

# Keeping Seniors Healthy in the Community

Meeting of the  
VIHA Board of Directors  
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**Presented By:**

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## *Risks of Hospitalization*

- ◆ *65+ population hospitalized 3 times more often*
- ◆ *Lose 5% of muscle function every day in bed*
- ◆ *At discharge, 33% are more disabled*



Elixhauser A et al; AHRQ Pub. No. 00-0031, HCUP Data Book No. 1, 2000

Covinsky KE et al; J Am Geriatric Society; 51:451, 2003

## *Health Innovation Funding: Enabling a Coordinated System*

- ◆ Target population:
  - ▶ *Seniors with multiple medical problems*
  - ▶ *Often complicated by issues related to aging*
- ◆ Approach:
  - ▶ *Identifying the Senior's ability/potential vs their illness/disability*



## *Health Innovation Funding: Enabling a Coordinated System (cont')*

### Aim:

- ▶ Create a comprehensive system of geriatric services based on individual's needs and abilities
- ▶ Enhance community based specialty services
- ▶ Improve hospital to community linkages



## *Rethinking Quality Care Delivery*

- ◆ Not all urgent patients need hospitalization
- ◆ Outpatients can replace some hospital admissions/transfers
- ◆ Discharge planning should start with admission
- ◆ Outpatients can complete recovery from hospitalization

## *Geriatric Outpatient Components*

- ◆ *Expedited access to Diagnostic/Lab from Clinic*
- ◆ *Doubled outpatient resources*
- ◆ *Geriatric Team takes expertise to seniors on acute units*
- ◆ *Increase Home & Community Care linkage*



## *Emerging Results – Victoria & Nanaimo*

- ◆ *Stories of improved care*
- ◆ *Direct referrals to Geriatric Clinics*
- ◆ *Increased referrals to Geriatric Teams*
- ◆ *No waiting for VGH Geriatric Unit*
- ◆ *Saved inpatient bed days - Victoria*

## *A patient's Story*

- ◆ 9:00 am – 86 yr woman with "Fatigue and Shortness of Breath"
- ◆ 11:15 am – Radiologist inserted chest tube
- ◆ Returned to Outpatients for monitoring
- ◆ Home in time for supper

## *Next Steps*

- ◆ More feedback to clinicians
- ◆ Continue service changes with 2 additional Nurse Practitioners
- ◆ Need to link with other system changes
  - ▶ E.g. PHC Network – Seniors at Risk



## *Summary*

- ◆ Individual health needs drive service flow
- ◆ Prompt access to hospital is needed when health needs can not be met on an outpatient basis



## *Summary (continued)*

- ◆ Improved access to hospital is supported by using outpatients appropriately
- ◆ Comprehensive Geriatric Outpatient services can avoid or reduce days in hospital

