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Implementing Ontario’s Seniors Strategy – A Role for Nurses and Other Providers

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Establishing our Context

- 14.6% of Ontarians are 65 and older, yet account for nearly half of all health and social care spending (Census, 2011).
- Ontario and Canada’s older population is set to double over the next twenty years, while its 85 and older population is set to quadruple (Sinha, Healthcare Papers 2011).
- Ontario and Canada’s ageing population represents both a challenge and an opportunity.
- Ageing is NOT a Disease. It is a TRIUMPH!
# Ontario Inpatient Hospitalizations

<table>
<thead>
<tr>
<th>Age</th>
<th>Hospitalizations</th>
<th>Total Hospital Days</th>
<th>ALOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Total</td>
<td>992,533</td>
<td>6,253,167</td>
<td>6.3</td>
</tr>
<tr>
<td>Population 65+</td>
<td>414,339 (42%)</td>
<td>3,702,664 (59%)</td>
<td>8.9</td>
</tr>
<tr>
<td>65-69</td>
<td>7.8%</td>
<td>8.6%</td>
<td>6.9</td>
</tr>
<tr>
<td>70-74</td>
<td>7.6%</td>
<td>9.3%</td>
<td>7.7</td>
</tr>
<tr>
<td>75-79</td>
<td>8.0%</td>
<td>11.1%</td>
<td>8.8</td>
</tr>
<tr>
<td>80-84</td>
<td>8.0%</td>
<td>12.5%</td>
<td>9.8</td>
</tr>
<tr>
<td>85-89</td>
<td>6.3%</td>
<td>10.8%</td>
<td>10.8</td>
</tr>
<tr>
<td>90+</td>
<td>4.0%</td>
<td>6.9%</td>
<td>11.0</td>
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MOHLTC / Canadian Institutes for Health Information (CIHI) 2012-13
Only a small proportion of older adults are consistently extensive users of hospital services (Wolinsky, 1995)
What Defines our Highest Users?

- Polymorbidity
- Functional Impairments
- Social Frailty
The Top 5 System Barriers to Integrating Care for Older Adults

**Issue 1:** We Do Little to Empower Older Adults and Caregivers with the Information They Need to Navigate the System.

**Issue 2:** We Don’t Require Any Current or Future Health or Social Care Professional to Learn About Care of the Elderly.

**Issue 3:** We Don’t Talk to Each Other Well Within and Between Sectors and Professions.

**Issue 4:** We Work in Silos and Not as a System.

**Issue 5:** We Plan for Today and Not for Tomorrow with Regards to Understanding the Mix of Services we Should Invest In to Support Sustainability.
Why Should this Matter?

According to ICES, in Ontario amongst the 65+…

- The Most Complex 10% of Older Adults Account for 60% of our Collective Health Care Spending.

- The Least Complex 50% of Older Adults Account for 6% of our Collective Health Care Spending.

(ICES, 2012)
Our Dilemma

The way in which cities, communities, and our health care systems are currently designed, resourced, organised and delivered, often disadvantages older adults with chronic health issues.

As Ontarians and Canadians, our Care Needs, Preferences and Values are evolving as a society, with increasing numbers of us wanting to age in place.
Why Develop a Provincial Strategy?

- In 2011, the province announced a new vision to make Ontario the best place to grow up and grow old in North America.

- Given our current and future challenges, the development of Ontario’s Seniors Strategy began in 2012 to establish sustainable best practices and policies at a provincial level.

- With a focus on ensuring equity, quality, access, value and choice, recommendations were developed that could support older Ontarians to stay healthy and independent for as long as possible.
Ontarians Had Their Say!

- Over 5000 Older Ontarians, 2500 Health, Social and Community Care Providers, and 1000 Caregivers have participated in our online, paper surveys and town hall and stakeholder engagement meetings.

- Hundreds of Stakeholder Groups representing Older Ontarians, Caregivers, Provider Organizations and Agencies, Professional Bodies, and Business at the Regional, Provincial, National, and International Level also dialogued and presented their ideas to us as well.

Living Longer, Living Well.
Key Strategic Themes/Areas of Focus

- Supporting the Development of Elder Friendly Communities
- Promoting Health and Wellness
- Strengthening Primary Care for Older Ontarians
- Enhancing the Provision of Home and Community Care Services
- Improving Acute Care for Elders
- Enhancing Ontario’s Long-Term Care Environments
- Addressing the Specialized Care Needs of Older Ontarians
- Medications and Older Ontarians
- Caring for Caregivers
- Addressing Ageism and Elder Abuse
- Addressing the Unique Needs of Older Aboriginal Peoples
- Necessary Enablers to Support a Seniors Strategy for Ontario
The Report Recommendations

- **33 Non-Health Recommendations** that focus on issues that examine the development of elder-friendly communities, housing, transportation, ageism and elder abuse and the needs of special populations like our aboriginal or LGBTQ populations.

- **133 Health Recommendations** that span the continuum of care from health promotion and healthy living to the delivery of health, social and community care services.
The Province Responds...

- In early 2013, the Government of Ontario responds to *Living Longer, Living Well* with its *Action Plan for Seniors* with a focus on three core areas:
  - *Elder-Friendly Communities*
  - *Healthy Older Ontarians*
  - *Promoting the Safety and Security of Older Ontarians*

- To enable this bold new agenda, the Government of Ontario soon after appointed its *first* stand-alone Minister Responsible for Seniors Affairs
How We Are Enabling Living Longer and Living Well in Ontario

ESTABLISHING ELDER-FRIENDLY COMMUNITIES

- Ontario Municipalities are working to establish themselves as WHO designated Age-Friendly Cities.

- LHINs and Municipalities are establishing more supportive housing services for older adults, while the new Healthy Homes Tax Credit is enabling more ageing in place.

- The Ministry of Transportation has taken new measures to support older drivers and non-drivers to continually navigate around their communities.

- The new Ontario Retirement Pension Plan will enable us to ensure that no older Ontarian will age in poverty.

- New legislation and measures have been pursued to support caregivers.
What Defines an Elder Friendly Community?

A community that recognizes the great diversity amongst older persons, promotes their inclusion and contributions in all areas of community life, respects their decisions and lifestyle choices, and anticipates and responds flexibly to aging-related needs and preferences. (Aging and Life Course (ALC) World Health Organization, 2009)
How We Are Enabling Living Longer and Living Well in Ontario

ENSURING THE HEALTH OF OLDER ONTARIANS

- Investments in Health Promotion and Prevention in Older Ontarians (e.g. Healthy Ageing Fairs, Exercise and Falls Prevention Classes, Vaccinations).
- Ensuring all Older Ontarians have access to a primary care provider and the primary care they need (e.g. More House Calls) is a Health Links Priority.
- Current and Future Investments are being prioritized to strengthening Home, Community and Long-Term Care. (e.g. Convalescent Care).
- Traditional Scopes of Practice are being Expanded to Improve and Bring Care Options Closer to Home (e.g. Pharmacists Giving Flu Shots, Community Paramedicine).
- Work is underway to ensure our future health and social care workforce has the knowledge and skills needed to care for Older Ontarians.
How We Are Enabling Living Longer and Living Well in Ontario

PROMOTING THE SAFETY AND SECURITY OF OLDER ONTARIANS

- The Ontario Provincial Police have developed new training modules to better support their officers in working with frail older adults.
- Elder Abuse Ontario is helping to continuing to lead work that will help to reduce the incidence of elder abuse in Ontario.
- The RNAO recently released Canada’s first best practice guidelines supporting practitioners to Address and Prevent Elder Abuse and Neglect.
- The Government of Ontario is working to combat social frailty by supporting investments that help older adults stay connected and involved with their communities and with Older Adult Centres. (*eg. Seniors Community Grants*)
What Excellent Care for All Older Ontarians Is Looking Like...

- Single points of access to information exist to empower and support self-management and the work of unpaid caregivers.
- Wellness and prevention programs reduce de-conditioning and social isolation, and improve functional capacity, independence and older adults ability to stay home longer:
  - Promoting screening and early linkages to the appropriate support services supports ageing in place and the needs of caregivers.
- Strengthened Primary Care models improves access and provide more home-based care options (eg. house calls).
- More investments in lower-cost community care options like home care and supportive housing lessen demands and pressures on more expensive hospitals and long-term care facilities.
- New technologies like tele-homecare are allowing people to stay and receive more care at home.
- When hospital care is required, older adults benefit from a sensitized and responsive hospital system that prioritizes the preservation of function and a return to one’s home in the community.
- Seamless and safe discharges that connect hospital, community and primary care providers are integral in managing transitions.
- Opportunities to leverage more preventative models like “Community Paramedicine” or “Hospital at Home” exist are being pursued.
- Quality long-term care is always there for those who require it.
- Improvements in the capacity of our long-term care sector to provide more short-stay and restorative care options is helping older persons and the caregivers stay at home longer.
Our Future Will Cost Us More…

(Ontario Health Care Spending Predictions, MOHLTC).

2010

2030

$24 billion

$Billions

1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0

2010

2030

2030

$24 billion

(2030 spending is predicted to be $24 billion.)
Our Future Requires Choices...

(Hospitals 34.5%)
(Doctors 23.0%)
(Other 14.6%)
(Long-Term Care Homes 8.0%)
(Drugs 7.6%)
(Community Care 6.2%)
(Capital 2.5%)
(OHIP Care and Services 3.6%)

(Ontario Health Care Spending, MOHLTC).
What We are Learning in Ontario...

- Current Projections see the need for Long-Term Care (LTC) increasing to 238,000 Ontarians in the next two decades (Conference Board of Canada, 2011).

- Supply of LTC Beds ≠ Demand for LTC Beds across Ontario

- 37% of hospitalized Ontarians designated as ALC-LTC could be maintained at home with community care supports. (The Change Foundation, 2011)

- In 2013/2014 Ontario spent more on Long-Term Care than on Home and Community Care.
Spending on Home and Long-Term Care Across OECD Nations.
We Have Choices and Options…

- One Day in Hospital Costs ~ $1000
- One Day in Long-Term Care Costs ~ $130
- One Day of Supportive Housing or Home and Community Care Costs ~ $55

- Denmark avoided building any new LTC beds over two decades, and actually saw the closure of thousands of hospital beds, by strategically investing more in its home and community care services.

- The Ontario government while freezing its hospital budgets has committed to at least an annual 4% increase in the Home and Community Care Budget from 2011 through to 2017.
**ALC in Ontario By the Numbers**

Over the Last Three Years…

- Home First Initiatives in Ontario have helped to transition back home over **60,000** patients at high risk of needing Long-Term Care.

- The numbers of ALC Patients has dropped **17%** while those waiting for LTC in Hospitals have dropped from **3,145** to **2,141** (**-32%**).

- While there remain **19,000** Ontarians on LTC Waitlists, **Supply (-2.7%) of, Demand (-6.9%) for, and Placement Rates (-26%) into LTC Beds** have **all decreased** in Ontarians aged 75 and better.
What Could this Mean for Nurses and Other Professionals?
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What Unites These Professions?

- Nurses
- Physicians
- Social Workers
- Pharmacists
- Therapists
- Physician Assistants
- Personal Support Workers

NONE are required to receive ANY formalized training in the care of the elderly…When You DON’T KNOW WHAT YOU DON’T KNOW?…
What I have learnt…

- A lack of skills, knowledge, and training opportunities affects one’s confidence and comfort in working with certain populations.
- Education and Training doesn’t stop in school – as professionals need to be involved in lifelong learning.
- The future of care will largely rely on unpaid caregivers, PSWs and Nurses – we need to better for these groups…
- When we don’t acknowledge or celebrate the achievements of a group – it can be seen as a devaluing of the work force.
RPNs in Ontario

- In 2013, Ontario had 35,286 RPNs
- RPNs represent 25% of our overall provincial nursing workforce and 60% of those working in geriatrics
- RPNs are increasingly working in primary and community care settings as well as long-term care and hospital settings.
- RPNs will increasingly need to play a leadership role in the way we shape the delivery of elder-friendly care in Ontario.
Where RPNs Can and Should Lead…

- Ensuring Ontarians and Decision Makers UNDERSTAND what RPNs are and how they uniquely contributes to helping Ontarians stay health and independent.

- Establishing New Nursing-Led Models of Care
  - *Inpatient, Outpatient and Community-Based etc.*

- Encouraging Evidence-Based Practices and Guidelines
  - *RNAO Best Practice Guidelines…*

- Enhancing Education and Training Opportunities
  - *Establishing Mandatory and Relevant Course Content*
  - *Establishing more Community and Geriatric Placements*
  - *Establishing Geriatric Nursing Residencies/Fellowships*
This is Ontario’s Time to Lead
Thank You

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