



Newsletter

April 2021

2020-2021 Year in Review



At April 1 2020, we knew it was going to be a difficult year. Little did any of us expect the challenges we would face or that we'd be continuing our battle a year later.

COVID-19 has changed the fabric of our society and shaken everything we have known. With older adults most impacted in the early days of the pandemic, the NSM SGS program used our role as regional leaders, advocates, educators and clinicians to address the new and changing needs of older adults and their caregivers. While the road has been difficult, we are so proud of what we achieved over the past year.

Someone recently said that in those early days of the pandemic, you had to first slow down to be able to move forward. We couldn't agree more.

One of the best investments in time we made at the beginning of the pandemic was to develop our Multi-Dimensional Strategy [discussion paper](#) and [placemat](#). This strategy, built on four dimensions, considered the breadth of issues impacting the health and well-being of older adults and their caregivers. It encouraged us, from the outset, to focus on everything from the impact of the disease itself to COVID restrictions. This became our north star, guiding our work over the course of the year.

While we have not addressed all the items in the strategy, we have completed many. The following outlines the great accomplishments of the NSM SGS program over the past year:

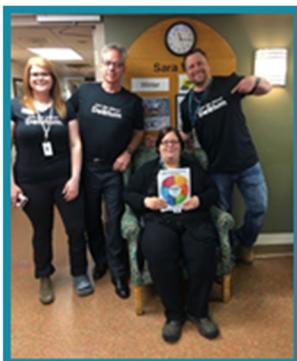
North Simcoe Muskoka Specialized Geriatric Services		A Multi-Dimensional Strategy to Address the Care of Older Adults & Their Caregivers in COVID-19			
	DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 4	
	COVID-19: The Disease	Urgent Non-COVID-19 Issues	Impact of COVID-19 Restrictions	Broader COVID-19 Impact	
Focus	<ul style="list-style-type: none"> Timely COVID-19 Identification Supporting those who Contract COVID-19 Reducing COVID-19 Spread 	<ul style="list-style-type: none"> Reducing Unnecessary ED Visits and Hospitalizations 	<ul style="list-style-type: none"> Supporting & Managing Chronic Disease Reducing the Impact of: <ul style="list-style-type: none"> Social Isolation Caregiver Stress Confinement Syndrome 	<ul style="list-style-type: none"> Revising and Improving Policy Transforming Health Services Supporting Health Human Resources 	
Directional Considerations	<ul style="list-style-type: none"> Standardized follow-up of suspect COVID cases from Assessment Centre and EDs Home visit guidelines Geriatric rehabilitation program for COVID+ cases Provider and public education focused on advance care planning Decision-making framework to support allocation of resources 	<ul style="list-style-type: none"> Single integrated regional system of SGS services, inclusive of virtual care Integration of COVID-19 newly established provincial medical services with regional SGS system Hospital at Home for vulnerable Provider and public education focused on seeking medical attention when required 	<ul style="list-style-type: none"> Inventory/centrally locate local resources, including activity list, supports for social determinants of health; organize grassroots and community support. Strategy for targeted visiting Regular assessment/support of chronic disease, social isolation impact, caregiver stress Single integrated regional system of geriatric rehabilitation, inclusive of virtual care Prioritizing frailty cases in the re-opening of the health system Conscious review of MAID cases Provider and public education focused on impact of COVID-19 restrictions 	<ul style="list-style-type: none"> Joint national/provincial comprehensive seniors health strategy and action plan with teeth; advancing senior friendly care across sectors Single integrated regional cross-continuum system of SGS services, inclusive of virtual care and provincial services like GenMedRisk Fundamental HHR team support, including mental health support HHR funding, regulation and education reforms Policy to support financial instability for caregivers, providers Provincial Centre of Excellence for the Care of Older Adults 	
ADDED Congregate Considerations	<ul style="list-style-type: none"> IPAC in cognitive impairment Support and standard orientation plan for all staff redeployed to setting Standardized recommendations for treating COVID+ residents Sub-region partner huddles Standardized transition protocol for COVID+ transfers to acute care Decision-making framework to support decisions to transfer COVID+ cases to acute care 	<ul style="list-style-type: none"> Dedicated single unit for admitting crisis cases from the community, including individuals who wander Standardized transition protocol for urgent non-COVID+ transfers to acute care 	<ul style="list-style-type: none"> Monitor/address cognition, hydration, nutrition, skin integrity Formal medical review plan for all residents Formal recreation and exercise activity program for all residents 	<ul style="list-style-type: none"> National and provincial changes to LTCH and RHs: <ul style="list-style-type: none"> Legislative, policy changes HHR staffing model reforms Funding reforms 	
CONCURRENT APPROACH					

FINAL May 13 2020



Year in Review (cont'd)

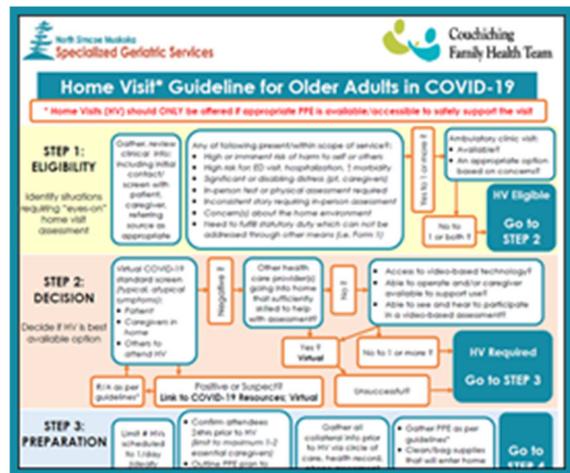
- We transformed how we delivered care, moving all our clinical services and teams to virtual platforms.
- We continued to support NSM LTCHs by aligning clinicians to interested homes, thereby ensuring supports remained available while reducing staff movement and associated risks.
- We created an integrated regional Geriatric Mental Service. To complement the work of our existing behaviour support team, we officially welcomed Waypoint's Community Consultation Service - Geriatric Psychiatry (CCS-GP, formerly GPOT) and two Geriatric Psychiatrists. A third Geriatric Psychiatrist will be joining the region the summer. In addition, we foraged a link to



Waypoint's Dual Diagnosis program to provide support to a broader scope of mental health issues.

- We worked with local media and partners to spread key messages, including:
 - ◆ The impact of COVID-19 on older adults and their caregivers;
 - ◆ Encouraging older adults to seek medical attention when required;
 - ◆ Promoting advanced care planning; and,
 - ◆ Highlighting key risks including wandering, elder abuse and cyber-security.

- In addition, we developed friendly visiting guidelines to keep older adults and organizations safe.
- We worked with our partners to:
 - ◆ Develop an [activity toolkit](#) for older adults, their caregivers as well as for Retirement Home and LTCH teams;
 - ◆ Implement a [telephone screening tool](#) for use with older adults visiting COVID-19 assessment centres;
 - ◆ Develop an [orientation checklist](#) for



- ◆ hospital staff redeployed to LTCHs;
- ◆ Develop a [home visit algorithm](#) to help clinicians decide the most appropriate conditions under which to undertake home visits;
- ◆ Link older adults across the region with Georgian College nursing students to reduce social isolation.



Logos for North Simcoe Muskoka Specialized Geriatric Services, Alzheimer Society Muskoka, Alzheimer Society Simcoe County, Prevention of Senior Abuse Network, and Barrie Police.

Ensuring North Simcoe Muskoka Seniors Remain Safe Amid COVID-19

February 23, 2021 – The North Simcoe Muskoka Specialized Geriatric Services program, Alzheimer Society Muskoka, Alzheimer Society Simcoe County, Prevention of Seniors Abuse Network of Simcoe County and Barrie Police want to ensure that older adults and their caregivers remain safe as COVID-19 restrictions continue.

- We supported organizations reaching out to do check-in and provide social supports, and in

- We provided over 500 education events to over 6500 individuals.
- We were the first in the province to offer GPA and PIECES training virtually for health care providers.

P.I.E.C.E.S.™ Learning & Development Model
Supporting Relationships for Changing Health and Health Care



Year in Review (cont'd)

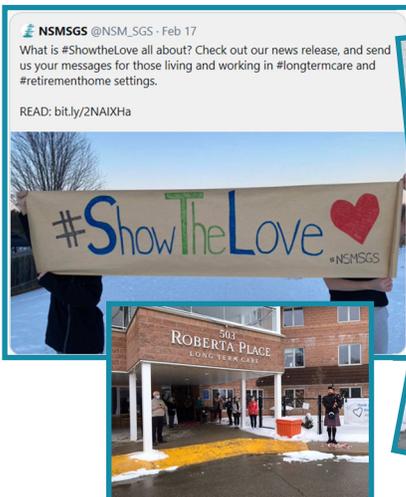
- We worked with [Wella Canada](#) to secure a donation of \$250,000 in hair products to encourage self-care for 2,500 staff across 24 NSM LTCHs.



- Through our [Reflections](#) document, we captured stories to understand the impact of COVID on older adults and their caregivers.



- We started a social media campaign to [#ShowTheLove](#) to support residents, families and staff in NSM LTCHs and RHs. This included supporting both Waypoint Horizons Unit and Roberta Place during their outbreaks.



- We developed discussion papers; one in the spring focused on [resuming visiting](#) and one recently focused on [easing restrictions in LTCHs and RHs](#).
- We continued to support provincial work like Ontario Health - Central Region's Long-Term Care Committee and the Provincial Geriatric Leadership Office's Asset Mapping project.
- We coordinated and facilitated an education event for NSM LTCHs and RHs with a panel representing the County of Simcoe, Jarlette Health Services and OSMH to discuss lessons learned from outbreak experiences.
- We provided a variety of presentations locally, regionally and provincially about emerging vaccines in relation to older adults.
- We led the charge locally, provincially and internationally to address [Confinement Syndrome](#), including a week in October dedicated to addressing key issues like mood changes, functional decline, delirium, and nutrition/hydration.
- We completed an initial draft of a Rehabilitation Strategy to guide regional planning to address the functional decline of older adults in NSM due to COVID restrictions,



In addition to all this, we: continued all regular program operations; continued to build knowledge and skills for our team through weekly education, Safer Spaces training and indigenous training; made significant advances in our electronic health record; and, continued to work with area partners, including local Ontario Health Teams, to advance the care of older adults and integrated SGS teams.



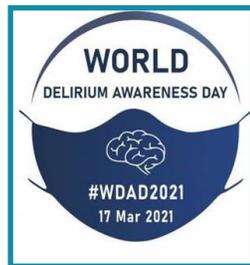
Clinical Updates

World Delirium Awareness Day (WDAD)



March 17 2021 was World Delirium Awareness Day. This day is marked globally

as an opportunity to raise awareness around delirium causes, symptoms and treatment. At an international level, there was a 36 hour marathon of presentations available on-line. Last year we undertook a region-wide approach with health care partners from around NSM wearing



“Ask Me About Delirium” t-shirts and sharing information to raise awareness. This year we took a smaller scale approach. Our Psychogeriatric Resource Consultant, Debbie Lashbrook, hosted an [on-line education event](#) with 79 participants

representing organizations like GBGH, MAHC, Oak Terrace, Bob Rumble, VON, Wendat and LOFT. Nancy Corcoran, an NP at RVH, led a team that raised awareness at IOOF through t-shirts and education. Thanks to everyone that participated and we look forward to tackling this event on a larger scale again next year!

Rehabilitation Strategy for NSM



In the early months of the pandemic, the NSM SGS program recognized the impact of Confinement Syndrome on mobility and function and advocated regionally for a

focus on rehabilitation. We were asked by the LHIN to provide some local leadership. We scoped the project to focus specifically on older adults who have functionally deteriorated as a result of COVID restrictions. With the help of the regional Seniors' Health Working Group and some local consultants, a community program-based rehab strategy for older adults has been drafted and is currently under review. This document aligns with our clinical design hub-spoke model with a core basket

of services being recommended for implementation across all NSM regions. More information will be made available in the coming months.

Local Sub-Region Partner Updates



COVID-19 has definitely impacted the ability of NSM SGS to advance some of our clinical design plans, but it hasn't stopped us! As with most work over the last year, we

just had to change our approach and modify our plans. We have continued to work with area partners on various projects to help advance regional planning related to frail older adults and their caregivers:

- **Barrie** - NSM SGS partnered with RVH to support a falls project on their Specialized Seniors Care unit. As a result of a reduction in visitors and the loss of the volunteer HELP program, there was a noted change in patient falls. This project provided additional support on the unit at high risk times to reduce fall risk and injury.
- **Couchiching** - NSM SGS has been collaborating with the Couchiching FHT's Geriatric Outreach Team to advance the concept of a single integrated SGS team. With support from their Couchiching Ontario Health Team (OHT), work is underway to amalgamate the teams and leverage the NSM SGS Central Intake for all sub-region referrals as a pilot project.
- **Muskoka** - NSM SGS partnered with MAHC and Dr. Dechert to trial a geriatric inpatient service for ALC patients at the Bracebridge site. Talk is underway with area partners around next steps.
- **North Simcoe** - NSM SGS is partnering with GBGH to expand Recreation Therapy support to reduce Confinement Syndrome. Our team is also working with hospital staff to build capacity related to the assessment and care of frail older adults through education and mentorship.
- **South Georgian Bay** - NSM SGS is partnering with SGB partners and the SGB OHT to address Confinement Syndrome, with a specific focus on social isolation. Work was undertaken by NSM SGS to support local discussions (Easing Restrictions discussion paper, #ShowTheLove) and area partners have worked with 211 to create and publish a local calendar of events for area seniors.



#ShowtheLove



To show our support and encouragement for those living and working in long-term care homes, NSM SGS asked local communities to join our **#ShowtheLove** social media campaign. Between February 17 - 20 our community was asked to post video messages, photos or pieces of art to social media channels, using **#ShowtheLove** and **#NSMSGs**.



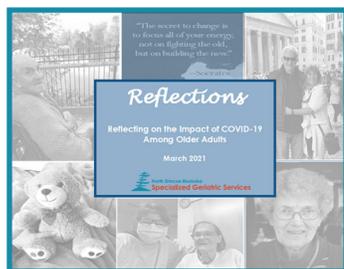
In addition, NSM residents were asked to write letters, draw pictures and/or make small signs of support and encouragement for long-term care home residents and staff. Our [compilation video](#) shows the amazing support for this initiative. Thanks to our NSM community for all your support!!

Story-Telling: Understanding the Impact of COVID-19



Since the start of the pandemic, the NSM SGS program has tried to raise awareness of the impact of COVID-19 on older adults and their caregivers. In March, we released **Reflections: Reflecting on the Impact of COVID-19 Among Older Adults**. **Reflections** captures the experiences of older adults, their loved

ones and health care providers. In this compilation, we included stories from across Canada, each offering a different perspective on the real impact of COVID. The experiences reveal common themes - isolation, decline, stress, loss and grieving. They



also reflect action, hope and resilience. While **Reflections** is for everyone, it specifically targets leaders and decision-makers, encouraging them to consider the roles they must play in leading health system change in the coming months and years.

Easing Restrictions in Congregate Settings



In June 2020, NSM SGS produced a [discussion paper](#) with considerations for resuming visiting in congregate settings. With most residents and staff in NSM LTCHs and RHs now vaccinated, we released a [discussion paper in March 2021](#) with recommendations to begin to slowly and safely ease visiting restrictions in these settings. The sustained restrictions facing older adults and their loved ones continue to contribute to Confinement Syndrome. With current vaccination rates in these settings, there is an opportunity to treat these environments as micro-communities and assess the impact of reduced restrictions. This paper was submitted to Dr. Charles Gardner and the Simcoe Muskoka District Health Unit, who helped us advocate by sharing the document and messages with regional and provincial partners, including Dr. Williams.

Linking Older Adults with Nursing Students



Georgian College partnered with NSM SGS to help link 120 first year nursing students with older adult volunteers. With in-person clinical placements not possible due to COVID-19, the partners linked students with older adult volunteers to fulfill geriatric course curriculum. The program promoted the social engagement of isolated older adults through one-on-one phone or secure web-based interactions with students. The interactions led to the creation of "Connection Plans" that encouraged older adults to stay connected while promoting social, mental and physical well-being during pandemic-related restrictions. NSM SGS worked with various partners including the Algonquin, Couchiching and South Georgian Bay family health teams to identify isolated older adults. The impact of the experience on both older adults and students is now being studied as part of a research project led by the College.



Education Updates

COVID-Related Education



Over the last several months, the NSM SGS program has continued to build capacity related to COVID safety and to address COVID impact:

- **December 4 2020** - NSM SGS hosted a lunch and learn in partnership with the Alzheimer Societies of Simcoe County and Muskoka, Barrie Police and the Prevention of Seniors' Abuse Network of Simcoe County focused on wandering, cyber-security and elder abuse. This session aimed at raising awareness among providers of key risks facing older adults and their caregivers as a result of ongoing COVID-19 restrictions and Confinement Syndrome.
- **January 29 2021** - NSM SGS brought together representatives from Jarlette Health Services, the County of Simcoe and Orillia Soldiers Memorial Hospital to talk about their experiences amid COVID outbreaks. Targeting LTCH and RH leaders, this session offered insights into strategies used and lessons learned with the goal to ensure current practices and processes were in place to reduce the spread of COVID in these high risk settings.
- **March 16 2021** - NSM SGS partnered with GeriMedRisk to offer a session entitled "Exploring Key COVID-19 Clinical Trials with a Focus on Older Adults". Targeting prescribers, this presentation focused on vaccine research outcomes, with a specific focus on interpreting that data in relation to use in older adults.

Staff Education: Aboriginal History

The NSM SGS program team had the privilege of



working with the extraordinary Kelly Brownbill over the last several months to better understand the history of Canada's First

Nation people. Through Kelly's teachings and her honest, matter-of-fact approach, the team learned how history has shaped the current issues facing our indigenous people. Through these teachings we hope to find more appropriate ways to approach and support the care needs of their older adults in partnership with their communities.



Upcoming Events

At this time, all Education rounds are currently on hold until further notice. Thank you for your interest. Please check back with the [NSM SGS website](#) in the coming months.

2021 Leadership & Innovation in Long-Term Care



This year in place of an in-person event our annual Leadership & Innovation in LTC was held via monthly webinars. Our focus this year was "**Responding to Anxious or Escalating Behaviour**". A [placemat and video](#) were developed by the SGS team to support health care providers.

- **January 2021** [Anxiety in the Older Adult](#), presented by Dr. Geoff Daniel.
- **February 2021** [Music Therapy: Intervention Based Support for Geriatric Mental Health](#), presented by Heidi Flynn, RP, MTA. E
- **March 2021** [Minimizing the Risk of Fractures in LTC](#), presented by Dr. Caitlin McArthur, BSc(Kin), MScPT, PhD.

NSM SGS Website - Education Updates

NSM SGS has recently updated the Education section of our website. For further details, please visit [the site](#) and have a look.

<p>Monthly Education</p> <p>Plan your monthly professional development activities! Set aside one hour a month to join these education rounds.</p>	<p>Special Events and Workshops</p> <p>In addition to our monthly professional development activities, NSM SGS will post information related to theme-based events, workshops or courses.</p>
<p>NSM SGS Courses</p> <p>The SGS program offers courses and workshops for health care providers caring for frail seniors.</p>	<p>On-Line Resources</p> <p>Recommended on-line provincial, national and international resources that focus on the care of seniors who are frail.</p> <p>Check out the monthly calendar at the bottom of our home page for upcoming provincial webinars, conferences and other education events.</p>



Other Updates

Geriatric Mental Health Leadership



Since the inception of the NSM SGS program, we have been redesigning services in the region to continue to improve the care of frail older adults and their caregivers. Last year, as a result of team expansions and redesign, a single integrated Geriatric Mental Health Service was established within the NSM SGS program. This service, offered in partnership with the County of Simcoe and Wendat, now supports both responsive behaviours and serious mental illness across the NSM region. As a result, we are pleased to announce:

• **Annalee King** as the new *Geriatric Mental Health Manager (Community)*. Annalee will support our geriatric mental health community team and build stronger relationships with our community partners, acute care and primary care.



• **Nancy Hooper** as the new *Geriatric Mental Health Manager (LTC)*. Nancy will support our geriatric mental health LTC team and continue to build relationships with our LTC partners. She will also build our partnership with the Horizon Unit and the Dual Diagnosis program at Waypoint and will provide leadership to the development and implementation of a virtual care strategy for our program.



Staff Updates



- Sheri Conohan-Thayer**, RPN, GMH Barrie North LTC
- Leigh-Ann Gourlie**, Community Clinician OT, GMH North Simcoe Community
- Pina Henriques**, NSM SGS Program Assistant
- Rebecca Hyde**, RPN, GMH Couchiching LTC
- Amanda Leduc**, CSW, GMH Barrie North LTC
- Cheryl Malmstrom**, CSW, GMH Muskoka LTC
- Nichole St. James**, CSW, GMH Barrie South LTC
- Erin Thomas**, RPN, GMH Couchiching LTC

Performance Framework



Over the last several years, the NSM SGS program has been developing a Performance Monitoring & Evaluation Framework (PMEF) for the region. The PMEF

Population Health	System Sustainability
<p>Maintain or improve frailty:</p> <ul style="list-style-type: none"> • Clinical Trend (ED Visits): ED visits for age 65+ per 1,000 population age 65+ • Clinical Trend (# Hip): Fractured Hip admissions for age 65+ per 1,000 population age 65+ • Clinical Trend (Depression in LTC): % NSM LTC residents with worsened symptoms of depression • Clinical Change (Func. Status): % Older adults discharged from a SGS team with improved functional status using a standardized tool. 	<p>Reduced inappropriate use of hospital and LTC resources:</p> <ul style="list-style-type: none"> • ALC 45+: # of discharged ALC WLEs for individuals aged 65+ • ALC 45+: # of ALC days occurred upon discharge for WLEs age 65+ • ALC 45+ (Responsive Behaviors): # of discharged Wait List Entries (WLEs) for individuals aged 65+ designated ALC with behaviours as a barrier or need • ALC 45+ (Responsive Behaviors): # of ALC days occurred upon discharge for WLEs age 65+ with behaviours as a barrier or need
Patient & Caregiver Experience	Provider Experience
<p>Increased pt/caregiver satisfaction with services and outcomes:</p> <ul style="list-style-type: none"> • Patient Experience: % Discharged older adults/caregivers who report their needs were met by the SGS service • Wait Time to See a Specialist Team (Original + Specialist): Avg. wait time in days from referral receipt (at intake) to completion of initial assessment by a SGS team. 	<p>Enhanced self-management abilities of frail seniors and their caregivers:</p> <ul style="list-style-type: none"> • Increased care of frail seniors and their caregivers in their home settings in each NSM sub-regionally: <ul style="list-style-type: none"> • Virtual Care: % Older adults served by a SGS team with a virtual encounter (video or telephone) over the last 12 months
<p>Improved assessment and management of responsive behaviours:</p> <p>Reduced caregiver burden:</p> <ul style="list-style-type: none"> • Clinical Change (Caregiver Distress): % Caregivers of older adults discharged from a SGS team with an improved caregiver burden score using a standardized tool. 	<p>Other:</p> <ul style="list-style-type: none"> • Project Indicator (Local SGS Teams): % NSM CHT with active planning underway (or completed) to establish a local integrated SGS team • Project Indicator (iCare): % NSM hospitals tracking at least 2/4 provincially recommended Senior Friendly (iCare) indicators
<p>Increased shared knowledge and skillset of BCF in the care of frail seniors and their caregivers:</p> <ul style="list-style-type: none"> • Access to Education: # Attendees at SGS-delivered and SGS-funded education events • Provider Experience (Knowledge): % SGS staff who agree or strongly agree the knowledge, skills and abilities of the team related to caring for frail older adults/caregivers is greater now than it was 12 months ago 	<p>Other:</p> <ul style="list-style-type: none"> • Provider Volumes: Rate of SGS-specific providers per 1000 population age 65+ • Provider Experience (Retention): % SGS staff agree or strongly agree that if they were working 5 yrs. from now they hope to still be working in the SGS program

includes key indicators related to the care and care needs of frail older adults in NSM and their caregivers. This framework applies a quadruple aim approach and includes indicators reflective of population health, system sustainability, patient and caregiver experience, and provider experience. The PMEF was endorsed by the regional Seniors' Health Working Group in late 2020 as a good starting place for evaluation while work continues locally and provincially to define more standardized indicators.

Provincial Partnerships



The NSM SGS program continues to support the work of the Provincial Geriatric Leadership Office (PGLO). In addition to participating in regular provincial leadership meetings, the NSM SGS:

- Compiled/submitted service data from NSM partners for the PGLO's biennial Asset Mapping project for the Ministry. This exercise identifies the location and key statistics of specialized geriatric services across the province.
- Is participating in a PGLO project committee to identify indicators for integrated older persons' care in Ontario. This work is expected to be completed in the next 12-24 months.
- Attends the national LTCH Interest Group meetings hosted by PGLO to connect with physician providers and partners across the country.



Inquiring Minds Want to Know

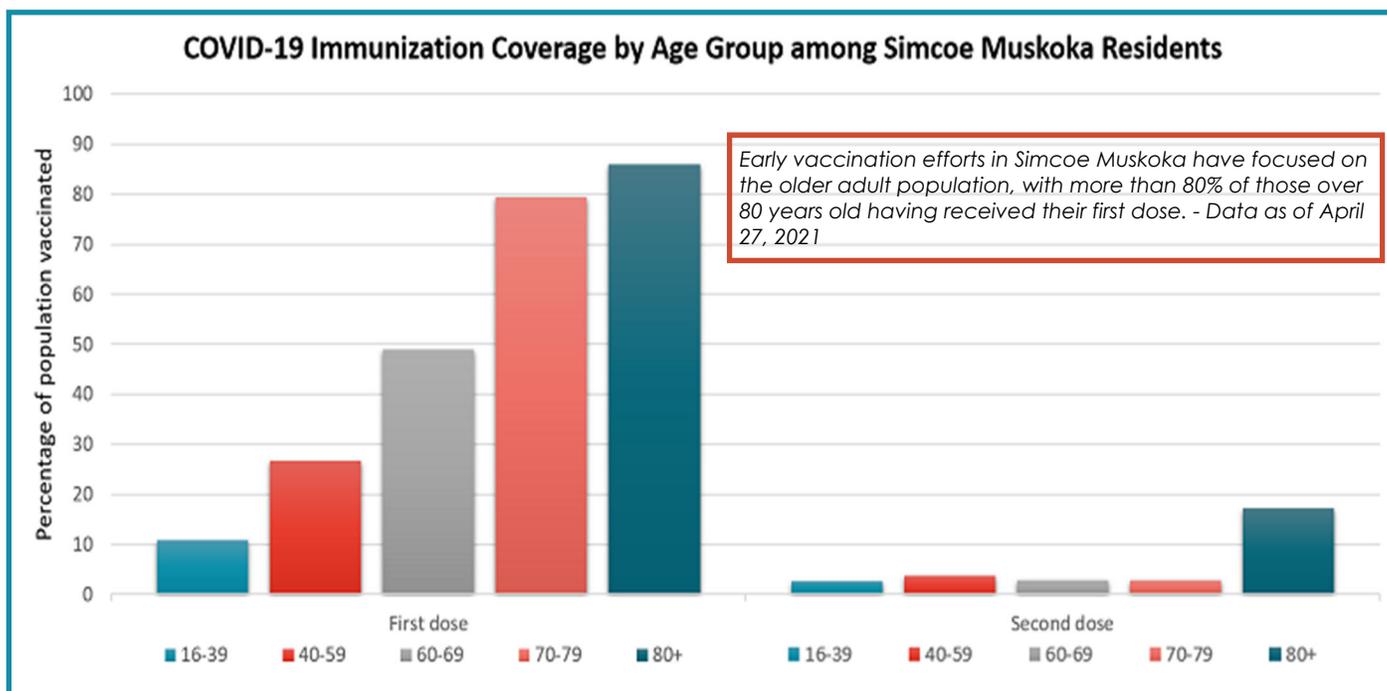
Vaccines and Older Adults

- by Sandra Porter and Karen Cameron



There is a lot of interest in COVID-19 vaccines and how important it is to vaccinate our older adult population. The following are some important facts about COVID-19 vaccines in older adults:

- Older adult populations are at greater risk of more serious disease and death from COVID-19 and should remain a high priority for receiving the vaccines. They have made up the highest percentage of deaths to date. Now that many older adults are vaccinated, it is expected that the number of deaths in this population will be lower during the third wave in Ontario.
- A rare type of blood clot, known as vaccine-induced prothrombotic immune



- All vaccines approved in Canada have excellent efficacy in older adults in preventing symptomatic disease, hospitalization, and death from COVID-19. Comparing the actual efficacy rates of each vaccine is not recommended because the studies used different endpoints and were completed at different times with varying virus strains.
- In the COVID-19 vaccine studies, adverse effects from the vaccines occur less often in older adults than in younger populations. There are currently no signals of concern for serious adverse drug reactions in older adults.

thrombocytopenia (VIPIT), has been most often reported in women, and in those less than 55 years old. For more information, the [COVID-19 Science Table](#) has summaries available for both clinicians and non-health care providers.

- There are valuable resources for older adults and their clinicians, such as this [patient brochure](#) from Sinai Health and the National Institute on Aging, and summaries of evidence for COVID-19 vaccines and treatments from the [COVID-19 Drug Evidence Initiative](#).



Partner Updates



Fracture Risk Scale

- Monica Menecola

The Ontario Osteoporosis Strategy (OOS) and RNAO Long-Term Care Best Practices Program teamed up to co-host a fracture risk scale workshop for RAI-MDS Coordinators in North Simcoe Muskoka.

“Hip fractures are the most common fracture type in long-term care, accounting for 49% of all fractures. Hip fracture is one of the leading causes of hospitalization for LTC residents and is associated with increased mortality, reduced mobility and worsening health related quality of life.”¹

Monica Menecola, Regional Integration Lead, Ontario Osteoporosis Strategy for Simcoe County and Muskoka and Freda Poirier, LTC Best Practice Coordinator, RNAO LTC Best Practices Program in North Simcoe Muskoka virtually co-hosted an interactive presentation on the Fracture Risk Scale (FRS) for the north Central and NSM LTC homes. This was the first region in the province to have the session.

Attendees learned about the FRS tool as well as how it fits in the overall work of RNAO LTC Clinical Best Practice Guidelines on Preventing Falls and Reducing Injury from Falls. Most LTC homes have started to use the FRS. They also had the opportunity to learn how others were using it. Attendees received materials to share with their homes as well as getting the opportunity to arrange for further education in their specific LTC Homes.

What is the Fracture Risk Scale (FRS)? The FRS is a validated tool for assessing fracture risk for LTC residents. It is the first tool developed that can predict hip fracture for LTC residents over a 1-year time period using risk factors such as prior fractures, wandering, dementia and falls. The FRS supports clinical decisions in care-planning by identifying who is at risk through auto-generated data in MDS 2.0.

Why is the FRS important? The FRS is the first tool of its kind developed specifically for the LTC population. It enables:

- Easy assessment for fractures
- Improved quality of life for residents – fractures can have life changing and debilitating consequences.

By identifying residents at high risk for fractures, the FRS ensures improved care to reduce pain, disability, reduced quality of life and transfers to hospitals. The FRS tool is user-friendly and does not require health care professionals to complete additional assessments.

Embedded in MDS 2.0 by Point Click Care or the LTCF, the FRS tool automatically calculates the risk of a hip fracture for every LTC resident based on their MDS 2.0 assessment data. This tool integrates both fall and fracture risk factors and can be used as an aid to support clinical decisions in care-planning and should be included as part of a comprehensive clinical

evaluation where the preference of the resident needs to be considered.

Monica and Freda are very grateful to the LTC homes that were able to

attend the workshop during this extremely difficult time. The session will be offered in other regions throughout the province and if a home in this area missed it or would like some of their other staff to attend a session, please contact either Monica (mmenecola@osteoporosis.ca) or Freda (fpoirier@nao.ca) for more information.

ALSO COMING SOON...

Stay tuned for more information and workshops on the **Fracture Risk Scale Home Care (FRS-HC) tool** for “identifying home care recipients at risk for hip and major osteoporotic fractures in the next year. Tailored to the home care context and embedded within routine assessments, the FRS-HC can be calculated without bone mineral density testing and has significant potential to improve fracture risk assessment and prevention for this vulnerable population.”

¹Development and validation of the FRS that predicts fracture over a 1-year period in institutionalised frail older people living in Canada; an electronic record-linked longitudinal cohort study. Ioannidis G., et al. *BMJ Open*



SGS Highlights: January - March 2021

- January - Partnered with Georgian College to link over 80 older adults across NSM with first year nursing students.
- January - Coordinated and facilitated panel of representatives from the County of Simcoe, Jarlette Health Services and OSMH for NSM LTCH and RH leaders to share outbreak lessons learned.
- January - Partnered with RVH to undertake a falls project on an inpatient unit.
- January - Partnered with GBGH to build capacity related to frail older adults through Recreation Therapy and the support of the NSM SGS Advanced Practice Clinician.
- January - Performance Monitoring & Evaluation Framework approved for use by the Central OHT's Seniors Health Working Group.
- January - Workplan developed by the SGB OHT Confinement Syndrome Working Group to address social isolation in the region.
- February - #ShowTheLove social media campaign initiated across the NSM region to show partner and public support for NSM LTCH and RH residents, families and staff.
- February - Drive-by parade at Roberta Place to mark the end of their outbreak; supported by Dr. Kerstin Mossman, and piper Ian McClure.
- February - Press release highlighting risks among older adults including wandering, elder abuse and cybersecurity.
- February - Couchiching OHT endorses plans to better integrate the CFHT Geriatric Outreach Team and the NSM SGS program to advance the Couchiching SGS team (spoke).
- March - Easing Restrictions for Older Adults in Congregate settings discussion paper released.
- March - Reflecting on the Impact of COVID-19 Among Older Adults released.
- March - Initial draft of a Rehabilitation Strategy completed, focused on a regional approach to addressing the functional decline of older adults as a result of COVID restrictions.
- March - GeriMedRisk welcomed to the membership of the Central OHT's Seniors Health Working Group.

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NSM SGS appreciates the opportunity to share what's happening in regard to specialized geriatric services.

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