

GERIPARDY! The Answer is: “What is Geriatrics?”



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June 4, 2016



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DISCLOSURE

- ▶ I have no conflicts of interest to disclose

A BRIEF HISTORY OF GERIATRIC MEDICINE

- ▶ The concept of care for older patients is very old
 - 1500BCE, Ayurveda – Jara/Rasayana ancient Indian medicine texts
 - Algizar (898–980CE) Arabic physician – special book on the elderly
 - Avicenna 1025CE “Regimen of Old Age” in the Canon of Medicine
- ▶ The term *geriatrics* was proposed in 1909 by Dr. Ignatz Leo Nascher (NYC)
- ▶ Dr. Marjory Warren – West Middlesex Hospital, London 1946; UK-NHS 1948
- ▶ Bernard Isaacs, Glasgow; James Williamson, Edinburgh, Scotland
- ▶ Canadians travelled to Scotland to train
- ▶ IOM report 2008 - **12,000** Geriatricians needed to meet American needs



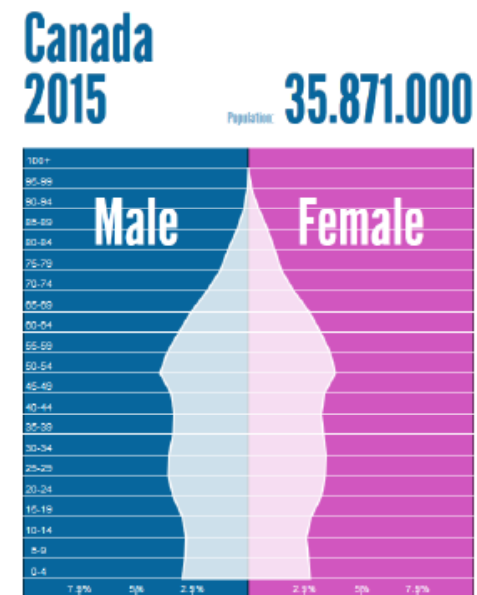
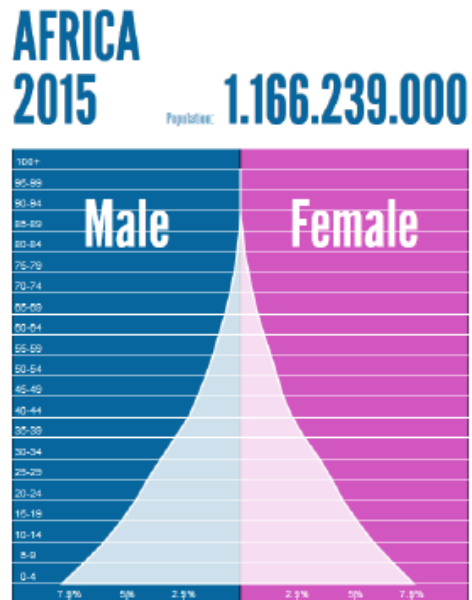
Dr. Marjory Warren

IOM 2008



THE CANADIAN CONTEXT

- ▶ Canadian population = 35.87M (2015); Ontario population = 13.5M (2013)
- ▶ 1.9M older than 65-years (14.6%); Hospitalized patient mean age = 83yrs
- ▶ ‘Baby boomers’ first turned 65 on Jan 1, 2010
- ▶ **1000** Canadians turn 65 *every day for the next 19 years*
- ▶ 261 Geriatricians in Canada, 110 in Ontario, 13 in Ottawa (2015 CMA)
- ▶ RCPSC specialty (5-year training) since 1979



DRIVERS FOR CHANGE

- ▶ 'HIGH RISK' seniors are those that have
 - Repeated E.R. visits
 - Long lengths of hospital stay
 - More often need ALC
 - More returns to E.R. and require re-admission within 1-month post discharge
 - Under or un-recognized cognitive impairment which significantly impacts on care plans and outcomes



HOW CAN GERIATRIC MEDICINE HELP?

- ▶ **M⁴**
- ▶ **Mind** – dementia, delirium, depression
- ▶ **Mobility** – falls & gait disorders
- ▶ **Medications** – appropriate pharmacotherapy
 - potentially inappropriate meds (PIMs), fall-risk increasing drugs (FRIDs)
- ▶ **Multicomplexity** – interactions between co-morbidities, cognition and social situation (bio-psycho-social model of total person care)
 - Dementia domino effect



Vision: To provide each older adult and their families with the world class care, exceptional service and compassion that we would want for our loved ones.

SPECIALIZED GERIATRIC SERVICES

- ▶ Champlain LHIN
- ▶ Regional Geriatric Program of Eastern Ontario (www.rgpeo.com)
 - Regional Geriatric Emergency Management program (nurse-assessors in many Ottawa region hospital ERs)
 - Ottawa region Geriatric Assessment and Outreach Teams
 - Rural Geriatric outreach assessors & Assessment clinics
 - Nurse-led Outreach teams in nursing homes
 - Primary care-based memory clinics
 - eConsult service

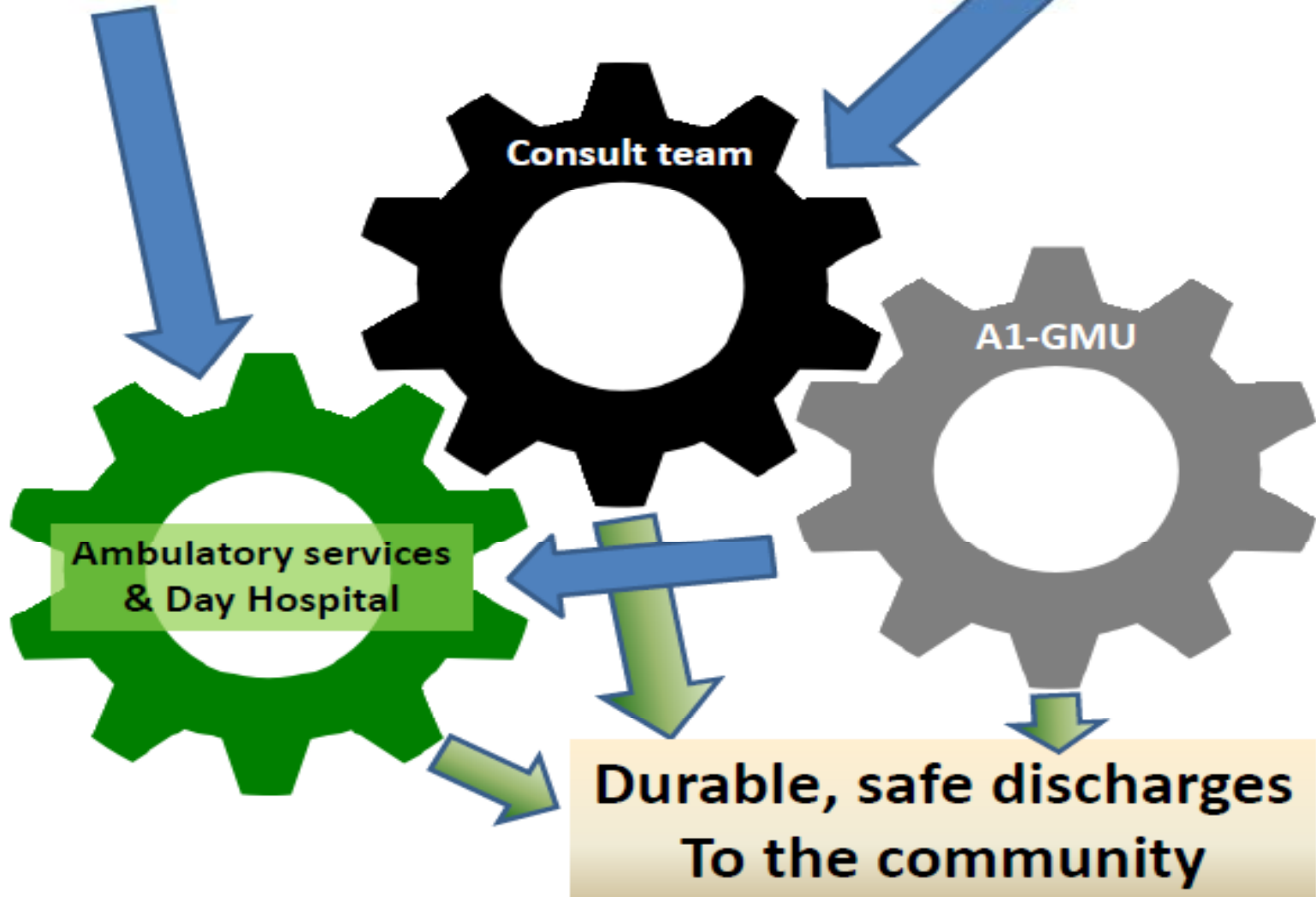


SPECIALIZED GERIATRIC SERVICES

- ▶ Hospital-based services
 - The Ottawa Hospital
 - Geriatric Medicine Unit CTU & acute care ward
 - Inpatient Consultation services at Civic & General campuses, Heart Institute
 - Geriatric Medicine Ambulatory Services and Day Hospital
 - Montfort Hospital
 - Inpatient consultations
 - Ambulatory assessment clinics
 - (Bruyère Continuing Care)
 - Memory Disorders Program
 - Geriatric Rehab Unit, St-Vincent's Hospital Complex Continuing Care
 - (Queensway-Carleton Hospital)

Geriatric Assessment Outreach Teams
Geriatric Emergency Management Teams

TOH inpatients



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CHANGING COURSE

- ▶ Instead of bringing patients to Geriatrics, we will strive to bring Geriatrics to more patients
- Provide assistance in the care and management of *patients with delirium*
- ▶ Provide assistance with patients who have moderate or severe dementia
- ▶ Increase new ambulatory patient consultations to see more high risk patients soon after discharge or identified pre-hospitalization



FINAL GERIPARDY QUESTION:

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P H G V / P X O W I F R P S O H [IW \

SERVICES?



Thank you

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