

Descriptions of Programs and Clinics Comprising SGS

SOUTHWESTERN ONTARIO REGIONAL GERIATRIC PROGRAM (SWORGP)

Geriatric Assessment Unit (GAU)

Program:	Inpatient component of Regional Geriatric Program																																		
Location:	St. Joseph's Hospital																																		
Beds:	14																																		
Core Function:	We provide comprehensive specialized interdisciplinary assessment, investigation and short term management within an acute care setting. In collaboration with clients and their families, we establish goals and develop recommendations aimed at maximizing function, independence, and well being. We link closely with community service providers for ongoing care following discharge. We serve as an educational, research and evaluation centre for those caring for the elderly. <i>(From GAU Mission Statement)</i>																																		
Patient Characteristics:	Elderly patients (generally over the age of 65 years) who have multiple and complex medical, functional and pschosocial problems with potential for improvement or reversability.																																		
Catchment:	10 counties of Southwestern Ontario, 79% of admissions from London and Middlesex County for the year 1999-2000.																																		
Referral Sources:	Family physicians, CCAC, RGP Outreach, geriatricians, other hospital consultants and medical directors of long term care facilities																																		
Capacity:	With an 85% occupancy and a length of stay of 18 days, 240 patients can be served annually.																																		
Future Demand:	Demographics indicate that demand will increase; however, with streamlined referrals through the Centralized Intake and Triage and increase awareness, clients may be identified earlier and be managed through ambulatory services. Those referred to the GAU will likely be appropriate and more acute.																																		
Staffing:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Nursing Unit Supervisor</td> <td style="width: 10%; text-align: right;">1.35</td> <td style="width: 40%;">Full Time Equivalents (FTE)</td> </tr> <tr> <td>Attendant</td> <td style="text-align: right;">1.74</td> <td>FTE</td> </tr> <tr> <td>Clinical Nutritionist</td> <td style="text-align: right;">0.2</td> <td>FTE</td> </tr> <tr> <td>Occupational Therapist</td> <td style="text-align: right;">1</td> <td>FTE</td> </tr> <tr> <td>Pharmacist</td> <td style="text-align: right;">0.4</td> <td>FTE</td> </tr> <tr> <td>Physiotherapist</td> <td style="text-align: right;">1</td> <td>FTE</td> </tr> <tr> <td>Registered Nurse</td> <td style="text-align: right;">8.62</td> <td>FTE</td> </tr> <tr> <td>Registered Practical Nurse</td> <td style="text-align: right;">5.38</td> <td>FTE</td> </tr> <tr> <td>Speech Pathologist</td> <td style="text-align: right;">0.2</td> <td>FTE</td> </tr> <tr> <td>Social Worker</td> <td style="text-align: right;">1</td> <td>FTE</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">20.89</td> <td>Full Time Equivalents</td> </tr> </table>		Nursing Unit Supervisor	1.35	Full Time Equivalents (FTE)	Attendant	1.74	FTE	Clinical Nutritionist	0.2	FTE	Occupational Therapist	1	FTE	Pharmacist	0.4	FTE	Physiotherapist	1	FTE	Registered Nurse	8.62	FTE	Registered Practical Nurse	5.38	FTE	Speech Pathologist	0.2	FTE	Social Worker	1	FTE	Total	20.89	Full Time Equivalents
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Outcomes:	<ol style="list-style-type: none"> 1) GAU follow-up study and second survey completed 2) Business plan for DriveAble Program approved 3) Shared leadership model implemented. 4) Additional staffing obtained 5) Implemented resource nurse role 6) Increased and enhanced computerization 7) Introduced care manager model 																																		

GERIATRIC PROGRAM, PARKWOOD HOSPITAL

Geriatric Rehabilitation Unit (GAU)

Program:	In-patient																																													
Location:	Parkwood Hospital																																													
Beds:	26																																													
Core Function:	The GAU serves frail elderly patients with complex needs and functional loss and is an important component in the continuum of care offered within Specialized Geriatric Services.																																													
Patient Characteristics:	For the first quarter of 2000, 57% of patients were female and the average age was 79.3 years. Compared to patients in a physical medicine and rehabilitation program, patients in a geriatric rehabilitation program are in general, frailer, have reduced activity tolerance and have a history of progressive functional decline.																																													
Catchment:	Majority of patients reside in London. (January to March 2000, 73% of patients were from London, and 12% were from Middlesex County.)																																													
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Referral Sources:	63% of patients are admitted from acute care beds located in London making the GIRU an important discharge option for elderly patients with functional losses due to illness and are not able to return home.																																													
Capacity:	In 1998-1999 there were 212 admissions with an average length of stay of 40.3 days and an occupancy rate of 92%.																																													
Future Demand:	Although patients are well screened prior to admission the usual wait for a bed is two to three weeks. The waiting list, high occupancy rate with decreasing annual length of stay indicates that bed allocation should be examined in the context of the Rehabilitation Service changes.																																													
Outcomes:	<ul style="list-style-type: none"> i) A model of care has been adopted on GIRU which emphasizes accountability and point of care decision making by team members while providing an efficient service that is patient centred. ii) During the past two years participation in a research project using Goal Attainment Scaling, has demonstrated improved clinical outcomes and utilization (see Outcome # 2 in Research and Its Translation into Practice) iii) A family physician (clinical assistant) provides on-unit medical care four days per week with geriatrician support. This model has positively contributed to risk management outcomes, nursing support, staff development, unit efficiency, and above all patient care. 																																													

Geriatric Day Hospital

Program: Outpatient- assessment and rehabilitation
Location: Parkwood Hospital
Core Function: Our mission is to prevent or provide an alternative treatment approach to hospitalization for patients with complex problems or have experienced a functional decline but are to live at home and travel to the Geriatric Day Hospital.

Patient Characteristics: Patients with a functional decline requiring therapeutic intervention from an interdisciplinary team.

Catchment: London and Middlesex county

Referral Sources: 20% of referrals originate from GIRU, MSK and GAU; 20% of referrals originate from the RGP and Geriatric Clinics and remaining originate from the community.

Capacity: 20 spaces

Future Demand: During the past four years there has been a steady increase of admissions, this trend is expected to continue primarily due to decrease length of stays in acute care, demographic trends and the move toward ambulatory rather than inpatient services

Staffing:

Nurse Clinicians	2	FTE
Physiotherapists	1.5	FTE
Occupational Therapists	1	FTE
Occupational Therapy Assistant	1.5	FTE
Social Worker	0.5	FTE
Therapeutic Recreation Specialist	1	FTE
Clerical	1	FTE
Total	8.5	FTE

Outcomes:

Geriatric Physical Maintenance Program

Program: Outpatient
Location: Parkwood Hospital
Core Function: The mission is to enable seniors to maintain the gains they achieved in the Day Hospital program.

Patient Characteristics: As of April 2000, 58% of participants were female, with most registrants attending two or three times per week. Medical conditions include orthopaedic fractures, osteoarthritis, CVA, Parkinson's Disease and/or functional decline.

Catchment: London

Staffing:

Therapeutic Recreation Specialist	0.5	FTE
Rehabilitation Trainer	0.5	FTE
Physiotherapist	0.25	FTE
Total	1.25	FTE

Referral Sources: Majority of referrals come from Geriatric Day Hospital and the GIRU with some referrals from the Comprehensive Outpatient Rehabilitation Program, the CCAC, Geriatric Medicine and the community.

Capacity: registrants per afternoon as of April 2000. Capacity for ***80, 2.5 hour sessions per week, as of April 2000, 68 sessions were filled***.

Future Demand:

Outcomes: Client satisfaction surveys completed by 27 program participants in February and March of 2000 revealed the following:

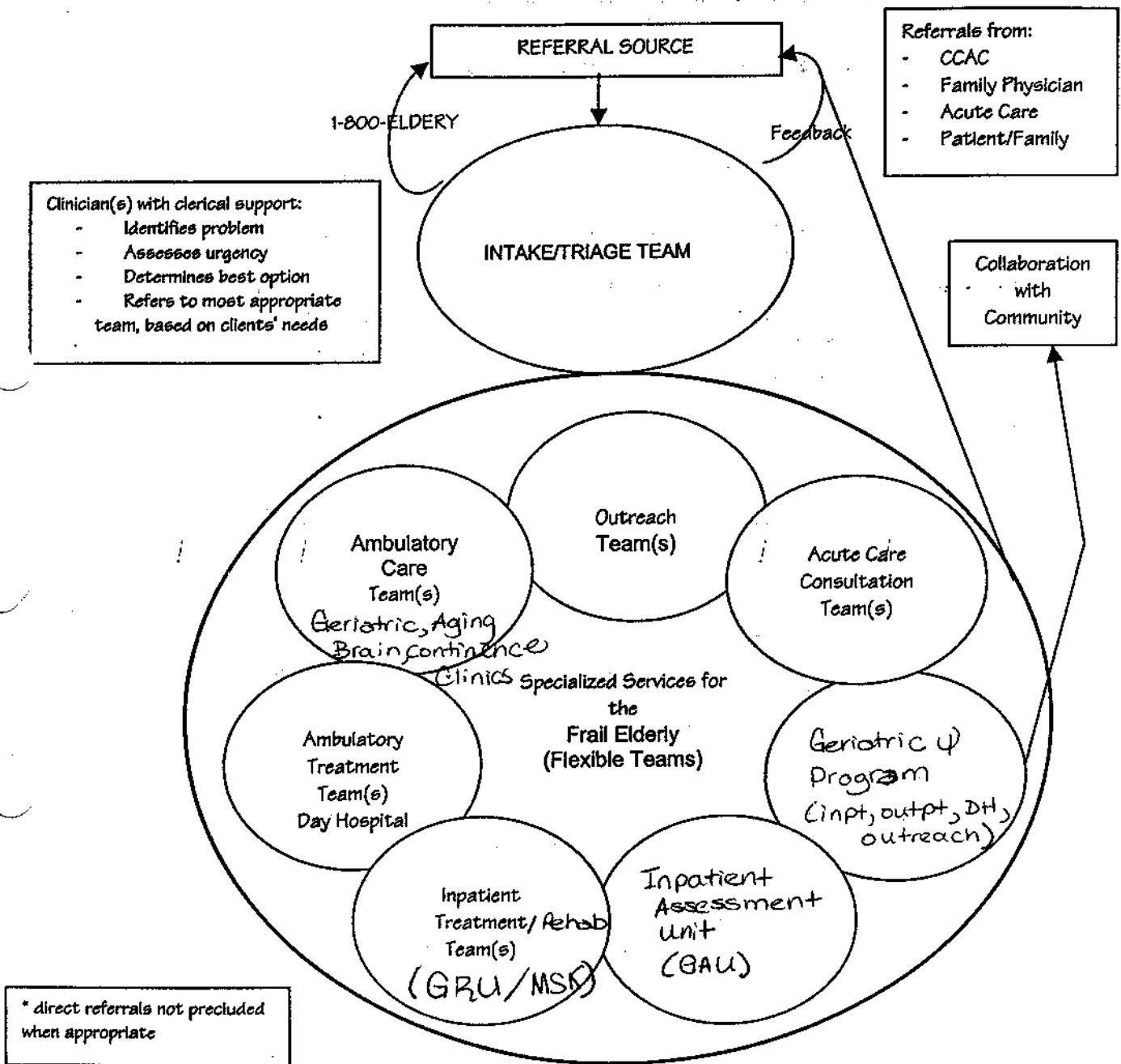
- ▶ 100% of respondents rated the quality of the program as either excellent or good.
- ▶ 93% of respondents indicated that the services they received helped them either somewhat or to a great extent in dealing more effectively with their physical problems.
- ▶ 85% of respondents indicated that their overall social/emotional health was either better or much better since beginning the program.

5.2 Current Service Components

The following programs, clinics and services comprise SGS. Detailed descriptions are located in *appendix 3*.

Existing Program Component	Core Components	Sub Components
SWO Regional Geriatric Program (RGP)	Geriatric Assessment Unit (GAU) Regional Outreach Research and Evaluation	
Geriatric Program (Parkwood Hospital)	Geriatric Rehabilitation Unit (GRU) Geriatric Day Hospital Musculoskeletal Unit (MSK)	Physical Maintenance Cherryhill Project
Geriatric Ambulatory Services	General Geriatric Clinics Aging Brain Clinic Continence Clinic	
Regional Psychogeriatric Program (RPP)	Regional Outreach (new)	
Geriatric Mental Health Clinic	Community Outreach (London) Outpatient Clinic	
Geriatric Psychiatry Program (PPH)	Bed -based Care Outpatients Day Treatment Outreach	
Consultation and Liaison		across all sites

DIAGRAMATIC MODEL OF SPECIALIZED SERVICES FOR FRAIL ELDERLY



Each Team Has:

- Combined approach (Medicine/Psychiatry)
- Skilled clinicians with primary accountability (case management)
- Physician support by Geriatrician and Geriatric Psychiatrist, Family Physician
 - Clinical coordination
 - Clerical support

Effectiveness of an inpatient geriatric service in a university hospital. White et al. *J Tenn Med Assoc* 1994 Oct; 87 (10): 425-428

Objective: To assess the effectiveness of an acute interdisciplinary inpatient geriatric service in a university hospital.

Design: Prospective Randomized control study.

Patients: 40 consecutive inpatients, randomized for inclusion on the geriatric service (n=20 study patients) or to continue usual hospital care (control patients, n=20) from among the geriatric consult population.

Outcome measures: LOS, hospital costs, diagnostic testing, pharmacy use, functional status, discharge disposition, and readmission within 30 days after hospitalization.

Results:

Conclusions:

	GAU Group	Inpatient group
Mean Age (yrs)	79.2	73.9
D/C Home (%)	60 (p=.03)	20
D/C LTC (%)	30 (p=.03)	65
LOS after randomization (days)	7.7	11.2
\$ of hospitalization after randomization (\$)	4671	9404
Lab Tests		
(#)	4.4 (p=.01)	16.9
(\$)	263 (p=.02)	828
↑ in functional ability (pt on a 7 pt scale)	.8 (p=.09)	.3
Mean medication charges after randomization (\$)	462 (p=.06)	1268
Readmissions after discharge (#)	21	33

Effectiveness of an inpatient geriatric service in a university hospital. White et al. *J Tenn Med Assoc* 1994 Oct; 87 (10): 425-428

Effectiveness of a geriatric evaluation unit. A randomized clinical trial. Rubenstein et al. *N Engl J Med* 1984 Dec 27; 311 (26): 1664- 70

Objective: To assess the efficacy of an innovative geriatric assessment unit intended to provide diagnostic assessment, therapy, rehabilitation and placement.

Design: Random assignment of frail elderly inpatients with a high probability of nursing- home placement

Patients: Patients were randomly assigned to the experimental (GAU) or the control group.

Outcome measures: Mortality, discharge destination, time in nursing home after discharge, # of acute care hospital days, nursing home days, and acute care hospital readmissions, functional status, and morale

Results:

Conclusions:

	GAU Group	Regular Inpatient Group
Mortality (%)	23.8 **	48.3
D/C to NH (%)	12.7 *	30
Time in NH during follow up period (%)	26.9 *	46.7
Acute care hospital days		↑
Nursing Home Days		↑
Acute care hospital readmissions		↑
Functional status and morale	↑ *	
Direct costs for institutional care	↓	

* p <.05

**p <.005

Effectiveness of a geriatric evaluation unit. A randomized clinical trial. Rubenstein et al. *N Engl J Med* 1984 Dec 27; 311 (26): 1664- 70

A randomized, controlled trial of a geriatric assessment unit in a community rehabilitation hospital. Applegate et al, N Engl J Med 1990 May 31; 322 (22); 1572-8

Objective: To determine the effects of treatment in a geriatric assessment unit on the physical function, institutionalization rate, and mortality of elderly patients.

Design: Randomized control trial in a community rehabilitation hospital

Patients: Functionally impaired elderly patients (mean age 78.8 years) who were recovering from acute medical or surgical illnesses and were considered at risk for nursing home placement.

Patients were assigned to either the GAU or to a control group that received usual care.

The 2 groups were similar at entry and were stratified according to the perceived risk of an immediate nursing home placement.

Outcome Measures: functional improvement, discharge location, number of nursing home stays of >6/12, mean number of days spent in health care facilities, and mortality

Results:

Conclusions:

	GAU group	Usual Care Group
Functional improvement	↑ Per in 3/ 8 self care activities *	
Residing in Community (%)	79 *	61
# of Nursing Home stays greater than 6/ 12		~3x more *
Mean number of days spent in health care facilities	same	
Mortality	Trend toward less	

* $p < .05$

A randomized, controlled trial of a geriatric assessment unit in a community rehabilitation hospital. Applegate et al, N Engl J Med 1990 May 31; 322 (22); 1572-8