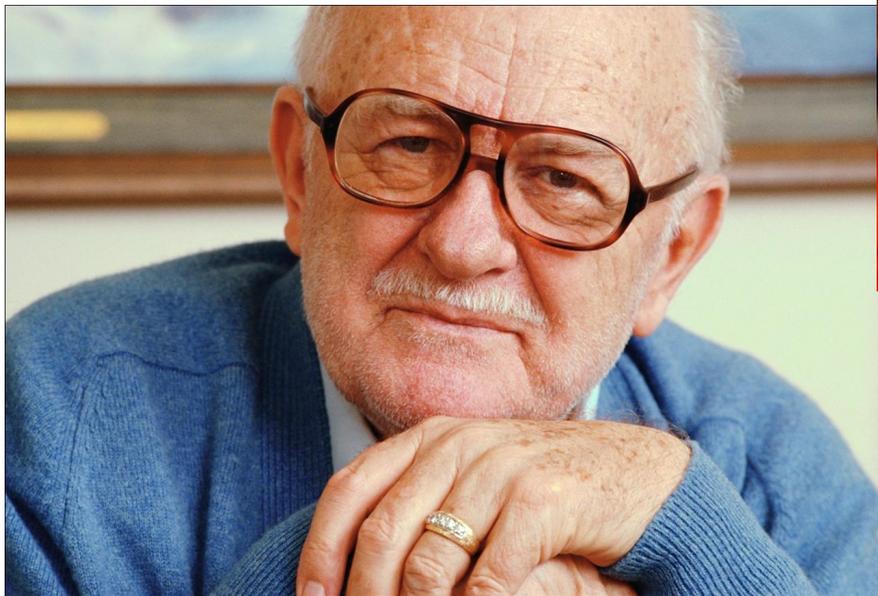
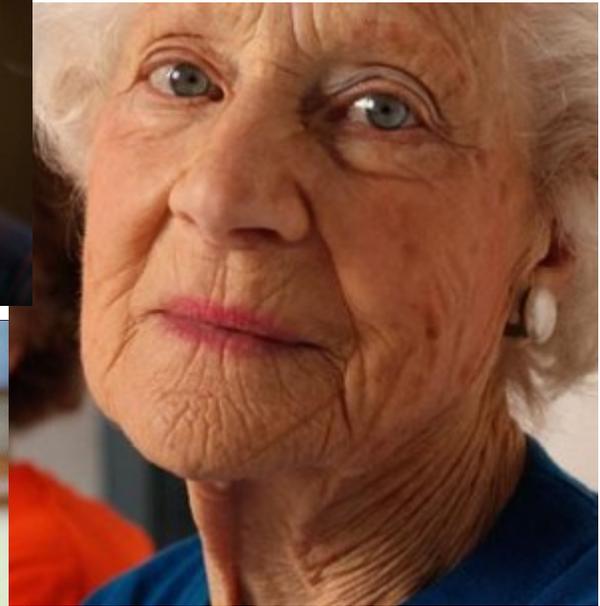


# Vulnerable Older Adults: Building a Patient-Centred Primary Care Model

**Mary Novak RN**

**Nicole Bourgeois RD**

**Lisa McCarthy PharmD MSc**



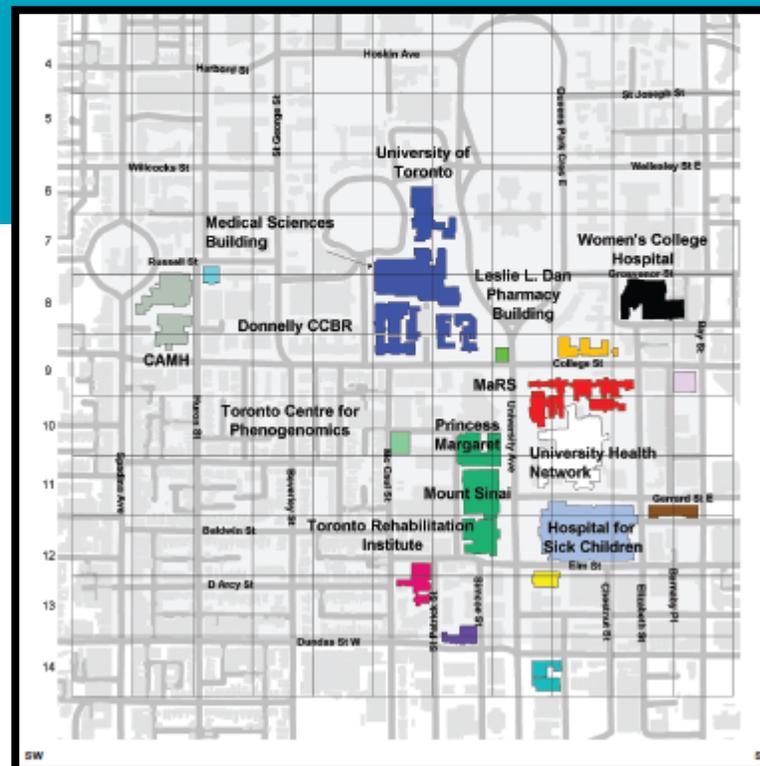
**WHAT CAN WE DO BETTER?**

# Women's College Hospital FHT

Physicians	32
Family Medicine Residents	33
RN(EC)s	1 (1.0 FTE )
Dietitians	2 (1.4 FTE)
Social Workers	2 (2.0 FTE)
Clinical Pharmacist	1 (1.0 FTE)
Occupational Therapist	1 (0.4 FTE)
Health Promoter	1 (0.5 FTE)
Shared Care Consultants	Psychiatry, Geriatrics, Endocrinology, Pediatrics, Dermatology
Patients	20, 000



# The Expectation





# How We Started

- Geriatrician joined team in April 2011
- Small group developed
- First Tasks:
  - How many patients do we care for aged 80+?
  - How can our geriatrician help us improve the care of our patients?
  - What do our patients need?

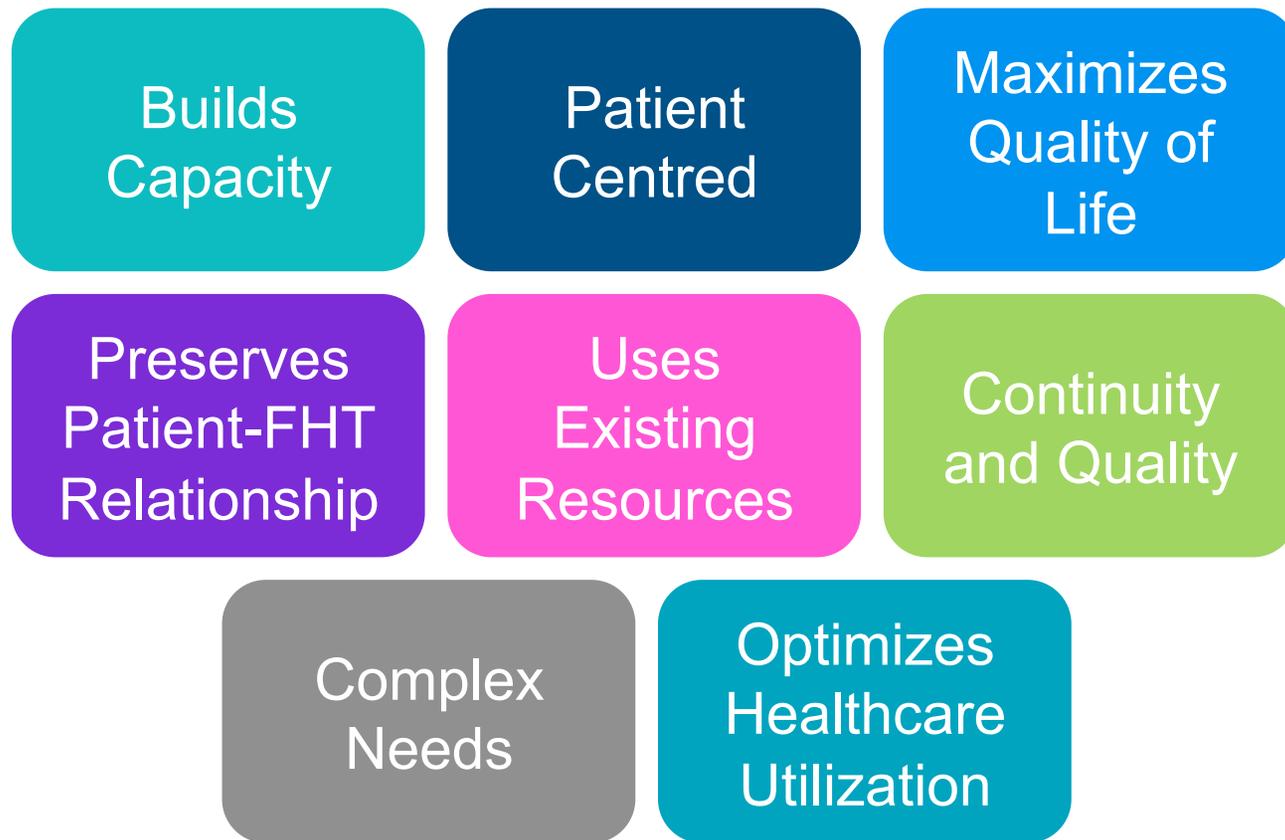


# Our Older Adults Team

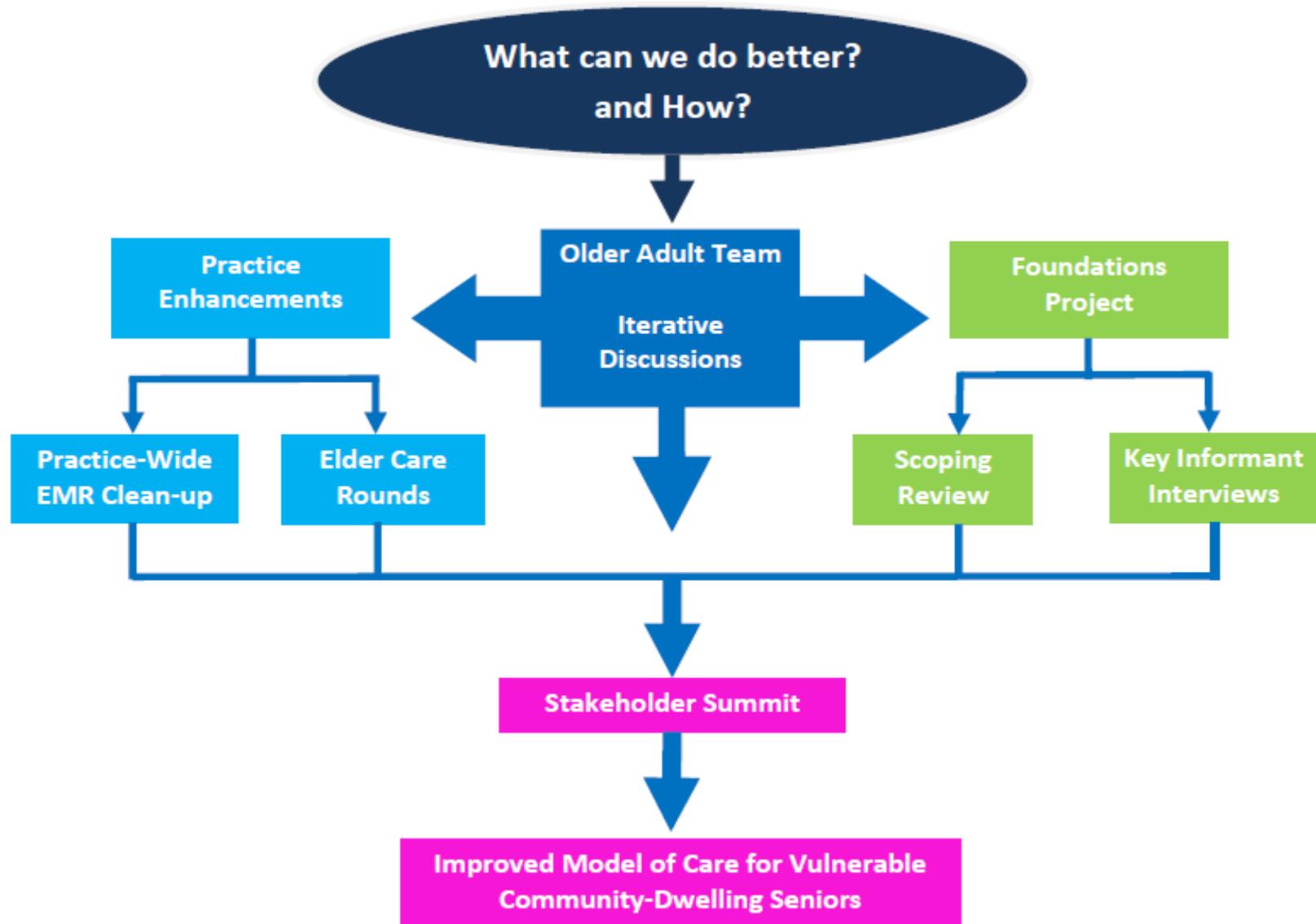
- Family Physicians
- Geriatrician
- Nurse
- Dietitian and Health Promoter
- Pharmacist
- Hospital CCAC coordinator
- Research Associate



# Our Goal: Improved Model of Care



# Our Multi-Pronged Approach



# Practice Enhancements

## 1) Team Meetings

- Held Weekly
- Activities include:
  - Case conferences
  - Understand system and care delivery gaps
  - Identify external and internal resources
  - Engage potential partners



# Practice Enhancements

## 2) EMR Clean-Up

- EMR Practice-Wide Patient Registry Clean-up
  - Clarified our population size
  - Enabled PCPs to informally evaluate their patients' status, situations
- Approximately 560 patients over 80 years



# Practice Enhancement

## 3) Elder Care Rounds

- Monthly
  - Six Rounds hosted to date
  - Open to everyone (staff and learners)
  - Review complex cases, discuss ethical dilemmas, generate clinical recommendations, pragmatic solutions for non-medical issues
  - Identify healthcare system gaps
- Feedback:
  - *“Bringing this case forward was helpful, as it gives a holistic view, and offers me the opportunity to think about this patient, and it has helped to formulate more options.”* (Family Physician)
  - *“Before these Rounds, I would have just considered the medical aspects of care, and never the psychosocial approach to care.”* (2<sup>nd</sup> year Family Medicine Resident)



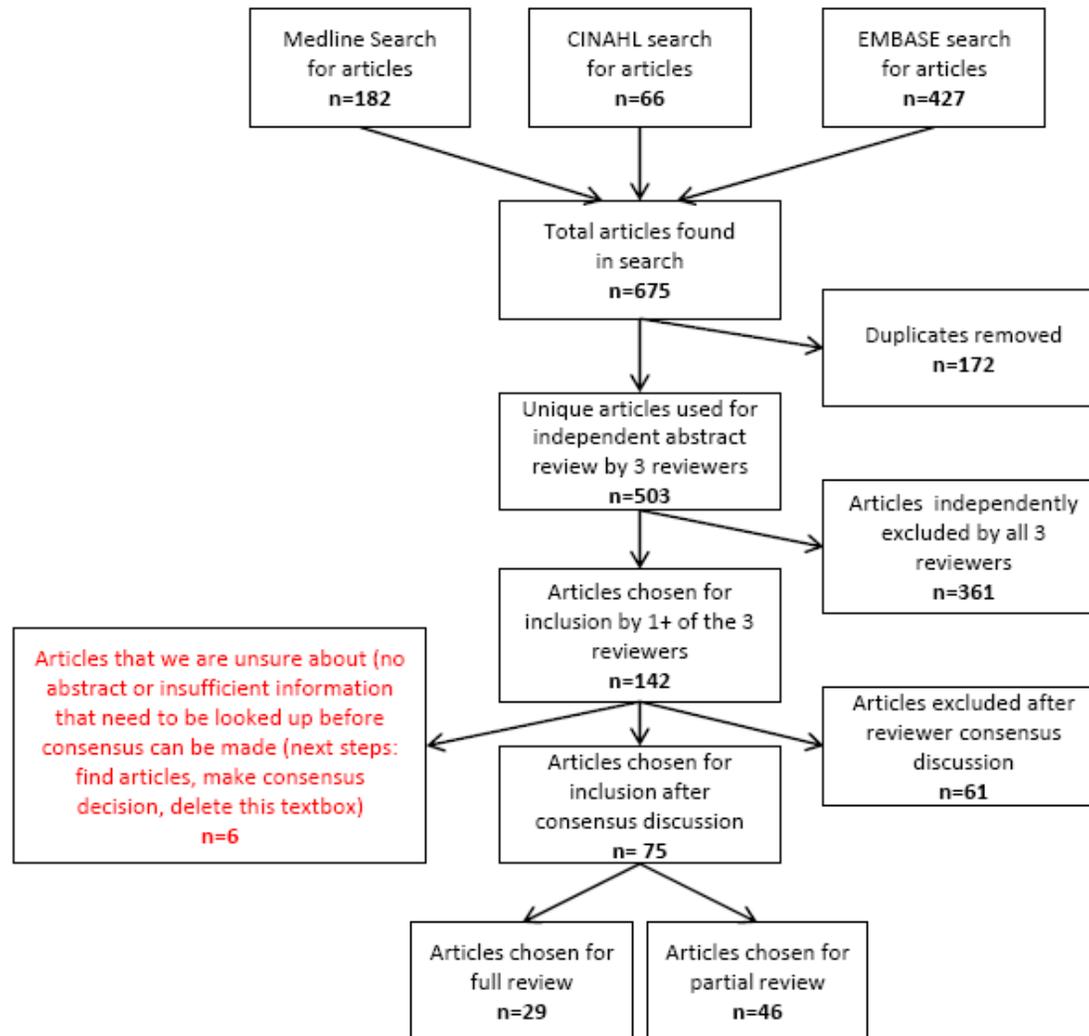
# Foundations Project

- Goal: Identify Best Practices
- Components:
  1. Scoping literature review
  2. Key Informant Interviews
  3. Stakeholder Summit

Funding: AHSC AFP Innovation Fund 2012

# Foundations Project

## 1) Scoping Review



# Foundations Project

## 2) Key Informant Interviews

- 15 Key Informant interviews conducted
  - Care Providers, Administrators
- Thematic Content analysis
  - Underway



# Foundations Project

## 3) Stakeholder Summit

- Planned for early spring 2013
- To engage internal and external partners
- Share findings from the scoping review, key informant interviews, and iterative working group discussions
- To reflect and elicit feedback from our partners
- To shape our model of care



# Future Activities

- Stakeholder Summit (Spring 2013)
- Spin-off Projects
  - Socially Isolated Women living alone in community
  - Identifying frailty in our patients



# Challenges (so far)...

- Monitoring transitions in this patient population
- Sharing our work with our large academic FHT
- Nuances of accessing resources across LHINs



# Lessons Learned (so far)...

- Value of bringing people together
  - Creating a forum for interprofessional collaboration and education
- Importance of “clean” EMR data
  - Real Time Update of Roster
- Staying Grounded
  - “What can we do better?”



# Acknowledgements

- Our Team:
  - Susan Hum
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  - Lisa Fernandes
  - Kaila MacMillan

