Support for Ontario Health Teams in Caring for Older Adults

The need for an authentic focus on the goals and aspirations of older people living with frailty (or at risk of frailty) is especially important as health service providers work towards a new model of service delivery as part of an Ontario Health Team (OHT). Older adults living with frailty or at risk of frailty require a specialized, senior-friendly approach to care across the healthcare continuum in order to meet their unique needs. The Regional Geriatric Programs of Ontario are pleased to offer their support as a strategic partner in achieving this goal.

For OHTs planning to optimize the care of older adults living with or at risk of frailty, our evidence-based resources help meet the following requirements in the OHT Self-Assessment.

Patient Care and Experience

"You are able to propose a plan for enhancing patient self management and/or health literacy for at least a specifically defined segment of your year 1 population." (Module component 1)

OHTs will benefit from organizational focus on education for staff, older adults, and caregivers, in order to improve patient self management and/or health literacy.

Education Resources

- The Senior Friendly 7 Toolkit supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers.
- An Introduction to Senior Friendly Care – Top Tips For all Staff – a five-minute video which highlights what senior friendly care is and why it's important, the needs of older adults, and ten things all staff can do to make a difference.
- The sfCare Learning Series – Intro level for clinicians – comprises introductory educational modules for clinicians, along with supporting posters and patient handouts on 7 key clinical topics. A learning series is currently under development for caregivers, and personal support workers, as well as more advanced modules for clinicians.

In-scope Services

"Your team is able to deliver coordinated services across at least three sectors of care and you have adequate service delivery capacity within your team to serve the care needs of your proposed year 1 target population." (Module component 4)

OHTs will need to ensure that specialized geriatric services are available and that a core minimum of cross-sectoral services are provided. Specialized geriatric services are delivered across the continuum of care by interprofessional staff who are uniquely knowledgeable about providing care for older adults. The Regional Geriatric Programs of Ontario have also developed standards for the delivery of specialized geriatric services, quality and performance measures, and provide coordination of service delivery between partners. OHTs will require strong partnerships with their local Regional Geriatric Program to ensure the delivery of specialized geriatric care.

Planning Resources for Service Delivery

- Guidelines for the required services for frail older adults for all OHTs
- A Competency Framework for Interprofessional Comprehensive Geriatric Assessment
- Asset mapping of specialized geriatric services in Ontario which was recently completed by the Regional Geriatric Programs of Ontario on behalf of the MOHLTC.

Performance Measures, Quality Improvement and Continuous Learning

"Your team has identified opportunities for reducing inappropriate variation and implementing clinical standards and best available evidence." (Module component 6)

OHTs will need a blueprint for achieving the best possible outcomes for older adults across their organizations, as well as a way to identify their degree of alignment with the blueprint.

Quality Improvement Resources

- The Senior Friendly Care (sfCare) Framework, serves as this blueprint by documenting the unique needs of older adults living with frailty and approaches to optimizing their care.
- The sfCare Self Assessment Tool provides an ideal way for health service providers to identify strengths and opportunities within each organization as a starting point for planning across their OHT to reduce variation and implement clinical standards and best evidence.
- The sfCare Getting Started Toolkit provides best evidence implementation resources including clinical standards.

Please connect with your local Regional Geriatric Program for support.

Click here to find your local Regional Geriatric Program

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