



Frequently Asked Questions about the Regional Geriatric Program of Toronto

1. What is the RGP?

The Regional Geriatric Program (RGP) and its service network of 26 participating organizations (Appendix A) are a valuable resource in Ontario, supporting care for frail seniors through the delivery of specialized geriatric services.

The RGP vision is “Better health outcomes for frail seniors”. Our mission is to support health care providers in the delivery of interprofessional, senior-friendly, and evidence-based care that optimizes the function and independence of seniors.

The RGP is a recognized gateway to expertise on the needs of frail seniors. We create new knowledge on senior friendly care, transfer and translate best practices across the health care continuum.

2. What are the unique needs of frail seniors?

While most seniors live healthy and active lives, a small portion become frail and are at risk of avoidable hospitalization and premature admission to long-term care. Frail seniors present with complex medical, functional and psychosocial problems, which create specific challenges for accurate diagnosis and management. A targeted and comprehensive approach is therefore required for this proportion of seniors.

3. What are specialized geriatric services?

Specialized Geriatric Services (SGS) are a spectrum of hospital and community-based health care services delivered by interprofessional teams. These teams diagnose, treat, and rehabilitate frail older persons with complex medical, functional, and psychosocial problems. SGS team members are specifically trained to recognize and treat frail seniors with multiple and complex needs. Teams may comprise the following: physician, nurse, social worker, physiotherapist, occupational therapist, dietician, pharmacist, and other health professions.

Types of Specialized Geriatric Services

The following core specialized geriatric services (SGS) deliver comprehensive geriatric assessment, treatment and rehabilitation. Collaborating with primary, community and long-term care providers, these services are delivered in a variety of settings.

Outreach Teams

Comprehensive assessments in the older person's place of residence are conducted by one or more health care professionals. These 'eyes on the ground' are critical to understanding the social determinants of health within the home setting that can lead to loss of control of other diseases and ED use/hospitalizations. These teams collaborate with community and primary care and provide system navigation to keep at-risk seniors at home and out of hospital.

Outpatient Geriatric Clinics

Clinics are used to assess, diagnose, treat, monitor, and follow older persons in a clinic setting.

Geriatric Day Hospitals

These ambulatory programs provide diagnostic, rehabilitative, or therapeutic services to persons living in the community who require more care than a Geriatric Clinic can provide.

Geriatric Emergency Management (GEM)

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.

Inpatient Consultation Teams

Interprofessional teams provide inpatient consultation, assessment and treatment of patients with complex needs and/or geriatric syndromes.

Acute Geriatric Units/Acute Care of the Elderly Units

Inpatient hospital units in an acute care setting for complex frail older persons with multiple comorbidities who require short-term diagnostic investigation and treatment.

Geriatric Assessment and Treatment Units/Geriatric Rehabilitation Units

Inpatient units for frail older persons with complex medical conditions who, following an episode of surgery/illness/injury, require an individualized assessment, treatment, and rehabilitation program.

Geriatric Mental Health Services

Geriatric mental health professionals provide assessment and treatment for those older persons who may have psychiatric, behavioural, addiction, or psychosocial issues. Although not one of the funded core SGS, geriatric mental health services are an important part of the continuum of service for frail seniors. At many sites, geriatric mental health services are provided in an integrated or collaborative model with SGS.

4. What is the target population for specialized geriatric services (SGS)?

The target population for SGS is frail seniors whose health, dignity, and independence are at risk due to:

- multiple complex medical and psycho-social problems
- a recent unexplained decline in health and/or level of function
- loss of capacity for independent living

These risks, in turn, place frail seniors at risk of avoidable ED visits and hospitalization, long lengths of stay, avoidable ALC days, and premature LTC placement. SGS prevents such undesirable and costly outcomes by addressing the following common conditions:

- cognitive impairment/dementia
- delirium
- depression/mood disorder
- responsive behaviours
- falls/mobility
- incontinence
- functional decline
- poly-pharmacy
- substance misuse
- malnutrition
- pain
- caregiver burden
- elder abuse

5. What is the evidence for specialized geriatric services (SGS)?

With appropriate care and community support, many frail seniors can continue living in their own homes, and unnecessary hospitalizations can be avoided. SGS play a major role in meeting these challenges. The fundamental premise of these services is that much of the disease, disability, and dependence associated with aging are preventable, treatable or manageable. Such services have been shown to decrease the length of stay, maintain functional abilities and lead to lower rates of long-term care institutionalization (Stuck, 1993). In addition, SGS serve an important role in heightening awareness of providers in the health care system to the needs of frail seniors.

6. How have primary, acute, community, and long term care sectors benefited from specialized geriatric services?

- Improved clinical efficiencies in acute care
- Prevention of frailty and its complications
- Increased independence, functional ability and quality of life for seniors and their caregivers
- Satisfaction and increased capacity and competency of staff in assessing and treating frail seniors
- Promotion of senior friendly communities, by responding to needs and building capacity

7. How is the RGP funded?

The RGP is funded by the Toronto Central Local Health Integration Network (LHIN).

8. How is the RGP governed?

The RGP is governed by a Board of Directors and accountable to the LHIN through its Multi-Sector Service Accountability Agreement. The RGP Board sets the program's vision, mission and policies, and supervises the affairs of the corporation.

The RGP Board has a maximum of 11 directors who are elected by the members of the corporation. To reflect the mission of the RGP, and provide a balance among institutional and community interests, the composition of the Board is as follows:

- 4 members from participating organizations
- 1 member who brings an academic perspective to the board by virtue of their active expertise in education and/or research
- 6 citizens who can be identified from anywhere in the community, including the members of the RGP

9. How to make a referral to specialized geriatric services?

Please visit: <http://rgp.toronto.on.ca/how-make-referral>

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Appendix A

RGP Participating Organizations

1. Baycrest
2. Humber River Hospital
3. Lakeridge Health Corporation
4. Mackenzie Health
5. Markham Stouffville Hospital
6. North York General Hospital
7. Northumberland Hills Hospital
8. Ontario Shores Centre for Mental Health Sciences
9. Orillia Soldiers' Memorial Hospital
10. Peterborough Regional Health Centre
11. Providence Healthcare
12. Rouge Valley Health System
13. Royal Victoria Regional Health Centre
14. Sinai Health System
15. Southlake Regional Health Centre
16. St. Joseph's Health Centre
17. St. Michael's Hospital
18. Sunnybrook Health Sciences Centre
19. The Scarborough Hospital
20. The Salvation Army Toronto Grace Health Centre
21. Michael Garron Hospital - Toronto East Health Network
22. Trillium Health Partners
23. University Health Network
24. West Park Healthcare Centre
25. William Osler Health Centre
26. Women's College Hospital