UNITY HEALTH TORONTO

From Systems to Services: Providence Healthcare Specialized Geriatric Services (SGS) Review

Lori Brady
Senior Clinical Program Director, Seniors' Health & Ambulatory Care

January 24, 2023

Discussion objectives

Share the local program approaches to capacity planning contextualized for older adults living with complex health conditions (including frailty and dementia).

Outline an example of program level **review** and **prioritization** of seniors' health services (RGP SGS) to inform opportunities for **strategic redesign** and **growth**

Abbreviations:
RGP: Regional Geriatric Program
SGS: specialized geriatric services

OUR REACH AS UNITY HEALTH TORONTO

Providence Healthcare by the numbers

2900+ inpatients admitted in 2021/2022

4700+ outpatient admissions in 2020/2021

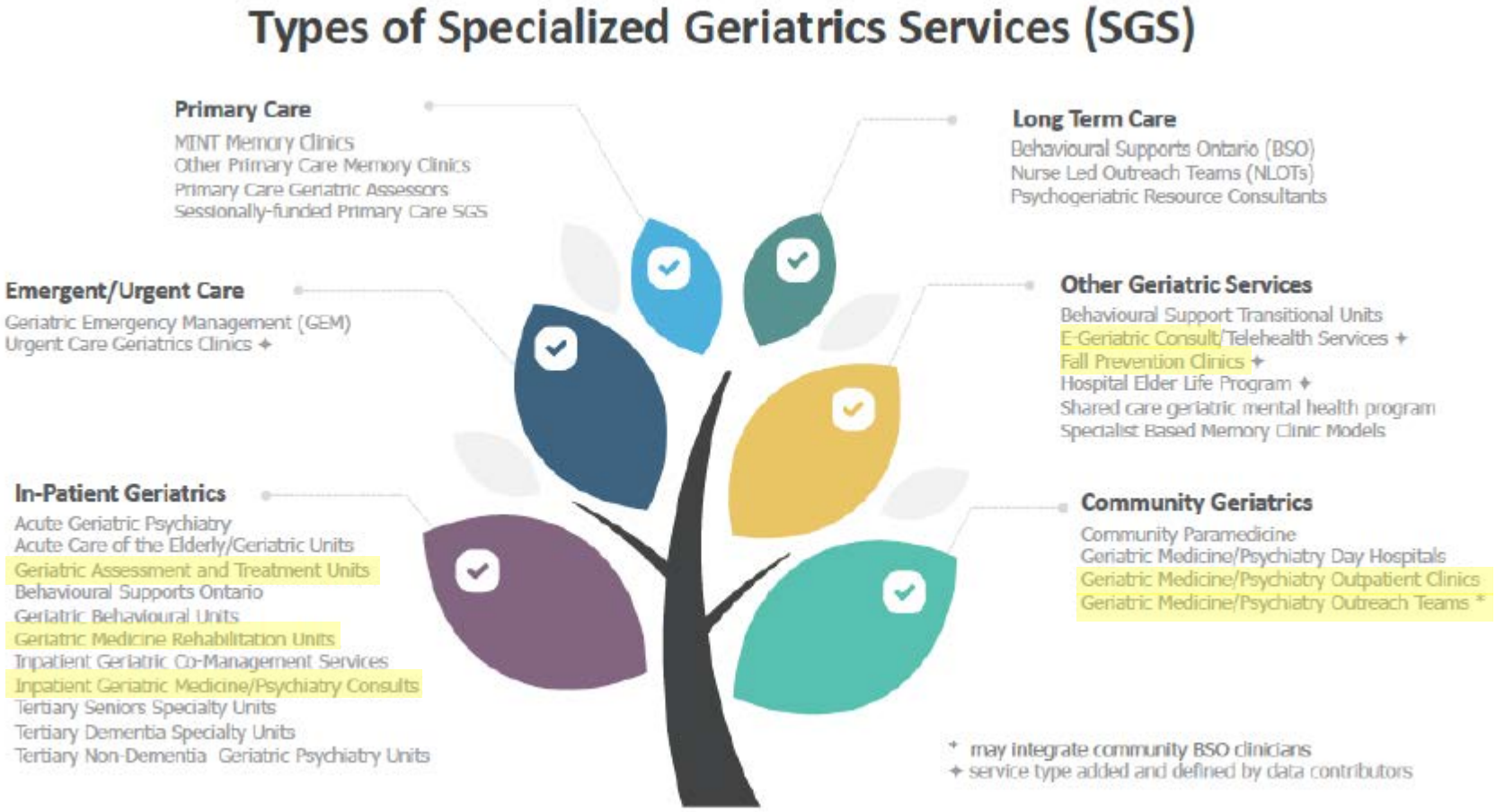
288 LTC beds in Cardinal Ambrozic Houses of Providence

231 rehab and CCC beds on the hospital side

HIGHLIGHTS

- Admitting the most complex rehabilitation patients, with lowest functional independence measures in the city
- **83%** of patients discharged home in 2021/2022 with highest functional measures in the city

All SGS types offered in Ontario



Service type currently offered by PHC, *as of January 2023*

Source: Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

PHC's specialized geriatric services

Community, Emergent/Urgent, Primary Care, Long Term Care and Other Specialized Geriatric Services:

1. Geriatric Medicine Day Hospitals
   Ambulatory programs that provide diagnostic, rehabilitative, or therapeutic services to persons living in the community who require more care than a Geriatric Clinic can provide.

2. Geriatric Medicine Outpatient Clinics
   Assessment, diagnosis, treatment, monitoring, and follow-up of older persons in a clinic setting (includes general geriatric clinics, geriatric heart function clinics, geriatric osteoporosis, geriatric falls /fracture clinics , Parkinson's clinics, etc.).

3. Geriatric Medicine Outreach Teams
   Comprehensive assessments conducted by one or more health care professionals in the older person's place of residence. These teams collaborate with community and primary care and provide system navigation to keep at-risk seniors at home and out of hospital.

Inpatient Geriatric Services:

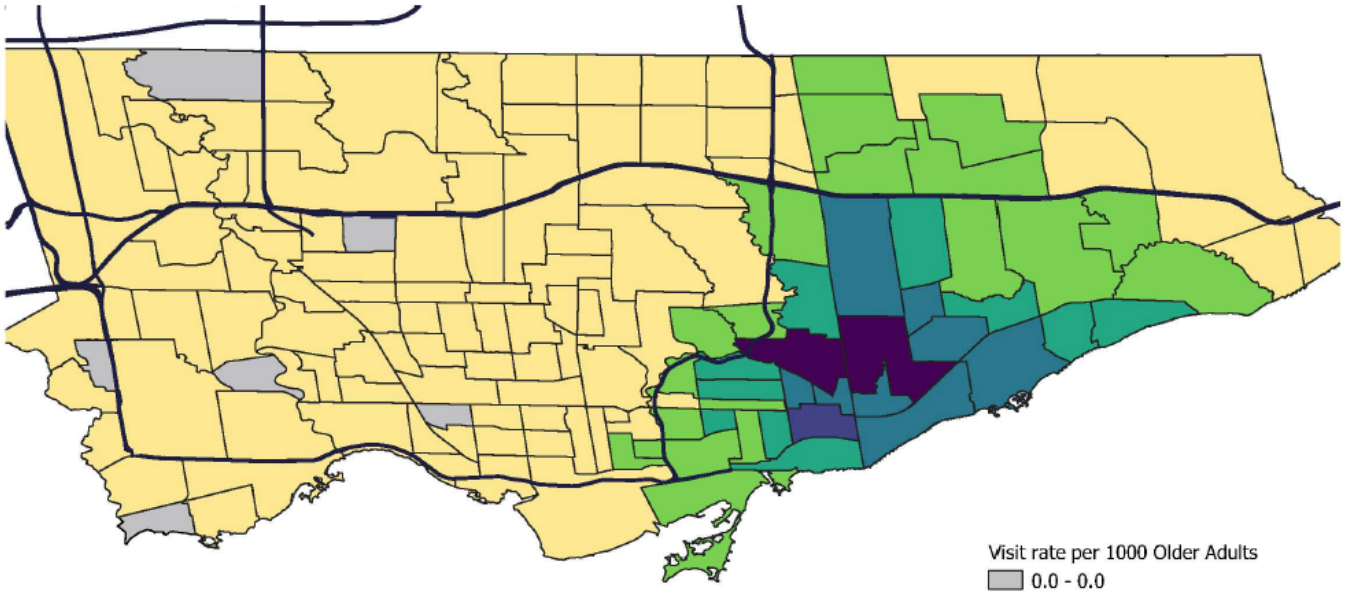
4. Geriatric Assessment and Treatment Units
   Inpatient units for frail older persons with complex medical conditions who, following an episode of surgery/illness/injury, require an individualized assessment and treatment. These units do not typically receive patients directly from the ED (e.g., community admissions, internal transfer).

5. Inpatient Geriatric Consultation
   Inpatient hospital service in which the attending physician, or MRP, for an older adult with complex health concerns is an SGS specialist (Geriatrician, Geriatric Psychiatrist, Care of the Elderly). Patients may be distributed across the organization. The care team usually includes specialized staff. This team provides recommendations, write orders and implements plans of care.

Abbreviations:
PHC: Providence Healthcare
ED: Emergency Department
MRP: Most Responsible Provider
SGS: Specialized Geriatric Services

Source: Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

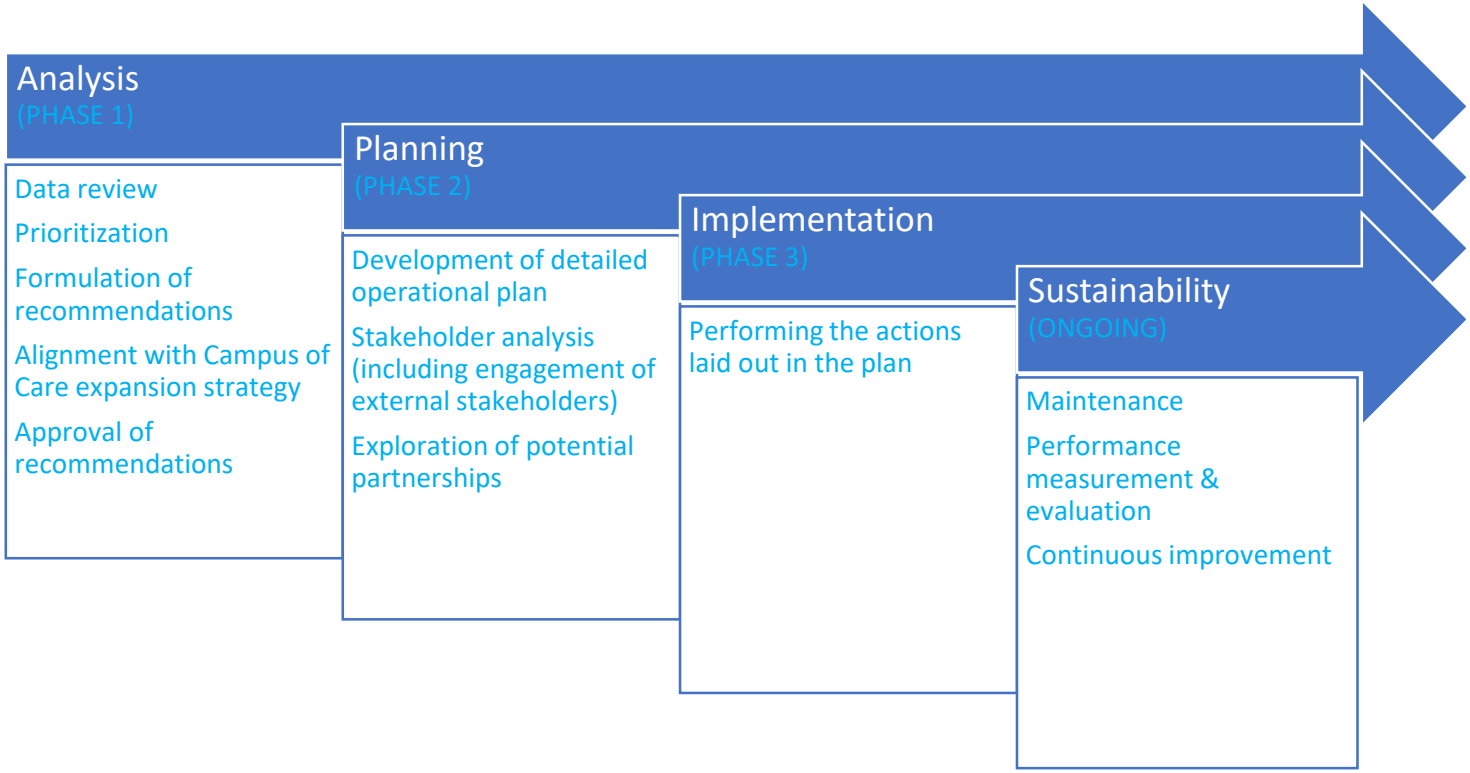
PHC's specialized geriatric services catchment area



Source:
Regional Geriatric Program Toronto
Providence Health Equity Mapping Report 2022

Overview of strategic direction-setting for PHC's SGS

- Multiple project phases
- Transition to operations for ongoing maintenance



Abbreviations:
PHC: Providence Healthcare
SGS: specialized geriatric services

Phase 1 objectives

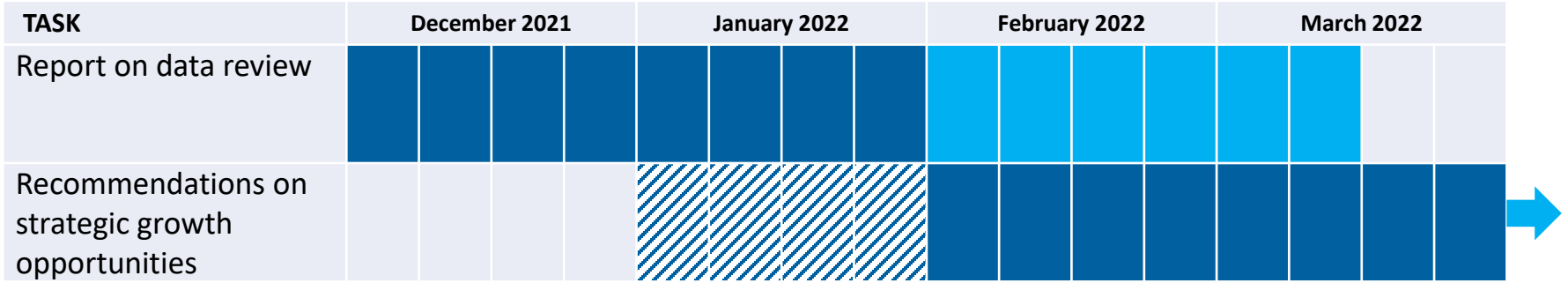
Conduct a **review** and **prioritization** of seniors' health services (RGP SGS) areas for **strategic redesign** and **growth** to support the planning for the PHC Campus of Care Expansion project, through:

1. A **data review** of service metrics (e.g., number of visits, wait times, etc.) and trends over the past 5 years
2. The identification of **2 areas for strategic redesign and growth**
3. The identification of **1 to 2 SGS quality improvement opportunities**

Abbreviations:
RGP: Regional Geriatric Program
SGS: specialized geriatric services
PHC: Providence Healthcare
QI: quality improvement

Adjusted project schedule – phase 1

- 4-month project duration
- Project work suspended in late December 2021/January 2022 (Omicron)



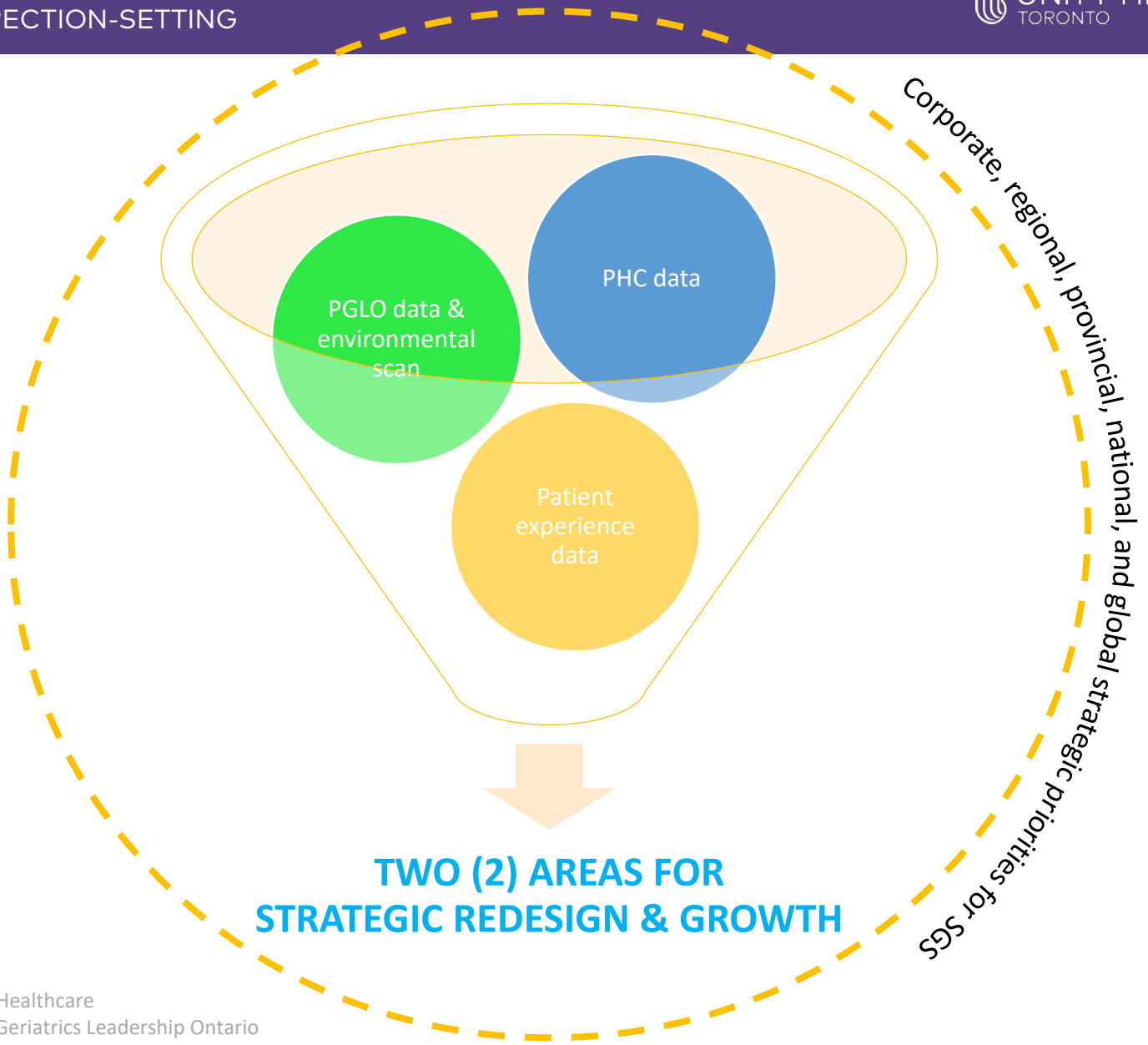
KEY:

- Original planned duration of task
- Planned time not spent on task
- Extended planned duration of task

Abbreviations:
QI: quality improvement

UNITY HEALTH TORONTO

Inputs



Abbreviations:
PHC: Providence Healthcare
PGLO: Provincial Geriatrics Leadership Ontario

Inputs

1. PHC data for FY2016-2017 to FY2020-2021
    - Referrals
    - Wait times, wait lists
    - Admissions
    - Visits
    - Staffing complement
2. RGP of Toronto Health Equity Data (FY2015-2016 to FY2020-2021)
3. PGLO asset mapping data report (2021): Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"
    - Situating PHC:
        - Market share (within Ontario, within Toronto Region)
        - Services offered (5 out of 30 service types)
4. PHC patient experience data

Abbreviations:
PHC: Providence Healthcare
PGLO: Provincial Geriatrics Leadership Ontario
RGP: Regional Geriatric Program

Provincial SGS asset mapping report

In **November 2021**, Provincial Geriatrics Leadership Ontario provided us with a draft version of an 81-page report: "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

This report contains data for three fiscal years: **2017—2018, 2018—2019, and 2019—2020** from **~200 programs** in Ontario, as reported by facilities providing these programs.

See *Appendix 1* for detailed service definitions.

Situating Providence Healthcare

SESSION 1

Market share

How does PHC compare within the province of Ontario?

How does PHC compare within the Toronto region?

SESSION 2

Services offered

Which service types does PHC offer?

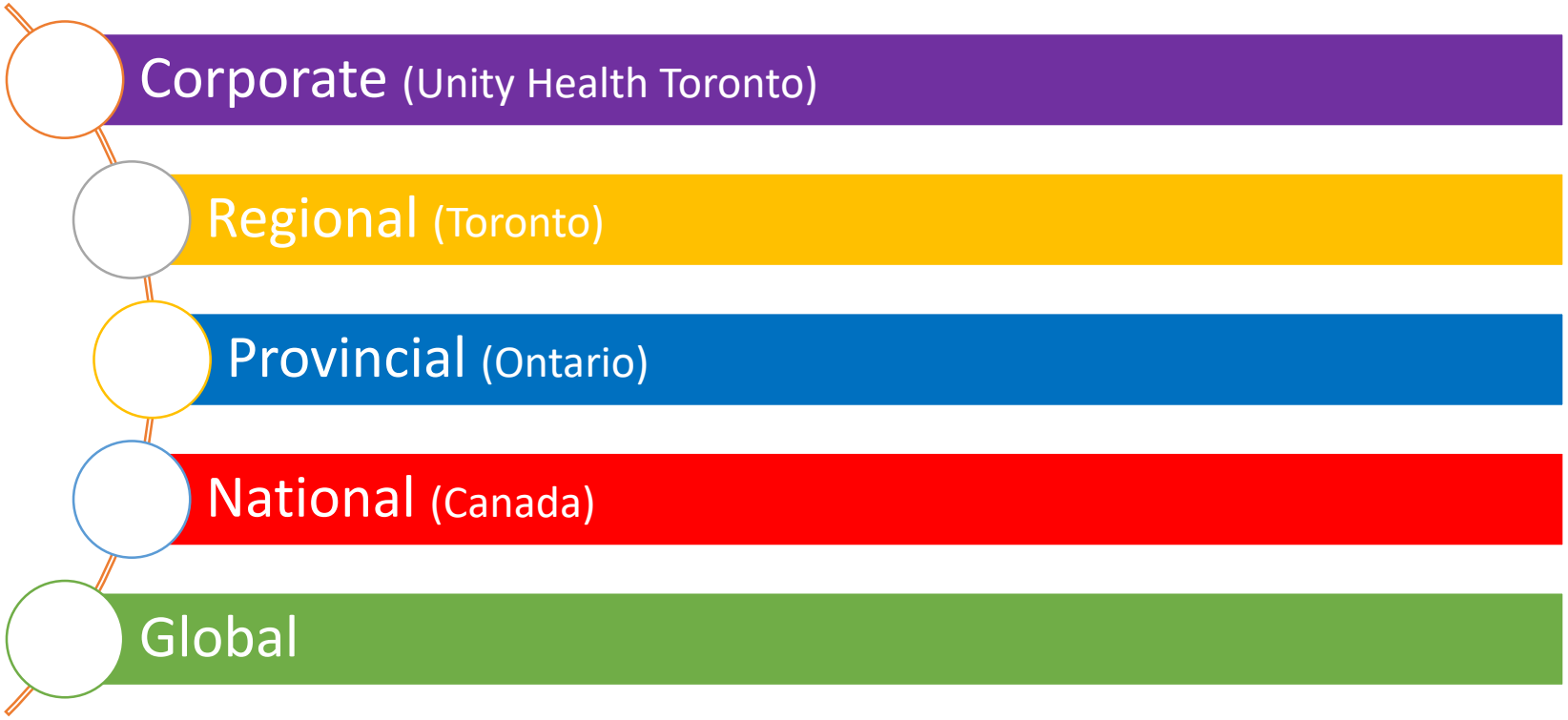
- Should PHC seek to grow these service types? Why or why not?

Which services types does PHC *not* offer?

- Should PHC consider expanding into any of these service types? Why or why not?

Abbreviations:
PHC: Providence Healthcare

Check for strategic alignment



See *Appendix 2* for broader strategic priorities for seniors' health.

Recommended SGS offerings for PHC

Service type		Continue	 [top 3 choices]	
Geriatric Medicine		✓	✓	
Geriatric Psychiatric		✓	✓	
Falls Prevention Clinic		✓		
Outreach		✓	✓	
Behavioural supports				✓
Hospital Elder Life Program				✓
Specialized geriatric primary care home visits team				✓

Abbreviations:
PHC: Providence Healthcare
SGS: specialized geriatric services

Recommended strategic priorities

Based on the working group's prioritization exercise, the recommendation for **two (2) areas for strategic redesign and growth** is as follows:

Redesign

- **OUTREACH**
  - Optimize current services and roles
  - Revisit model of care
  - Consider how to incorporate primary care
  - Explore how to shift the focus toward in-home treatment

Growth*

- **GERIATRIC MEDICINE & GERIATRIC PSYCHIATRY**
  - Conduct a more detailed environmental scan
  - Consider how to incorporate behavioural supports (e.g., psychogeriatric consultant)
  - Explore potential to link to other PHC seniors' health programming

a commitment to enhancing INTEGRATED SERVICE DELIVERY

- Explore partnership opportunities
- Consider *Intensive Geriatric Services Worker* role

* Also includes elements of redesign

Lessons learned

1. Strong engagement of patient/family partners; independent positive feedback on onboarding and communication.
2. Maximize opportunities to leverage working group members or team members as subject matter experts to conduct information gathering, analysis, and presentation of content.
3. Maximize opportunities to direct attention to health equity data for the population to whom PHC provides SGS.
4. Use of engagement tactics such as *Mentimeter* polling received mostly positive feedback.
5. Pandemic related competing priorities resulted in project shifts and amended timelines

Abbreviations:
PHC: Providence Healthcare
SGS: specialized geriatric services

PHC SGS Review next steps

- Transition ongoing quality improvement work to the PHC *Seniors' Health Quality Performance Council*

- Align strategic direction recommendations with the Providence Healthcare Campus of Care expansion planning for further operating plan development

Abbreviations:
PHC: Providence Healthcare
SGS: specialized geriatric services

APPENDICES

APPENDIX 1:
Provincial Geriatrics Leadership Ontario asset mapping report (2021):

"*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

SERVICE TYPE DEFINITIONS

Service Type	Definition
Acute Care of the Elderly/Geriatric Units	Inpatient hospital units in an acute care setting for persons who require short-term diagnostic investigation and treatment, may receive patients directly from the emergency department. Geriatricians or Care of the Elderly physicians may act as Most Responsible Physician on these units.
Acute Geriatric psychiatry units	Acute mental health services that include short term crisis intervention, risk assessment, symptom reduction, rapid stabilization and active treatment for older people who require more support than can be provided in the community.
Behavioural Support Transition Unit	Transitional bed spaces that specialize in assessing the emotional, social, environmental and physical needs of older adults living with dementia or age-related cognitive impairments and behavioural challenges. The BSTU works together with the patient, families and the identified care team to develop and implement individualized treatment and care plans to stabilize behaviours; and successfully transition the patient to the most appropriate home setting (community, retirement or long-term care).
Community Paramedicine	A community paramedicine program includes an identified patient population (case finding), a provision of episodic care (through a care plan), and a case management approach that includes the continuum of care, in collaboration with primary care and/or specialized services.
E-Consult (User defined)	Physician specialist consultation available, usually to primary care, through a secure, web-based tool
Fall/Falls Prevention Clinic/Program (User defined)	An outpatient interprofessional assessment for seniors that are at risk for injurious falls or have a past history of fall-related presentation at the Emergency Department. Eligible candidates include people over the age of 65 who are living in the community and are experiencing falls.
Geriatric Assessment and Treatment Units	Inpatient units for frail older persons with complex medical conditions who, following an episode of surgery/illness/injury, require an individualized assessment and treatment. These units do not typically receive patients directly from the ED (e.g. community admissions, internal transfer).
Geriatric Behavioural Unit	This secure unit is specifically adapted for high-risk senior patients with responsive behaviours such as agitation and aggression. Interprofessional teams conduct comprehensive assessments that identify mental health issues, clarify diagnosis and identify biological, social, or psychological factors that contribute to challenging behaviours. Individualized behavioural care plans are developed to manage symptoms, address needs and develop management techniques that can be transferred to a home setting and reproduced by family and care providers
Geriatric Emergency Management (Nurses)	Consultation by a specialized geriatric health professional in the emergency room providing assessment, diagnosis, identification of "at risk" older persons, initiation of appropriate treatment, and linkages with community and primary care.
Geriatric Medicine Day Hospitals	Ambulatory programs that provide diagnostic, rehabilitative, or therapeutic services to persons living in the community who require more care than a Geriatric Clinic can provide.

Source: Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

SERVICE TYPE DEFINITIONS

Geriatric Medicine Outpatient Clinics	Assessment, diagnose, treatment, monitoring, and follow-up of older persons in a clinic setting (includes general geriatric clinics, geriatric heart function clinics, geriatric osteoporosis, geriatric falls /fracture clinics , Parkinsons clinics etc.).
Geriatric Medicine Outreach Teams	Comprehensive assessments conducted by one or more health care professionals in the older person's place of residence. These teams collaborate with community and primary care and provide system navigation to keep at-risk seniors at home and out of hospital.
Geriatric Medicine Rehabilitation Units	Inpatient units accepting admissions from ED, Acute or direct from community following an acute hospital stay, serving patients who are frail with multiple co-morbidities and needing rehab before community discharge. The average length of stay may vary from 15-35 days, or up to 90 days for patients receiving slower stream rehabilitation. Patient may require diagnosis clarification, medication change, and short-term multidisciplinary rehab assessment and treatment. Many of these individuals may live in satellite communities where travel is a barrier to coming to clinic or day hospital frequently.
Geriatric Psychiatry Outpatient Clinics	In clinic assessment, treatment and support for older people who are experiencing symptoms of serious mental illness. May include first occurrence of the illness, or an individual requiring longer term intervention (inclusive of Mood clinics, Psychosis clinics etc.).
Geriatric Psychiatry Outreach Teams	Interprofessional mental health teams who provide specialized geriatric psychiatry consultation that includes assessment (in home or community), diagnosis, treatment and behavioural recommendations that will assist the primary care provider with their treatment plan for their patient. (includes Geriatric Mental Health Outreach Team)
Geriatric Psychiatry/Mental Health Day Hospitals	An ambulatory program providing multi-component intensive day treatment to older individuals with serious mental illness. Treatment may include individual and group psychotherapy, medication management, and a variety of other individual and group interventions focused on functional, cognitive, and physical impairment, and social concerns.
Geriatric Telemedicine/Telepsychiatry Service (User defined)	A telemedicine-based service that operates in a virtual only capacity. May include e-consult services (e.g. Ontario Telehealth Network) Excludes programs that also offer in person visits, which are reported elsewhere. Location of base (e.g. urban centre) does not reflect distribution of service (e.g. remote north).
Geriatric Urgent Care (User defined)	Provides timely comprehensive geriatric assessments for patients seen in the Emergency Department but not requiring admission and inpatients ready for discharge, who require a timely comprehensive geriatric assessment. The goal is to identify and provide a plan for the management of geriatric issues to prevent further Emergency Department visits, avoid unnecessary hospitalizations and reduce length of stay.
Hospital Elder Life Program (User defined)	Hospital Elder Life Program (HELP) is a volunteer-based program that provides targeted interventions that address a broad scope of geriatric issues known to contribute to cognitive and functional decline during hospitalization. These include cognitive decline and stimulation activities, therapeutic activities, sleep enhancement strategies, hearing and visual aids and individualized care planning. The specific program goals are to maintain physical and cognitive functioning throughout hospitalization, to maximize independence at discharge, to assist with the transition from hospital to home and to prevent unplanned readmission.
Inpatient Geriatric Consult Services/Virtual Ward	Inpatient hospital service in which the attending physician, or MRP, for an older adult with complex health concerns is an SGS specialist (Geriatrician, Geriatric Psychiatrist, Care of the Elderly). Patients may be distributed across the organization. The care team usually includes specialized staff. This team provides recommendations, write orders and implements plans of care.

Source: Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

SERVICE TYPE DEFINITIONS

Inpatient Geriatric Co-management services	Inpatient hospital service in which the attending physician or MRP for an older adult with complex health concerns is NOT an SGS specialist, but rather a geriatric specialist may consult or co-manage care. Patients may be distributed across the organization. The care team may include specialized staff. This team provides recommendations only and does not write orders or assume responsibility for implementation of plans of care.
Other Primary Care Memory Clinic	Diagnosis, treatment and care for people living with dementia provided at the primary care level.
Population Health Focused Program (Older Adults)	These are programs and services developed by Ontario Health Teams, Primary Care and others (non-specialist) specifically to address the needs of older adults living with complex and chronic health conditions and their caregivers.
Primary Care Collaborative Memory Clinics (includes MINT clinics)	Diagnosis, treatment and care for people living with dementia provided at the primary care level through a recognized clinical model and are supported by specialists from geriatric medicine, geriatric psychiatry and cognitive neurology.
Psychogeriatric Resource Consultants	Specialized interdisciplinary professionals who work collaboratively with a multitude of organizations to provide education, training, and consultative support to staff across various sectors (e.g. LTC Homes, Retirement Homes, Acute Care, Primary Care and Community). As an essential proponent of BSO's third pillar of knowledgeable care teams and capacity building, PRCs work as advisors, educators, facilitators, coaches and network builders in the delivery of capacity building activities related to optimizing care for individuals with, or at risk of, responsive behaviours/personal expressions.
Residential Addictions Treatment Programs (for the over 65)	Assessment and integrated mental health and addictions treatment in a residential program, which may include graduated passes home, transitional discharge, family support, and aftercare.
Sessionally Funded Primary Care SGS	Primary care based geriatric specialty services delivered on-site within primary care and supported through sessional funding models.
Shared care geriatric mental health program	A collaborative service that includes on site geriatric psychiatry support that includes indirect support and education, and direct clinical consultation and follow-up care with primary care .
Specialist Based Memory Clinic Models	Locally developed interdisciplinary approach to memory/dementia care in which medical direction is provided by specialists. Focus on neurodegenerative disorders and may support primary collaborative care memory clinics now MINT clinics.
Tertiary Dementia Specialty Units	Tertiary mental health services that include short and longer term crisis intervention, risk assessment, symptom reduction, rapid stabilization and active treatment for older people with a diagnosis of dementia who require more support than can be provided in the community or in general acute care facilities.
Tertiary Non-Dementia Geriatric Psychiatry Units	Tertiary mental health services that include short and longer term crisis intervention, risk assessment, symptom reduction, rapid stabilization and active treatment for older people who require more support than can be provided in the community or in acute care settings.

Source: Provincial Geriatrics Leadership Ontario (2021) "*The Current State of Specialized Older Persons' Care: A Detailed Look at Specialized Geriatric Services in Ontario*"

APPENDIX 2: BROADER SENIORS' HEALTH STRATEGIC PRIORITIES

Corporate

	Purpose	***Vision and values***
Unity Health Toronto Seniors Care	*"Unity Health provides comprehensive and compassionate care for elderly people facing age-related issues like chronic disease, mobility problems and more."*	*The best care experiences. Created together.* • Human Dignity • Community • Compassion • Inclusivity • Excellence

Regional

	Purpose	***Vision and values***
Toronto Region Regional Geriatric Program of Toronto	*"We innovate bold solutions to complex care challenges, and drive system change to advance the quality of care for seniors with frailty."*	*Better health outcomes for seniors with frailty* • Person- and family-centred care • Equity • Collaboration • Excellence • Integrity

Provincial

ONTARIO	*Purpose*	*Vision , values, principles*
Provincial Geriatrics Leadership Ontario (PGLO)	*"PGLO coordinates the provincial infrastructure for clinical geriatrics care, and, in collaboration with health professionals providing direct care, provides trusted leadership to advance integrated, person-centred care for older adults living with complex health needs in Ontario and their caregivers. "*	Strategic priorities: 1. Transform specialized geriatric services 2. Foster excellence on senior friendly care

National

CANADA	*Purpose*	*Vision , values, principles*
Government of Canada - Action for Seniors report (2014)	*"Seniors play an important role in our families, communities and workplaces. They helped to build this country and continue to contribute to its success. In recognition of this contribution, the Government of Canada is committed to ensuring a high quality of life for seniors."*	1. Ensuring financial security for seniors 2. Enabling active participation in the labour force and the community 3. Helping seniors to age in place 4. Healthy and active aging 5. Combatting elder abuse 6. Ensuring seniors have access to information, services and benefits
National Institute on Ageing	*"The National Institute on Ageing is a Ryerson University think tank focused on the realities of Canada's ageing population. Through our work, our mission is to enhance successful ageing across the life course and to make Canada the best place to grow up and grow old."*	*To create a future that gives all older Canadians the support and freedom to live their lives to the fullest* Principles: • Access • Quality • Value • Choice • Equity

Global

GLOBAL	*Purpose*	*Vision , values, principles*
World Health Organization – World Report on Ageing and Health (2015)	*"Comprehensive public health action on population ageing is urgently needed. This will require fundamental shifts, not just in the things we do, but in how we think about ageing itself. The World report on ageing and health outlines a framework for action to foster Healthy Ageing built around the new concept of* ***functional ability****. Making these investments will have valuable social and economic returns, both in terms of health and wellbeing of older people and in enabling their on-going participation in society."*	Five interconnected domains of **functional ability** that are essential for older people to do the things that they value: 1. Meet their basic needs; 2. Learn, grow, and make decisions; 3. Move around; 4. Build and maintain relationships; and 5. Contribute.