2020/2021 GERAS Metrics

- 11 core researchers
- 34 affiliate researchers
- 34 research grants
- 10 post-doctoral fellows, clinical scholars and trainees
- 59 peer-reviewed journal articles
- 60 scientific presentations
- 2.5 million impressions on social media

GERAS Virtual Frailty Rehabilitation at Home during COVID-19

GERAS Centre for Aging Research, which is part of Hamilton Health Sciences and affiliated with McMaster University, conducted research on the best ways older adults can preserve strength and independence while staying at home during COVID-19.

"Some seniors were housebound and struggled to get out before the pandemic," said Dr. Alexandra Papaioannou, Professor of Medicine, Geriatrician and GERAS Executive Director. "COVID just made it much, much worse."

The virtual research study involved a 12-week frailty intervention. Participants were divided into two groups. One group received weekly phone calls to curb social isolation. The second group received weekly phone calls while also participating in virtual exercise classes, physiotherapy and other appointments. There was no cost to participate. Study results will help to build a new model of care for older adults who

are frail living in the community. This vital research was funded by the McMaster COVID-19 Research Fund and the Juravinski Research Institute.



GERAS DANCE to reduce falls in older adults

Falls are the leading cause of injury among older Canadians. Every 13 seconds an older adult is treated in the emergency department because of a fall. The good news is that falls are preventable, and new research shows dance may reduce fall-risk.

“Dance is a mind-body activity of purposeful rhythmic and coordinated movement to music, and older adults who walk slower with less rhythm and coordination are at increased falls-risk” says Dr. Patricia Hewston, an occupational therapist and inaugural recipient Labarge Postdoctoral Fellowship in Mobility in Aging, funded by McMaster’s past chancellor Ms. Suzanne Labarge.

Older adults participated in the GERAS DANCing for Cognition and Exercise (DANCE) program at the YMCA (2x weekly, 1-hour classes). Walking patterns were measured using a ProtoKinetics Zeno Walkway at the beginning and end of the study. After 12-weeks of GERAS DANCE older adults walked faster with improved rhythm and coordination indicative of reduced fall-risk. The GERAS DANCE program of research currently has 28 certified GERAS DANCE instructors with 500+ older adults dancing for good health.

Detecting frailty in routine clinical practice: the Fit-Frailty App

Comprehensive assessment of frailty is a timely and often difficult process, which has been further complicated during COVID-19. The GERAS Fit-Frailty App, which has been funded by the GERAS Centre for Aging Research, the Centre for Aging and Brain Health Innovation, the Hamilton Health Sciences Foundation, and the Chair in Aging is an innovative technology solution that could have wide applicability within clinical and research settings.

The GERAS Fit-Frailty App is an interactive tool that helps determine interventions to prevent and manage frailty in older adults. Dr. Courtney Kennedy and co-authors (Drs. Ioannidis, Papaioannou, Adachi and Rockwood) and Dr. Sarah Park (geriatrics resident) are examining the reliability/validity and to test the usability of this tool with patients and health care professionals. The tool will be launched internationally, on the App store, and available for download on phones and iPads. The standard version includes a cognitive screen and guided assessments for upper and lower extremity function (with instructional videos). A completely self-reported version is also being examined for phone and virtual assessment.









Regional Geriatric Program
Affiliated with McMaster University