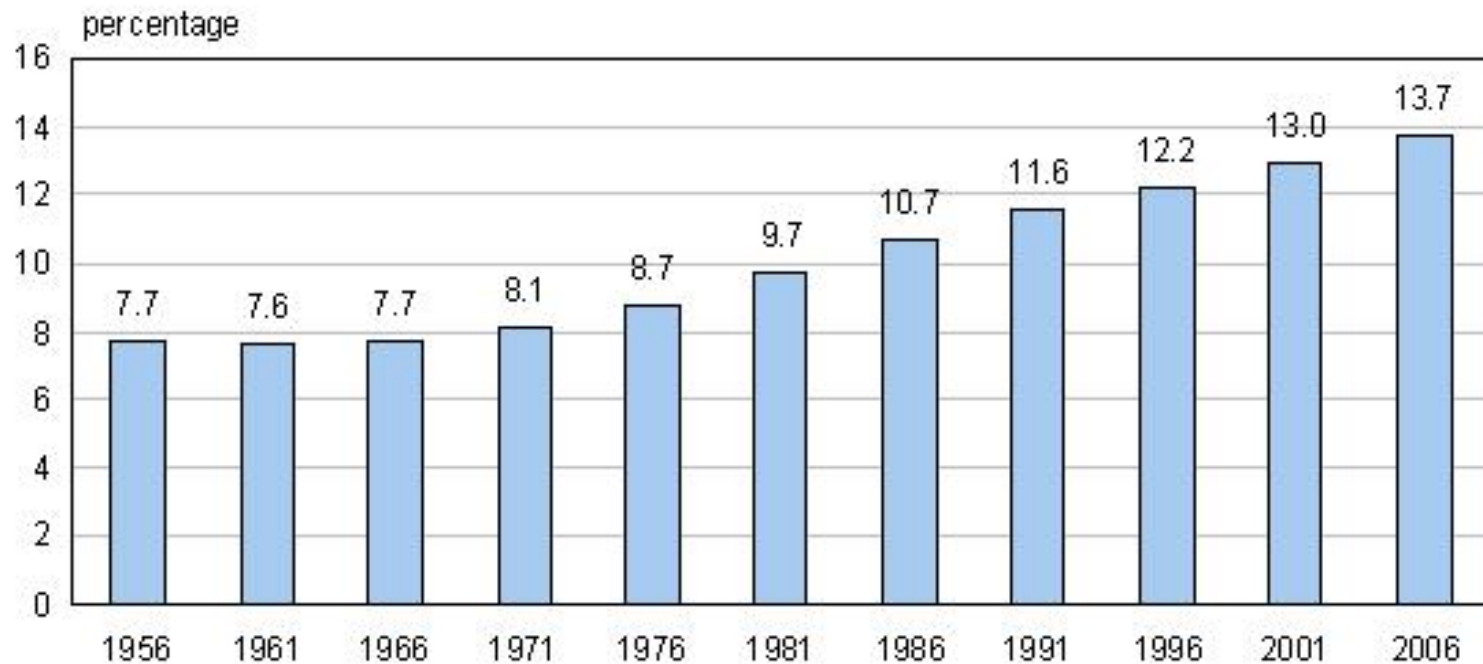


Specialized Geriatric Services and a Future Regional Geriatric Program

October 24, 2007

A record one in seven Canadians is 65 years or older



Sources: Statistics Canada, censuses of population, 1956 to 2006.

The North....

- 15% of the population in the Northeast are 65+
- 13% of the population in the Northwest are 65+
- Both above provincial average
- Projections will parallel the rest of the country

Implications on the Health Care System

- Alternate Level of Care
 - Cancellation of elective surgeries
- Increase in the number of Long Term Care beds
 - 4,757 beds in Northeastern Ontario
 - 1,728 beds in Northwestern Ontario
- Shortage of health care professionals in acute and long term care
- Increase in chronic disease will likely

The link between disability and chronic disease

- Disease, particularly chronic, is the main cause of old age disability.
- By age 65, 77% of men and 85% of women have at least one chronic condition
- People aged 70 years and over usually have two or three chronic conditions that account for around two-thirds of total health care expenditure

Geriatric syndromes

- Falls
- Delirium
- Incontinence
- Frailty
- Multicomponent, multifactorial in nature
- All have mortality and morbidity consequences

Geriatric Medicine

- The branch of medicine that specializes on health promotion, and the prevention and treatment of disease, disability, and frailty in later life
- Recognition that geriatric syndrome are
- Goal promote good health, reduce functional decline, improve quality of life

Geriatric Medicine

- Geriatrics based on the premise that aging is complex poorly understood
- Aging:
 - Affects the manifestation of disease
 - Is NOT a disease in itself
 - Is NOT invariably deterioration, in health or function
 - Items leading to deterioration in health and function are complex, and modifiable
- Interventions can modify risk factors, improve function, decrease morbidity, and increase quality of life

Good geriatric care involves

- Special knowledge of management and presentation of disease in this age group
- Intersection of social and physiologic problems
- Requires attention to functional consequences of disease, including interface with LTC

Falling recruitment - Trainees

Canadian Post-M.D. Education Registry – Annual Census of Post-M.D. Trainees

Year	Geriatrics	Cardiology
95-96	24	143
96-97	29	155
97-98	39	148
98-99	28	161
99-00	29	194
00-01	25	207
01-02	23	234
02-03	24	231
03-04	15	254
04-05	15	266
05-06	15	273
06-07	19	306

- Between 1997 and 2005
 - 70% increase in total MOH funded residency spots
 - 6490 to 11195
- Since then
 - 84% *increase* in cardiology residents
 - 49% *decrease* in geriatric medicine residents
- This year (2007), 6 passed the FRCPC exam

How can you get help?

- Multidisciplinary teams
 - Cornerstone of geriatric care
 - Nursing, OT, PT, SW, Pharmacists, dietary
- Geriatric services/community services
- Home care
- Local resources: NODAC, Alzheimer's society, Osteoporosis Society, etc...
- Systems of integrated, coordinated care

SGS...

Regional Mandate

Geriatric
Rehabilitation
Unit

Musculoskeletal
Rehabilitation

RGP
Outreach

RPP
Outreach

Day
Hospital

Ambulatory
Clinics

GEM
Nurse

Consultation
Liaison
Teams

Geriatric
Psychiatry
Program

DriveABLE

ACE Unit

Intake
&
Triage
(Access)

Discharge
Liaison
Team

Geriatric
Mental
Health
Program

Physical
Maintenance
Program

Third Age
Outreach

Services

Division
of
Geriatric
Medicine

Division of
Geriatric
Psychiatry

UWO

Research,
Education &
Development

SJHC
&
LHSC

LHIN's
&
MOH

Southwestern
Ontario Geriatric
Assessment
Network

Infrastructure

Regional Geriatric Programs (RGPs) of Ontario

5 RGPs established within existing Ontario
Medical Schools and Academic Health
Sciences Centres:

- Toronto
- London
- Kingston
- Ottawa
- Hamilton



RGP Mandates

- Clinical Services
- Teaching/ Education
- Clinical Research/ Evaluation
- Consultation



RGP Primary Goals

- Appropriate and timely service
- Ability to access expert medical, functional and psychosocial assessments
- Enhance quality of life
- Allow seniors to remain in their homes longer



Phase I: Specialized Geriatric Services for NEO

- Ambulatory Setting
 - Outreach
 - Acute Care
- Research and Program Evaluation
 - Program Director



Phase II: RGP for Northern Ontario

- Planning and representation
 - Funding



Next Steps

- Reinstating Seniors' Campus Steering Committee
- Renovations
- Recruitment of Dr. Clarke
- Hiring a Program Director
- Submit Phase I to NE LHIN
- Work with partners



Recommendations

- Reinstate Seniors' Campus Steering Committee as the Specialized Geriatric Services Network for NE Ontario;
- Engage stakeholders; and
- Define parameters of Phase I and II



Questions?

