

# Services for Older Adults in Manitoba

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# Presenter Disclosure

- **Faculty / Speaker's name:** Theresa Bowser, David Strang, Elizabeth Rhynold, Cornelius Woelk
- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** David Strang works for WRHA

# Mitigating Potential Bias

- Not applicable

# Learning Objectives

1. Summarize services available for older adults in Manitoba.
2. Recognize the challenges that exist to access services in Manitoba.
3. Review solutions to overcome barriers to accessing supports in the community.

# Geriatrics (and Rehab) Services in the WRHA – Present and Proposed

David Strang



# Outline

- What we do
- Current WRHA Rehab/Geriatrics Services
- Gaps
- New and proposed services
- Primary Care link
- Challenges



# What we do

- Core process is comprehensive geriatric assessment (CGA)
  - a multidimensional process designed to assess an elderly person's functional ability, physical health, cognitive and mental health, and socio-environmental situation.
  - Includes non-medical domains
  - Usually multi/inter/trans-disciplinary
  - Planning and coordination of care, follow-up



# Services Offered:

- **Rehabilitation (Inpatient):**
  - Specialized Rehab:
    - Acquired Brain Injury, Stroke, Amputee, Neuro-Musculoskeletal (NMSK; <65 y.o.) Spinal Cord Injury
  - Geriatric Rehab:
    - General, Orthopedic, Stroke





# Outpatient Services Offered:

- **Day Hospitals:**
  - Geriatric DH at Deer Lodge, Riverview, St Boniface, Seven Oaks
  - Primary Care/Geriatrics at Health Services for the Elderly
  - Health Sciences Centre (Amputee/SCI)
- **PRIME: A Health Centre for Seniors**
  - opened Deer Lodge Site March 2009
  - for seniors with *very* complex needs to avoid hospital & personal care home placement
  - Second site at Misericordia opened in 2016



# Outreach Services Offered:

- **Geriatric Program Assessment Teams:**
  - Community/ ER
- **Geriatric Mental Health Assessment Teams:**
  - Community/ Personal Care Home
- **Rehab & Geriatric Clinicians**
  - Consult service in 6 hospitals
- **Clinical Nurse Specialists ( Geriatrics)**
  - Deer Lodge Centre, St Boniface General Hospital, Health Sciences Centre



# Services Offered:

- **Ambulatory Care Clinics:**
  - Amputee, Spasticity, Post-stroke, SCI, General Rehab/Neuro-Musculoskeletal (NMSK), Pain, EMG clinics, Motor Neuron Disease, Young Adult Transition Clinic
  - Geriatric Medicine, Memory Assessment
- **Outpatient Pulmonary Rehab**
  - DLC, SOGH/Wellness, MHC



# Services Offered:

- **Associated Allied Health Services:**

- Out patient Physiotherapy – limited dx
- Out patient Occupational Therapy – limited dx
- Speech Language Pathology: Communication Devices Program
- Assistive Technology Clinic, Rehabilitation Engineering – Special Devices, Orthotics
- Drivers Assessment and Maintenance Program
- Seating Clinic



# Sites and Volumes – Inpatient Units 2018

| Sites                       | Beds           |
|-----------------------------|----------------|
| Deer Lodge Centre           | 88 Geriatric   |
| Health Sciences Centre      | 31 SC/Amp/NMsk |
| Riverview Health Centre     | 40 Stroke/ABI  |
| Seven Oaks General Hospital | 76 Geriatric   |
| Victoria General Hospital   | 30 Geriatric   |



# How to Coordinate this all then?

- **R&G Centralized Wait List:**
  - Referrals are received at a single place for the outreach services, inpatient services the day hospitals
  - Appropriate screening is completed by program consultants and teams
  - Facilitates movement to services
- **Rehab Geriatrics Intake Tracking System**
  - Web-based application provides read only access for many stakeholders and manages outreach referrals
  - Launched May 2008



# Gaps in Service

- Little service to outside WRHA
- Patchy, unorganized community dementia care
  - Provincial Alzheimer Strategy in ~2000
  - Limited uptake with recommendations until recently
  - PIECES training for LTC staff



# Challenges

- Recent upheaval from moves of two units and bed reductions
- Provincial Stroke Program
  - Well-evidenced plan which has not been implemented for many years
- Alzheimer Strategy
  - Well-evidenced plan which has not been implemented for many years





# COMMUNITY SUPPORTS FOR SENIORS

Presenter: Terri Bowser

Date: March 9, 2018



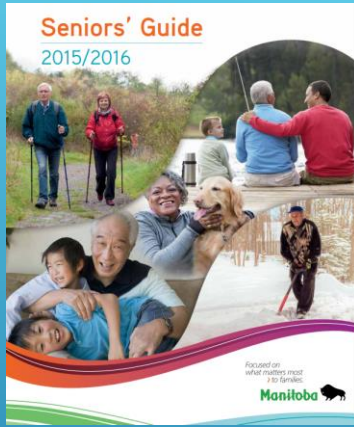
- ▶ Lack of supports available, or knowledge of available supports

## OBSTACLES AND SOLUTIONS

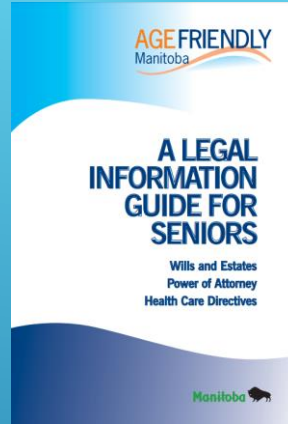


Everything





[https://www.gov.mb.ca/seniors/publications/docs/seniors\\_guide.pdf](https://www.gov.mb.ca/seniors/publications/docs/seniors_guide.pdf)



[https://www.gov.mb.ca/seniors/publications/docs/guide\\_for\\_seniors.pdf](https://www.gov.mb.ca/seniors/publications/docs/guide_for_seniors.pdf)



[https://www.gov.mb.ca/health/home\\_care/guide.pdf](https://www.gov.mb.ca/health/home_care/guide.pdf)

# MANITOBA HEALTH PUBLICATIONS

► <https://www.gov.mb.ca/seniors/publications/>

- ▶ Home Care – services may vary across regions
  - ▶ Adult day programs
  - ▶ Supportive housing
  - ▶ Long term care

COMMUNITY RESOURCES - PUBLIC

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

- ▶ A&O
- ▶ Alzheimer's Society
- ▶ Senior community resource councils

<https://www.gov.mb.ca/seniors/community/index.html>

<http://www.wrha.mb.ca/community/seniors/files/resCRC.pdf>

NON GOVERNMENT ORGANIZATIONS

Decorative white lines consisting of several parallel diagonal strokes in the bottom right corner of the slide.

- ▶ Private home care services
- ▶ Extended care private housing ex: Brightwater and Thorvaldson and River Ridge

COMMUNITY RESOURCES - PRIVATE

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

- ▶ Too many to list
- ▶ Transportation, meals, house care, socialization, dental care, counselling, foot care, etc.

OTHERS

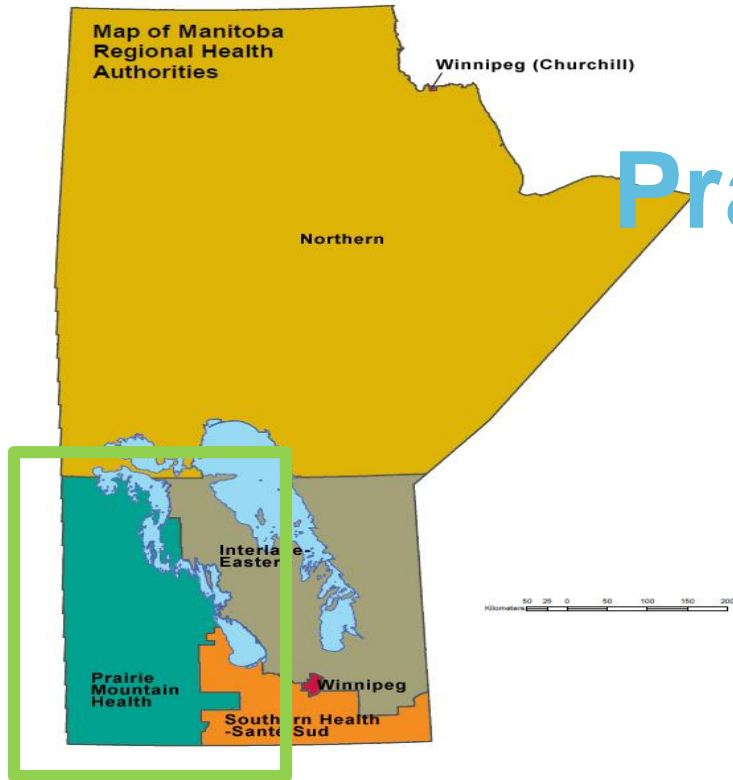
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- ▶ Good linkages and communication
- ▶ Knowing who to call or where to start
- ▶ Central resource bank helpful where possible

## SOLUTIONS





# Geriatric Medicine

# Prairie Mountain Health

Dr. Elizabeth Rhynold MD FRCPC  
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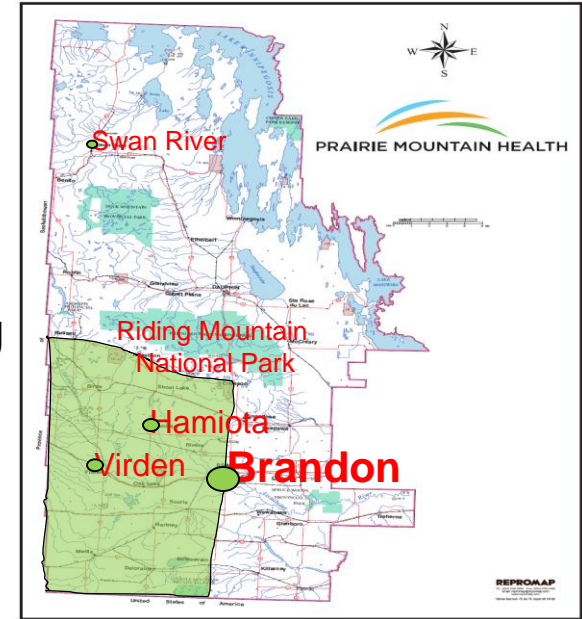
- 1 Geriatrician
- Comprehensive Geriatric Assessment (CGA)  
Addresses question in referral and screens:
  - Cognition
  - Mood/behavior
  - Mobility/Balance
  - Elimination
  - Nutrition
  - Function (IADLs/ADLs)
  - Sleep
  - Social supports
- Collaboration with existing allied health professionals
- Suggestions to involved practitioners
- No ongoing follow-up



- Population 169,760 (12.9% MB)\*
- 17.7% 65 years or better\*\*
- Comprehensive Geriatric Assessments consistently available since April 2017
- Goal is for assessment letter to be received by referring physician or nurse practitioner within 3 months (in 2016/17 the average was 27 calendar days)
- In person assessments in green shaded area (72%). Healthcare collaborator welcome.
- TeleHealth assessments remainder of Region (28%).  
**Require a healthcare collaborator.**

\*2016/2017 Annual Report

\*\* 2015 Community Health Assessment



# Geriatric Oncology

C. Woelk MD, CCFP(PC), FCFP



# The Importance of Context

- Context: the situation (geographical, physical, social) in which an experience occurs
- Context influences how people view and interpret the world around them



Duggleby WD et.al. 'I am a part of the community but...' The changing context of rural living for persons with advanced cancer and their families. *Rural and Remote Health* 11:1733 (Online) 2011.



Winkler - Pop: 16,712 (2016)



Morden - Pop: 9,945 (2016)



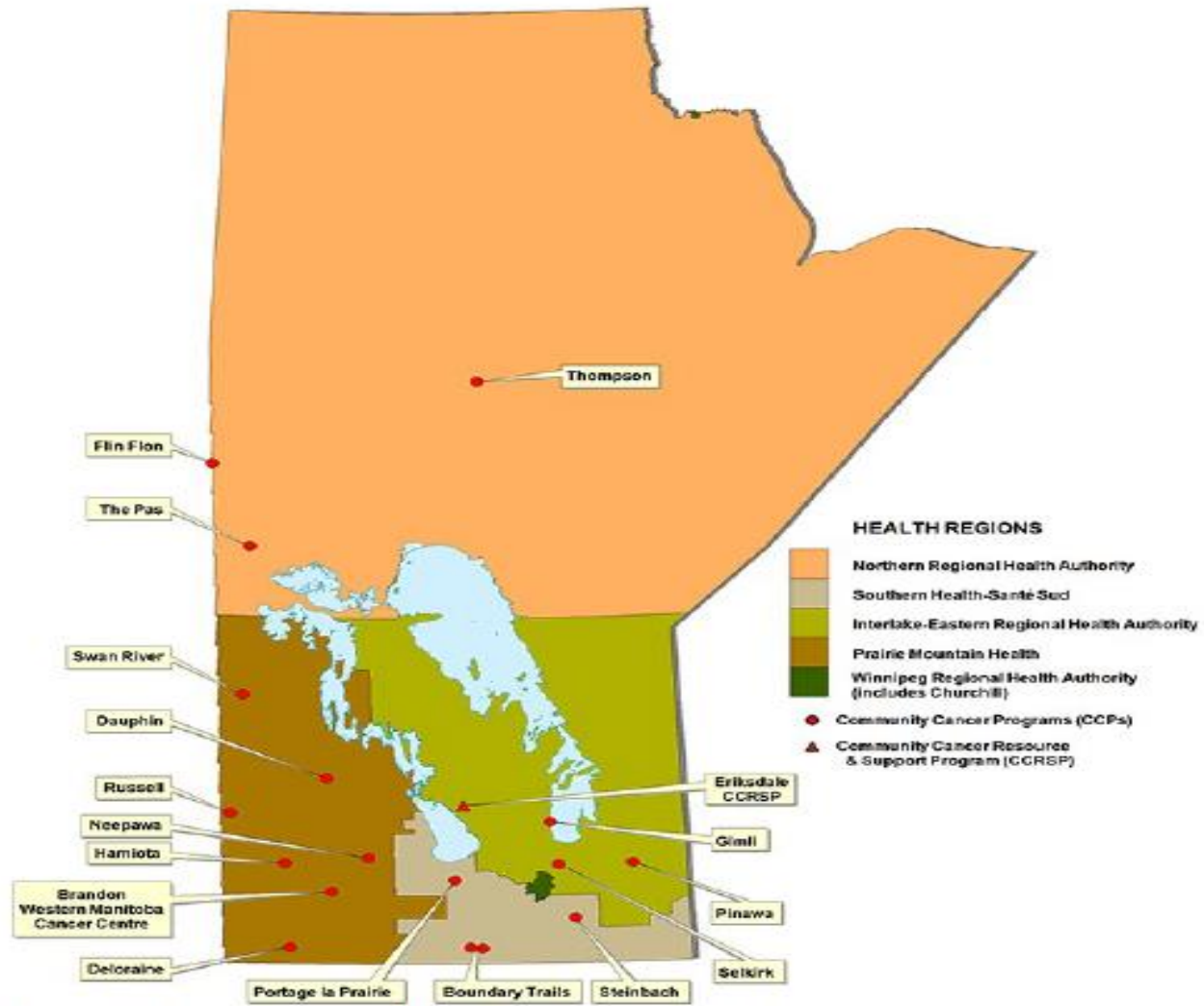
Boundary Trails Health Centre

# Regional Cancer Program Boundary Trails Health Centre









Understanding rurality helps define needs for a particular population, as all have their own defining features.



Leduc, ER. *Defining rurality: a General Practice Rurality Index for Canada. Can J Rural Med* 1997;2:125-31.

# Significant changes associated with progression of advanced disease

- Environment
- Roles and Relationships
- Physical and Mental Health
- Activities of Daily Living

Duggleby WD et.al. The transition experience of rural older persons with advanced cancer and their families: a grounded theory study. *BMC Palliative Care* 2010;9(5):1-9.

# The geographical, physical and social context of older rural western Canadian patients with advanced cancer and their families

- Communication/information issues
- Lack of accessibility to care at a time when it is badly needed
- Community connectedness/isolation
- Independence/dependence

# Does the idyll of rural life persist from health through illness?

- solitude and independence may be transformed into isolation



volunteerism may be recast as necessity

# Supports for Older Patients with Cancer in a Rural Manitoba Health Region

- Informal caregivers
  - Family and Friends
- Organized Volunteer Services
- Formal Caregivers
  - Family Physicians / Nurse Practitioners / Oncologists / Other Specialists
  - Regional and Community Cancer Programs
  - Community Teams: Mental Health, Geriatrics, Therapy
  - Hospital care teams

# Organized Volunteer Services



- Rides to appointments
  - Community Cancer Programs
  - CancerCare Manitoba
- Wellness Programs
  - Art therapy
  - Yoga
- Lymphedema Program
  - Therapy, sleeves, socks





# Questions & Discussion