

# RGP Operational Plan 2017-2018

Approved by TC LHIN  
Updated Dec 22, 2017



**REGIONAL GERIATRIC  
PROGRAM OF TORONTO**

*Better health outcomes for frail seniors*

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## Introduction

The Regional Geriatric Program of Toronto (RGP) is a leader in developing specialized geriatric services (SGS). In 2018/2019, TC LHIN will be enhancing RGP’s role to support its “optimizing seniors care” objective and provide system level coordination and performance management for all SGS regardless of the source of funding. The RGP will provide guidance at the provincial, regional (LHIN), and local collaborative level (LHIN sub-region) in organizing and supporting equitable access to specialized geriatric services aligned with the vision of population health planning. The vision for services for frail older adults in the TCLHIN, a revised strategic plan, transition activities for the upcoming 18 months, and the 2017/18 operating plan are presented below to reflect the enhanced role.

### Vision for the Future of Services for Frail Older Adults

The RGP is committed to supporting the TC LHIN’s objective in optimizing seniors care and in creating a successful population-based and integrated system of care. With the enhanced role and the TC LHIN’s support, the RGP will leverage the experience, authority, relationships, and human resources to provide seamless integration of services for older adults across the health care system. The RGP will transform the delivery of SGS by increasing access, improving quality, and driving efficiency.

### Current and Enhanced Role in Optimizing Seniors Care

SGS are a spectrum of hospital and community-based health care services that deliver comprehensive geriatric assessment (CGA). They diagnose, treat, and rehabilitate frail older persons with complex medical, functional, and psychosocial problems. SGS are delivered by interprofessional teams specifically trained to recognize and treat frail seniors with multiple and complex needs. Current SGS include: Outreach Team, Day Hospital, Clinic, Acute Care for the Elderly Unit, Geriatric Rehabilitation Unit, Internal Consultation Team, and Geriatric Emergency Management.

Building on RGP’s current success in developing SGS, TC LHIN will be leveraging the expertise of the RGP to:

- Enhance health promotion, prevention, and protective environments
- Integrate the many health services that support seniors within their communities
- Create streamlined and timely access to specialized services for seniors when they are needed

Through its enhanced role, described below, the RGP will support the TC LHIN in its role as performance manager and funder.

Region	Current Role	Enhanced Role
Toronto Central LHIN	<ul style="list-style-type: none"> <li>• Identify, develop and implement best practices, and models of care that support frail seniors, primarily focused on the <b>hospital sector</b></li> <li>• Implement performance measurement and standards for <b>funded SGS programs only</b></li> <li>• Align funding and service design with specific targets to improve patient outcomes and access to <b>funded SGS programs only</b></li> </ul>	<ul style="list-style-type: none"> <li>• Plan and coordinate <b>integrated care</b> for frail seniors <b>across the care continuum</b> including hospitals, primary, home and community based care</li> <li>• Make recommendations to the TC LHIN for SGS funding based on               <ul style="list-style-type: none"> <li>○ <b>A performance measurement framework</b></li> <li>○ Quality and clinical standards</li> <li>○ <b>Outcomes and equitable access to all SGS</b></li> </ul> </li> <li>• Optimize service design based on available evidence coupled with innovation</li> <li>• Ensure alignment of SGS with system</li> </ul>

		<p>priorities at the MOHLTC and LHIN level e.g. Assess and Restore Dementia Strategy, Palliative Care Strategy, Caregiving Supports, Long-Term Care, etc., the TC LHIN's optimization of seniors care,</p> <ul style="list-style-type: none"> <li>• <b>Enhance data and analytics capabilities to support regional planning and coordination</b></li> </ul>
Central LHIN	<ul style="list-style-type: none"> <li>• Coordination of Nurse Led Outreach Services</li> </ul>	<ul style="list-style-type: none"> <li>• Co-lead integration of outreach services to long-term care (i.e. NLOT, PRCs, BSO, Palliative Care)</li> </ul>
Cross-LHIN	<ul style="list-style-type: none"> <li>• Provincial Geriatric Emergency Management coordination</li> <li>• Senior Friendly Hospital Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Friendly Care Strategy</li> </ul>

### Funded Sites

	Sub-Regions	SGS Funded Sites - Current Role for SGS	Additional SGS Sites - Enhanced Role to Include
Toronto Central LHIN	North Toronto	<ul style="list-style-type: none"> <li>• Baycrest Health Sciences</li> <li>• Sunnybrook Health Sciences Centre</li> </ul>	
	Mid West	<ul style="list-style-type: none"> <li>• University Health Network</li> </ul>	<ul style="list-style-type: none"> <li>• Sinai Health System</li> <li>• Women's College Hospital</li> </ul>
	Mid East	<ul style="list-style-type: none"> <li>• St. Michael's Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Toronto Grace Health Centre</li> <li>• Bridgepoint Health (Sinai Health System)</li> </ul>
	East	<ul style="list-style-type: none"> <li>• Providence Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Michael Garron Hospital</li> </ul>
	West		<ul style="list-style-type: none"> <li>• St. Joseph's Health Centre</li> <li>• West Park Healthcare Centre</li> </ul>
Central LHIN		<ul style="list-style-type: none"> <li>• North York General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• TBD</li> </ul>

	Sub-Regions	GEM Funded Sites	Additional GEM Sites - Enhanced Role to Include
Toronto Central LHIN	North Toronto		<ul style="list-style-type: none"> <li>• Sunnybrook Health Sciences Centre</li> </ul>
	Mid West	<ul style="list-style-type: none"> <li>• Sinai Health System</li> <li>• University Health Network</li> </ul>	
	Mid East	<ul style="list-style-type: none"> <li>• St. Michael's Hospital</li> </ul>	
	East	<ul style="list-style-type: none"> <li>• Michael Garron Hospital</li> </ul>	
	West	<ul style="list-style-type: none"> <li>• St. Joseph's Health Centre</li> </ul>	
Central LHIN		<ul style="list-style-type: none"> <li>• Humber River Regional</li> </ul>	

	<ul style="list-style-type: none"> <li>Mackenzie Health</li> </ul>	
Central East LHIN	<ul style="list-style-type: none"> <li>Rouge Valley Health System</li> </ul>	
Mississauga Halton LHIN	<ul style="list-style-type: none"> <li>Trillium Health Partners</li> </ul>	

Citizens have told the TC LHIN that they need and expect: access, navigation/coordination, and communication. The RGP envisions that in the future, senior friendly care will proliferate across the system and people in Toronto will be able to say:

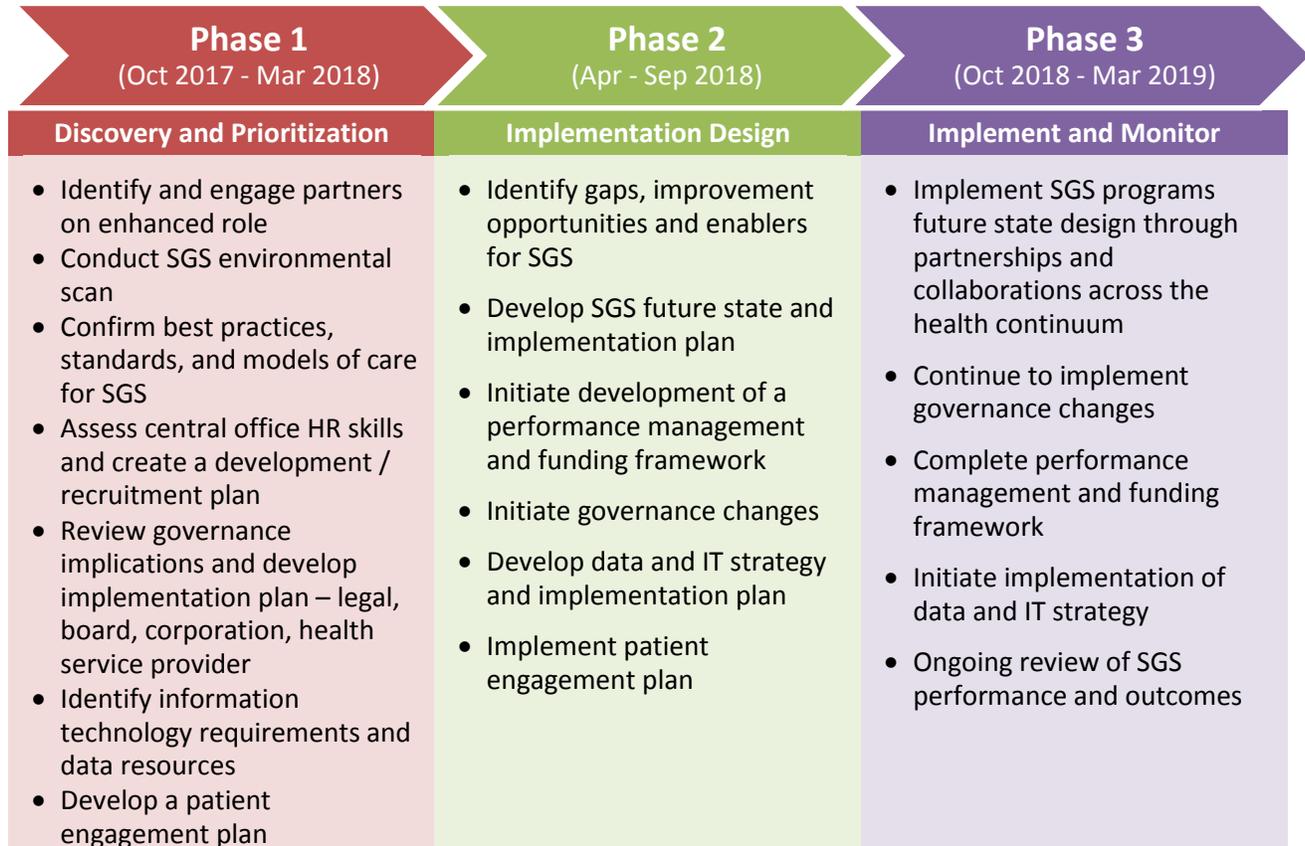
	Access	Navigation / Coordination	Communication
<b>Patients and caregivers</b>	“I am confident that I can receive the care I need to achieve my health goals”	“I know where to go to get the care I need”  “My health providers talk to each other to coordinate my care”	“I am treated with dignity and respect”  “I am provided information that is easy to understand”  “I am able to make informed decisions”
<b>Health service providers</b>	“Our patients and caregivers are able to receive the care they need no matter where they live”	“We work collaboratively to help patients and caregivers manage the complexity of their situation”	“We have secure and timely access to patient critical information”  “We value patients and caregivers as care partners”

To accomplish this transformation, the RGP will align with TC LHIN’s system design and implementation framework. Sample strategies are listed below, and more detailed activities will be identified during the discovery and prioritization phase of the enhanced role.

<b>Population Health</b>	<ul style="list-style-type: none"> <li>Harness a robust data collection system to support planning and implementation of targeted solutions that bridge gaps in access and local needs</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Enhance performance management, reporting, and performance management for all SGS</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>Develop collaborative quality improvement plans focused on improving care for frail older adults</li> <li>Strengthen SGS using data, standards and evidence-informed practices</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>Provide access to SGS teams for primary care in every sub-region</li> </ul>
<b>Coordinated Care</b>	<ul style="list-style-type: none"> <li>Develop new models of care that provides a seamless experience for patients and caregivers as they navigate through the system</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>Spread and drive adoption of innovations that enhance communication amongst providers</li> </ul>
<b>Aligned Incentives</b>	<ul style="list-style-type: none"> <li>Create a performance management framework that aligns funding with specific targets for improved patient outcomes</li> </ul>

## Transition Activities – High Level Project Plan

To deliver on the enhanced role, a high level project plan over the next 18 months is outlined below. High level of engagement will occur in all three phases with partners across the care continuum and with patient and caregivers.



Key milestones by category have been identified below with expected start and completion dates.

Milestone Category	Major Milestone Activity	Expected Start Date	Expected End Date
Scope of Enhanced Role	Finalize scope of enhanced role from TC LHIN to RGP of Toronto to support system level coordination of SGS services	Sep 2017	Oct 2017
Advisory Council	Form an advisory council to oversee transition to enhanced role and SGS reform	Nov 2017	Ongoing
Communications / Stakeholder engagement	Develop communication and stakeholder engagement approach	Dec 2017	Ongoing
	Roll out communication and stakeholder engagement approach; Engage health service providers affected by enhanced role	Jan 2018	Ongoing
SGS environmental scan and future state design	Design SGS environmental scan methodology – e.g. services by type, by sub-region, service descriptions (details of service models)	Oct 2017	Dec 2017
	Conduct SGS environmental scan	Jan 2018	Mar 2018
	Update best practices, standards, and models of care for SGS including Assess and Restore	Jan 2018	Mar 2018
	Use the Senior Friendly Care Framework, SGS environmental scan, and best practices / standards to identify gaps, improvement opportunities, and enablers	Apr 2018	Jun 2018
	Develop SGS future state and implementation plan	Jun 2018	Sep 2018
	Implement SGS future state design through partnerships and collaborations across the health continuum	Oct 2018	Ongoing
	Ongoing review of SGS performance and outcomes	Oct 2018	Ongoing
HR	Conduct an RGP HR skills assessment and development plan	Oct 2017	Nov 2017
	Implement HR development plan and engage in recruitment efforts as necessary	Dec 2017	Mar 2018
Legal and governance	Review existing RGP committee structures and work plans and expand / realign as necessary	Oct 2017	Dec 2017
	Review governance issues (legal, board, corporation, and health service provider implications) and develop an implementation plan	Nov 2017	Mar 2018
	Update / establish accountability agreements or other letters of agreements with impacted stakeholders	Jan 2018	Mar 2018
	Roll out governance implementation plan	Apr 2018	Mar 2019
Performance management	Form a steering committee to make recommendations for a performance management and funding framework for SGS in partnership with the LHINs	Apr 2018	May 2018
	Co-implement a performance management and funding framework with the LHINs	May 2018	Mar 2019
Data / IT	Identify data resource and information technology requirements with LHINs and other relevant partners	Nov 2017	Mar 2018
	Develop IT strategy and implementation plan in conjunction with key LHINs and other partners	Apr 2018	Sep 2018
	Co-implement IT strategy and implementation plan	Oct 2018	Ongoing
Partnership development and collaborations	Develop strategic partnerships and explore collaborations across the health continuum including primary, home and community care, sub-regions,	Sep 2017	Ongoing

Milestone Category	Major Milestone Activity	Expected Start Date	Expected End Date
	municipalities, and public health		
Patient Engagement	Co-develop a patient engagement plan with LHINs and key partners	Dec 2018	Mar 2018
	Implement patient engagement plan by leveraging related initiatives including patient advisory groups within LHINs and sub-regions	Apr 2018	Ongoing

## Revised Strategic Plan (2017-2020)

<b>VISION</b>		Better health outcomes for frail seniors		
<b>MISSION</b>		We support health care providers in the delivery of inter-professional, senior friendly, and evidence-based care that optimizes the function and independence of seniors and supports aging in place		
<b>GUIDING PRINCIPLES</b>				
Persons and Family-Centred Care		Strategic Collaborations	Quality and Outcomes	Whole System Thinking
<b>MANDATE</b>				
<b>SERVICE</b> System level coordination and performance management of regional specialized geriatric services		<b>EVALUATION</b> Research and evaluation on best practices for senior friendly, frailty focused care	<b>CAPACITY BUILDING</b> Empower and support providers, persons and families to build better health outcomes for frail seniors	<b>ADVOCACY</b> Advocacy on issues that build better health outcomes for frail seniors
<b>STRATEGIC PRIORITIES</b>	<b>Transforming Specialized Geriatric Services (SGS)</b>	<b>Fostering Excellence in Senior Friendly Care</b>	<b>Providing System Level Leadership</b>	<b>Building Capacity to Improve Care</b>
<b>STRATEGIC GOALS</b>	<ul style="list-style-type: none"> <li>Identify, develop and implement best practices, models of care, and digital innovation that support frail seniors across the continuum (including primary and community care)</li> <li>Implement performance measurement and standards for SGS</li> <li>Align funding and service design with specific targets to improve patient outcomes and equitable access to SGS</li> <li>Enhance data and analytics capabilities to support regional planning and coordination</li> </ul>	<ul style="list-style-type: none"> <li>Operationalize the Senior Friendly Care framework across the healthcare continuum (including primary and community care) to drive innovation and implementation</li> <li>Facilitate system level collaboration to support frail seniors</li> </ul>	<ul style="list-style-type: none"> <li>Act as a regional resource and advisor for specialized geriatrics</li> <li>Establish new partnerships to increase our impact, reach, and profile</li> <li>Advise and participate in policy and strategy development for key system priorities impacting frail seniors</li> <li>Develop and implement a comprehensive approach in communicating our work</li> </ul>	<ul style="list-style-type: none"> <li>Use evidence-informed, knowledge-to-practice processes to build capacity for senior friendly care across the continuum</li> </ul>
<b>OUTCOMES</b>	Consistent and high quality care aligned with best evidence	Integrated and seamless experience	Sustainable health system for future generations	Competent workforce serving seniors

## Operating Plan 2017-2018

### Strategic Priority 1: Transforming Specialized Geriatric Services (SGS)

<p><b>Activities 2017-18</b></p> <ul style="list-style-type: none"> <li>• Confirm and finalize scope of enhanced role from TC LHIN to RGP of Toronto to support system level coordination of SGS services</li> <li>• Conduct an environmental scan - services by type, by sub-region, service descriptions (details of service models) leading to an identification of gaps, improvement opportunities, and enablers</li> <li>• Develop and implement transition plan (pp 4-5) to deliver new enhanced role, including:             <ul style="list-style-type: none"> <li>○ Engage health service providers affected by enhanced role</li> <li>○ Conduct an RGP HR skills assessment and development plan</li> <li>○ Identify data resource and information technology requirements</li> <li>○ Implement communication plan for enhanced role</li> <li>○ Review governance issues - legal, board, corporation, and health service provider implications</li> </ul> </li> <li>• Review and update best practices, standards, and models of care for SGS</li> <li>• Develop partnerships and explore collaborations across the health continuum including primary, home and community care, sub-regions, municipalities, and public health</li> </ul>	<p><b>How will we measure success in 2017-18?</b></p> <ul style="list-style-type: none"> <li>• % of health service providers engaged that are affected by enhanced role</li> <li>• Environmental scan completed and gaps and improvement opportunities identified</li> <li>• Transition plan completed and implementation started</li> <li>• Additional measures, both quantitative and qualitative, to be piloted in 18/19, for establishment as baselines in 19/20</li> </ul>
<p><b>Long-term Impact</b></p> <ul style="list-style-type: none"> <li>• Consistent and high quality care aligned with best evidence across all SGS</li> <li>• Equitable access to care for frail older adults</li> <li>• Robust data and analytics systems to support health planning and performance management</li> <li>• Enhanced access, navigation/coordination, and communication</li> </ul>	<p><b>Long-term, program / service-level indicators:</b></p> <ul style="list-style-type: none"> <li>• Wait times to access SGS services</li> <li>• Variation in wait times to access SGS services by sub-region</li> <li>• Average daily census for Geriatric Day Hospitals</li> <li>• Patient and care partners satisfaction scores</li> <li>• Stakeholder satisfaction scores</li> </ul>
<p style="text-align: center;">This strategic priority contributes to the system-level indicators below:</p> <ul style="list-style-type: none"> <li>• ALC rates             <ul style="list-style-type: none"> <li>• % of patients who visit ED for conditions best managed elsewhere</li> <li>• Patient experience</li> <li>• 30-day readmission rate</li> </ul> </li> </ul>	

**Strategic Priority 2: Fostering Excellence in Senior Friendly Care**

<p><b>Activities 2017-18</b></p> <ul style="list-style-type: none"> <li>• Complete and disseminate the Senior Friendly Care framework, applicable across the healthcare continuum</li> <li>• Engage system partners to align and explore application of Senior Friendly Care framework with system priorities</li> <li>• Develop and implement a strategy to operationalize the Senior Friendly Care framework (e.g. standards, indicators, implementation tools, education)</li> <li>• Partner with HQO to develop and drive adoption of clinical standards for Senior Friendly Care (e.g. Senior Friendly 7, hip fracture, dementia care in the community)</li> <li>• Evolve the Senior Friendly Hospital online toolkit to be a Senior Friendly Care toolkit applicable to all sectors</li> <li>• Sustain and expand the Senior Friendly provincial collaborative to include non-hospital sectors and build a community of practice – variety of methods may include education events, online community, call-to-actions</li> <li>• Develop a Central LHIN senior friendly care network</li> </ul>	<p><b>How will we measure success in 2017-18?</b></p> <ul style="list-style-type: none"> <li>• Senior Friendly Care framework completed and disseminated by November 2017</li> <li>• # of clinical standards developed related to Senior Friendly Care</li> <li>• Expanded Senior Friendly Care online toolkit that is applicable across sectors</li> <li>• Evaluation scores for education events – knowledge gained and satisfaction rating</li> </ul>
<p><b>Long-term Impact:</b></p> <ul style="list-style-type: none"> <li>• Better health outcomes for frail older adults across the healthcare continuum</li> <li>• Evidence-based planning and quality improvement</li> <li>• Integrated and seamless experience for frail older adults</li> </ul>	<p><b>Long-term, older adult-focused indicators:</b></p> <ul style="list-style-type: none"> <li>• Delirium incidence rates</li> <li>• Caregiver stress</li> <li>• Quality of life</li> <li>• ADL/IADL function</li> </ul>
<p style="text-align: center;">This strategic priority contributes to the system-level indicators below:</p> <ul style="list-style-type: none"> <li>• ALC rates</li> <li>• ED length of stay</li> <li>• Patient experience</li> <li>• 30-day readmission rate</li> </ul>	

### Strategic Priority 3: Providing System Level Leadership

<p><b>Activities 2017-18</b></p> <ul style="list-style-type: none"> <li>• Explore deeper strategic partnerships in designing / delivering new programs to improve care for older adults aligned with the determinants of health</li> <li>• Participate at LHIN sub-region planning as a regional resource</li> <li>• Advise and participate in policy and strategy development for key system priorities impacting frail seniors (e.g. Assess and Restore, Dementia Strategy)</li> <li>• Disseminate knowledge at local, provincial and international venues</li> <li>• Implement communication plan supporting the RGP’s enhanced role</li> <li>• Redesign RGP of Toronto’s websites</li> <li>• Co-lead integration of outreach to LTC in Central LHIN leveraging Nurse-Led Outreach Teams (NLOT), Psychogeriatric Resource Consultants (PRC), Behavioural Supports Ontario (BSO) resources and other providers</li> </ul>	<p><b>How will we measure success in 2017-18?</b></p> <ul style="list-style-type: none"> <li>• publication (scientific and/or gray literature)</li> <li>• # of newsletter subscribers / newsletter open rate / newsletter click rate</li> <li>• Average # of Twitter impressions</li> <li>• # of website visits</li> <li>• Network analytics (centrality, density)</li> <li>• Integration of outreach services to LTC in Central LHIN</li> </ul>
<p><b>Long-term Impact</b></p> <ul style="list-style-type: none"> <li>• Meaningful partnerships established to improve population health for frail older adults</li> <li>• Sustainable health system is available for future generations</li> <li>• RGP of Toronto is recognized as a trusted authority on care for frail seniors</li> </ul>	<p><b>Long-term Leadership Indicators</b></p> <ul style="list-style-type: none"> <li>• # of publications</li> <li>• Successful collaboration of services for frail seniors in subregions (Network analytics - centrality, density)</li> <li>• Integration of geriatric services in Central LHIN</li> </ul>

**Strategic Priority 4: Building Capacity to Improve Care**

<p><b>Activities 2017-18</b></p> <ul style="list-style-type: none"> <li>• Provide intersectoral capacity building – education and knowledge to practice delivery:             <ul style="list-style-type: none"> <li>○ Dementia and Behavioural Support Education and Training (Ontario Dementia Strategy)</li> <li>○ Education events: RGPs of Ontario Annual Education Day, SGS Institute, Senior Friendly Care Symposium</li> </ul> </li> <li>• Older persons and caregiver resources co-design workshops to develop the Senior Friendly 7 (SF7) interventions to support self- and family-focused caregiving</li> <li>• Other items are under strategic priority 2, Senior Friendly Care</li> </ul>	<p><b>How will we measure success in 2017-18?</b></p> <ul style="list-style-type: none"> <li>• Post event evaluations of knowledge gained, satisfaction and practice change opportunities identified and self-efficacy ratings for practice change</li> <li>• Numbers of people participating</li> <li>• Demonstration of intersectoral network development and spread</li> <li>• Demonstration of the inclusion of patient voice</li> <li>• Number of new SF7 KTP tools and curricula developed</li> </ul>
<p><b>Long-term Impact</b></p> <ul style="list-style-type: none"> <li>• Competent workforce serving seniors</li> <li>• Empowered older persons and caregivers</li> </ul>	<p><b>Long-Term Indicators</b></p> <ul style="list-style-type: none"> <li>• Demonstration of intersectoral participant spread</li> <li>• Demonstration of the use of KTP tools and curricula</li> </ul>

## Budget and Resource Requirements

The current operating budget for April 1, 2017– March 31, 2018 is summarized below.

	<b>Budget</b>
Program Operations	\$1,379,034
Baycrest	\$1,115,183
North York General Hospital	\$980,247
Sunnybrook Health Sciences Centre	\$1,250,814
University Health Network - Toronto Rehabilitation	\$1,941,498
University Health Network - Toronto Western Hospital	\$499,981
Providence Healthcare	\$907,989
St. Michael's Hospital	\$655,362
Geriatric Emergency Management (positions in multiple LHINs)	\$1,097,275
<b>TOTAL</b>	<b>\$9,827,383</b>



**RGP** REGIONAL GERIATRIC  
PROGRAM OF TORONTO

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**GiiC** *geriatrics interprofessional  
interorganizational collaboration*

**GEM** *geriatric emergency  
management network*

**PRCP** *psychogeriatric resource  
consultation program of toronto*

**sfH** *senior friendly  
hospitals*