

Geriatric Medicine Website
Regional Geriatric Program
at
St. Michael's Hospital
and
Providence Healthcare

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1. Introduction to the Geriatric Service at St. Michael's Hospital and Providence Healthcare

The Specialized Geriatric Services consist of a spectrum of service delivery units which focus on the care of seniors with complex health problems. These services are provided by interdisciplinary teams of health professionals in home, ambulatory, long-term care and in-patient hospital settings through a larger network called the Regional Geriatric Program of Metropolitan Toronto (RGP).

St. Michael's Hospital (SMH) has partnered with Providence Healthcare (PH) to form the Eastern Service Area of the Regional Geriatric Program of Metropolitan Toronto. We provide a comprehensive range of specialized geriatric assessment, short-term treatment and rehabilitation services with the final goal of optimizing the health, independence and quality of life of seniors with multiple health problems.

The Geriatric Services at SHM and Providence Healthcare offer a unique opportunity to work collaboratively with an interdisciplinary team made up of: geriatricians, geriatric psychiatrists, family medicine doctors, nurses specialized in geriatrics, advanced practice nurses, social workers, physiotherapists, occupational therapists, dieticians and pharmacists.

What services we provide:

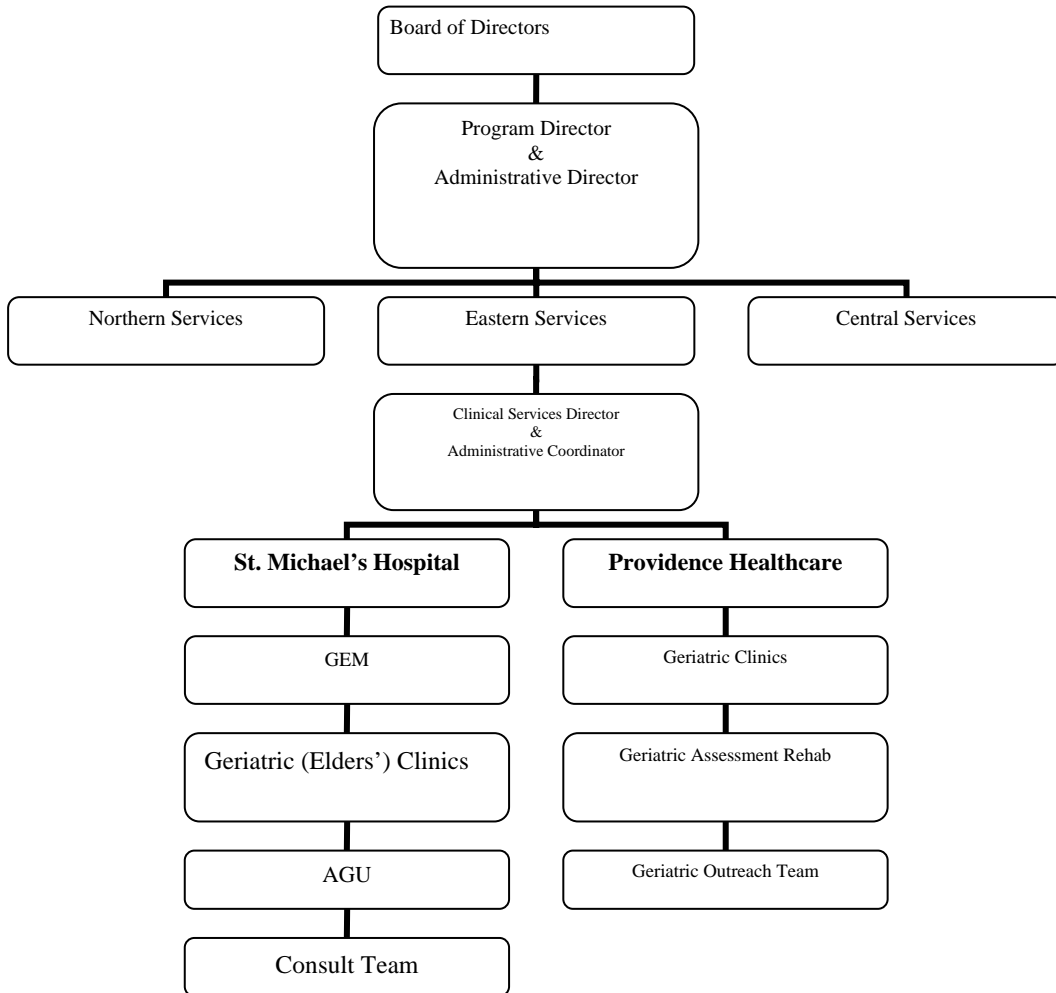
St. Michael's Hospital:

- Emergency management of the elderly (GEM)
- In-patient geriatric consultations
- Acute geriatric unit
- Geriatric clinics (Elders' Clinics)
- Community teaching on geriatric topics
- Psychogeriatric resource consultant

Providence Healthcare:

- Geriatric rehabilitation assessment and treatment unit
- Geriatric outreach service
- Geriatric clinic (Elders' and Psychogeriatric)
- Geriatric consults

Regional Geriatric Program of Metropolitan Toronto



Description of the services at St. Michael's Hospital

Geriatric Emergency Management (GEM)

- Target population : patients >75 yrs with complex health problems seen in the Emergency Department at SMH
- Intervention: patients are screened in the Emergency Department with the Triage Risk Screening Tool (TRST). If found to be at risk for acute admission or functional decline will be seen by the GEM Clinical Nurse Specialist and referred to one of the following services:
 - In-patient Consult Team
 - Geriatric Clinics at SMH
 - CCAC
- Goals:
 - Ensure continuity of care:
 - family doctor is notified and involved in care
 - patients seen in the ER can be followed to the in-patient unit or the
 - Clinics by the geriatric team
 - Increase independence and quality of life for seniors and their caregivers
 - Increased clinical efficiency in acute care
 - Community care

Consult Team

- Requests for comprehensive geriatric consultations are received from all hospital services
- Most common reasons for consult:
 - assessment and management of common geriatric syndromes
 - ethical concerns
 - discharge planning of frail elderly
- A response to consultation is expected usually within 24-48 hours
- Consult team rounds on these patients occur in the afternoon on weekdays

Acute Geriatric Unit (AGU)

- 6 bed unit on 3Bond for subacute/stable elderly patients usually over age 65 (mostly >75) with multiple medical problems, cognitive frailty and social needs
- These patients require comprehensive geriatric assessment and rehabilitation over a 21day period with creative discharge planning
- There are no direct admissions from the Emergency Department unless patient is known to be medically stable
- Most patients in the AGU have been seen by the consult team

Geriatric (Elders') Clinics

- We provide comprehensive geriatric consultations and advice on the management of complex health problems to seniors, 65 years or older

Description of the services at Providence Healthcare

Geriatric Rehabilitation Unit (GRU) also Geriatric & Assessment & Treatment Unit

- Specialized 39 bed rehabilitation unit for geriatric patients located on A2
- Patients: usually age >65, medically stable, have defined rehabilitation goals, do not have severe cognitive mental health and or difficult behaviors that would impede the rehabilitation process
- Goals: assessment, treatment and rehabilitation
- Intervention: The patients are assessed and managed by an inter-professional team comprised of nurses, physicians, occupational therapists, physiotherapists, speech language pathologists, social workers, recreational therapists, dietician, pharmacist, and pastoral care. Clinical Ethicists and psychologists are available for consultations. Family conferences and team conferences occur on weekly basis to set goals, assess progress, formulate care plans and plan for discharge
- Referrals come from the community as well as acute care hospitals.
- Attending physician: Dr. Paul Kita (Family Practice). The geriatrician and the geriatric psychiatrist are consultants on this unit and will provide supervision for the resident in collaboration with the family physician

Geriatric (Elders') Clinics

- We provide comprehensive geriatric consultations and advice on the management of complex health problems to seniors, 65 years or older

Outreach Team

- This service provides consultative support to family physician
- Referrals: elderly patients at risk in the community setting are referred for home geriatric assessment
- Intervention: The initial visit is done by one of the members of the outreach team (PT, OT, nurse, social worker) and the case discussed at interdisciplinary rounds. The patient may be referred for assessment in the clinics or in the Geriatric Assessment and Treatment Unit (GATU)
- Team members: geriatrician, geriatric psychiatrist, a nurse coordinator, social worker, pharmacist, speech language pathologist, physiotherapist, occupational therapist

2. Education opportunities

The one month rotation will usually have 1-2 rotating residents from General Internal Medicine and/or Family Medicine. There may be a Geriatric Fellow assigned to the service at different times during the year. **There is no on call at night or weekends.**

There is ample opportunity for participation and learning on the various Specialized Geriatric Services described in the introduction.

Educational opportunities are specific to the specialized Services the resident is attending e.g. Geriatric Emergency Management (GEM)

- Educational opportunities:
 - The resident will be exposed to the very ill elderly in a busy inner city emergency department. They will become familiar with the different (functional, atypical) presentation of acute illness in geriatric patients (delirium, falls, polypharmacy, etc). **This service is unique to St. Michael's Hospital**
 - The resident will develop an efficient approach to the assessment of the acutely ill elderly and formulate a disposition plan
 - The resident will work closely with a clinical nurse specialist (CNS) knowledgeable about community resources, experienced in assessment and management of such patients in the ED

The **core geriatric topics** ("geriatric giants": dementia, delirium, failure to thrive, falls, polypharmacy) will be covered in different settings:

- Seminars (one seminar of one hour per week on major topics)
- Bedside teaching
- Micro teaching sessions
- Problem based learning
- Self directed learning
- Research projects (optional)

Other topics relevant to the geriatric care can be covered in a micro teaching, case based setting. Some examples are: fitness to drive in the elderly, prescribing skills for the elderly, gait assessment, pain management, cognitive assessment.

There will be a journal club at Baycrest Centre one evening per month on 3rd Wednesday of each month (attendance optional).

The resident is expected to present on a geriatric topic with mentorship from the geriatrician/attending staff/psychogeriatrician either at Providence Centre or SMH.

A list of references, required readings and websites are listed.

Small research projects can be facilitated and supervised by some of our medical faculty.

3. Staff listing and research opportunities

Dr. Maria. L. Zorzitto (Providence/SMH)

Divisional Head of Geriatrics SMH/Medical Director RGP Service

Tel. (416) 864-5015

Special Interests: dementia, urinary incontinence, ethics in elder care and service evaluation

Dr. Mihaela Nicula (Providence/SMH)

Geriatrician

Tel. (416) 864-5015

Special Interests: delirium and dementia, pain management in the elderly, frailty, medical education

Dr. Corrine Fischer (SMH)

Geriatric Psychiatry

Tel. (416) 864-5320

Special Interests: Cognitive disorder

Dr. Ian Ferguson (Providence)

Geriatric Psychiatrist

Tel. (416) 285-2665

Special interests: dementia, depression and psychogeriatric assessment

Dr. Arlene Bierman (SMH)

Ontario Women's Health Council Chair

Special Interests: Women's health, epidemiology, research

Dr. Peter Nord (Providence)

Family Physician, Chief of Staff Providence

Tel. (416)285-3604

Special interests: administration in long-term-care, rehabilitation and prevention in elderly, research, service evaluation

Dr. Paul Kita (Providence)

Tel. (416)285-3604

Attending and Director of the Geriatric Assessment and Rehabilitation Unit

Special interests: geriatric assessment, rehabilitation and prevention in elderly

Administration and Support Staff:

Helen Harrison (SMH)

Clinical Leader Manager

Tel. (416)864-6060 ext. 6457

Teresa Goumas (SMH)

Administrative Secretary

Tel. (416)864-5015

Bessie Audet (SMH)

Administrative Assistant

Tel. (416)864-6060 ext. 6984

Glenna MacDonald (SMH)

Nurse Practitioner

Tel. (416)864-6060 ext. 2315

Anne Stephens (SMH)

Clinical Nurse Specialist

Tel. (416)864-6060 ext. 2013

Dorothy Knights (SMH)

Nurse Coordinator

Tel. (416)864-6060 ext.4147

Nuala Kennedy (SMH)

Social Worker

Tel. (416) 864-6060 ext. 5274

Joanna Stanley (SMH)

Physiotherapist

Tel. (416)864-6060 ext. 2587

Lisa Vandewater (SMH)

Occupational Therapist

Tel. (416)864-6060 ext.2545

Emma Tucker (SMH)

Dietician

Tel. (416)864-6060 ext. 3446

Linda Hayes (SMH)

Psychogeriatric resource

Cell (416)420-7533

Gail Agostinis (Providence)

Administrative Secretary

Tel. (416)285-3665

4. Clinic, rounds, schedule

St. Michael's Hospital

SMH Clinic and Rounds Schedule				
Mon	Tues	Wed	Thurs	Fri
9am—12noon Elders' Clinic	Rounds on AGU	9am-10am AGU Team Rounds	9am-12noon Elders' Clinic	9am Elders' Clinic
12noon-2pm GEM Clinic		12noon-1pm Grand Rounds	12noon-3pm GEM Clinic	2pm-5pm
3pm-5pm Consult Rounds	3pm-5pm Consult Rounds	3pm-5pm Consult Rounds	3pm-5pm Consult Rounds	3pm-5pm Consult Rounds

- Approximately 30 consults per month
- Approximately 2-3 E/R assessments per day
- Approximately 2-3 new clinic patients per clinic

Providence Healthcare

SMH Clinic and Rounds Schedule				
Mon	Tues	Wed	Thurs	Fri
9am—12noon Team meetings on A2	9am-12noon Elders' Clinic	9am-4pm Attending Family physician Rounds on A2	9am-12noon Attending on Rehabilitation Unit	9am-12noon Resident under the supervision of the Family Medicine Attending
11:30am- 12:30pm Rounds	12noon-1pm Lunch and Learn - Teaching module		12noon-1:30pm Team Meeting	2pm-5pm Admission on A2, patient care A2
1pm-4pm Twice a week Consultation in the Houses of Providence	1pm-4pm Elders' Clinic		1:30pm-4pm Round on the Geriatric Assessment Treatment Unit, Geriatric Rehab unit, Bedside teaching session	

- Elders' Clinic 2-3 new patients per clinic
- GATU 39 bed unit with 5 admissions per week
- Consults 30/mos
- Outreach approximately 20 new patients per month, approx 2 visits per client

5. Administrative issues

Expectation of trainees:

- Identify prior to the beginning of the rotation the service responsibilities (i.e. consult service, clinics, AGU, Outreach, GEM)
- Contact Dr. Zorzitto's office the week prior to the rotation to confirm and receive rotation schedule (416) 864-5015 (Teresa, Admin Secretary)
- On the first day of rotation please report to the RGP office (Rm 2084 Queen wing) at 8:00am
- During the rotation the resident is expected to:
 - Attend clinics, rounds and meetings
 - Complete the clinic or consultation notes
 - Respond promptly to consult requests within 24hours and
 - Follow up on the consultations daily with appropriate documentation in the chart
 - Present one Geriatric Teaching Round during his/her stay on the Geriatric Service
 - Fill out the evaluation form on the staff with whom you interacted during your rotation.

Expectation of the staff:

- To properly orient residents to the rotation
- To provide teaching in the clinical context of the rotation (clinics, outreach...etc)
- To facilitate the integration of the trainee in the interdisciplinary team dedicated to the assessment and care of the elderly
- To protect allocated time for education as outlined by the Residency Training program (educational half-day, longitudinal clinics)
- To give feedback halfway through the rotation and evaluate resident as the end of the rotation.

6. Selected Resources for Geriatric Medicine Residents

I. Geriatric Syllabus

The residents will be given access to the Geriatric Rotation at St. Michael's Hospital Syllabus which outlines:

- The various components of the service and how they connect to one another (organizational chart).
- The definition of the frail elderly population.
- Outline of the clinical problems that are common in geriatric care “the 5 giants”.
- Learning goals/objectives for the rotation.
- Selected readings.

II. Textbooks

1. Clinical Evidence. Available from the BMJ Publishing Group (www.bmjpub.com/index.html) and the American College of Physicians (www.acponline.com). Compendium of the best available evidence for some common clinical problems. This book has explicit criteria for the retrieval and appraisal of the evidence and its entire contents is updated every 6 months. It is available online through OVID.
2. McQuay HJ, Moore RA. AN evidence-based resource for pain relief. Oxford, Oxford University Press, 1998. (ISBN 0-19-262718-X). This is a great resource for NNTs for various analgesics. There is an accompanying website which provides more up-to-date information.
3. Black ER, Bordley DR, Tape TG, Panzer RJ. Diagnostics Strategies for Common Medical Problems. Second Edition. Philadelphia, American College of Physicians Press, 1999 (500 pages). (Product number 330300380 from the American College of Physicians). Although there are no explicit criteria for the selection of evidence, it is probably one of the best resources available currently for the diagnosis of common medical problems.
4. McGee S. Evidence –based Physical Diagnosis. Harcourt Brace, 2001. There aren't any explicit criteria for the selection of evidence in this book either but the author does review some of the principles of evidence-based medicine and the chapters seem to include many of the relevant articles. He includes likelihood ratios, sensitivities and specifications where possible.
5. Geriatrics Review Syllabus. Third Edition. New York American Geriatrics Society, 1996. This is a good starting point for a comprehensive review of geriatrics, especially suited to Geriatric Medicine Residents. Although the review syllabus is not explicitly evidence-based, and some of the chapters are very primary-care oriented, it serves as a good starting point for more in-depth reviews. There is a somewhat-useful annotated references section, but more detailed references would be nice. It comes with separate, American-style MCQ type, examination question and answer booklets.

III. Computer Software

1. Best Evidence – cumulated contents of ACP Journal Club (since 1991) and Evidence-Based Medicine (since 1995) in an annual CD and is also available on the internet through Ovid's Evidence-Based Medicine Reviews.
2. The Cochrane Library – Available from Update Software. In the UK: Summertown Pavilion, Middle Way, Summertown, Oxford OX2 7LG, England (tel. +44 1865 513902 (UK), fax: +44 1865 516918, email: help@update.co.uk, internet: <http://update.cochrane.co.uk/>). In the US: Update Software Inc; 936 La Rueda Drive Vista, CA 92084 USA, Tel: +1 760 727- 6792, Fax: +1 760 734-4351, e-mail: updateinc@home.com. Commercial internet sites: <http://www.update-software.com/ccweb/cochrane/cdsr.htm>; <http://www.hcn.net.au>; <http://www.ovid.com>. It is available through the U of T library server if you have a library card and some of the hospitals also provide free Internet access to it. This resource provides access to 3 databases including the database of Cochrane Reviews, the DARE database and the Cochrane Controlled Trials Registry (which contains over 250000 controlled trials). Only the Cochrane Database of Systematic Reviews and the DARE database are available through the U of T library.
3. Up To Date. Quarterly CD. Available from Up To Date Inc, 34 Washington Street #320, Wellesley MA 02481-1903, USA; tel. 800-998-6374; 781-237-4788; fax 781-239-0391; customerservice@uptodateinc.com; <http://www.uptodate.com>. This resource is available on CD and on the Internet. It is expensive but is a good general medicine resource. There are no explicit criteria for the selection and appraisal of evidence but contents are generally high quality.

IV. EBM on the Web (a sampling, with links from these to many other sites)

1. SHARR (links to most other EBM sites)
<http://www.shef.ac.uk/uni/academic/R-Z/scharr/ir/netting.html>
This is a listing of websites that are EBM – orientated.
2. University of York/NHS Centre for Reviews and Dissemination (including links to Effective Health Care and Effectiveness Matters)
<http://www.york.ac.uk/inst/crd/dissemination.htm>.
Provides access to the systematic reviews done by the York centre and also includes access to the full text of Effective Health Care Bulletin which includes systematic reviews of several geriatric issues including pressure sores and falls.
3. Society for General Internal Medicine SUM Search (University of Texas Health Sciences Center at San Antonio) website:
<http://sumsearch.uthscsa.edu/cgi-bin/SUMSearch.exe>
This is a 'meta-search' engine which allows you to do 'quick and dirty' searches.
4. Evidence-Based Mental Health – provides links to the full text of Evidence-Based Mental Health Journal
<http://www.cebmh.com/>

5. Preventative Care: Canadian Task Force of Preventative Health Care
www.ctfphc.org
This site includes all of the internationally recognized high quality systematic overviews and recommendations in various areas of preventive care, including some geriatric issues, published by the Canadian Task Force.
6. Web-based Literature Search Hedges:
<http://www.mssm.edu/library/ebm/ebmhedges.htm>
7. ACP Journal Club
<http://www.acponline.org/journals/acpic/jcmenu.htm>
8. Evidence-Based Medicine
www.evidence-basedmedicine.com
9. MEDLINE
<http://www.ncbi.nlm.nih.gov/PubMed/>
There are many Internet interfaces offering free access to MEDLINE but this is one of the best. Using the 'Clinical Queries' option, you can do a focused search of a therapy, diagnosis, etiology or prognosis question that is either sensitive or specific and uses the search hedges developed and evaluated by Haynes et al.
10. Regional Geriatric Program website
<http://www.rgp.toronto.on.ca/>
This provides access to information on a variety of topics relevant to geriatric medicine in Toronto including the geriatric training program, the RGP and a list of articles on the effectiveness of geriatric interventions. Information is also provided on the Interdepartmental Division of Geriatrics including the articles reviewed by the Journal Club and an outline of the publications and research activities of the members of the department.
11. Journal of the American Geriatrics society
<http://www.amgeriatrics.com/>
The contents of the journal are available to search and the abstracts published since 1997 are available online to review.
12. Mayo Clinic – Geriatric Medicine
<http://www.mayo.edu/geriatrics-rst/GeriArtcls.html>
This site contains some useful information and a number of good links.
13. MedMatrix
<http://www.medmatrix.org/SPages/Geriatrics.asp>
This site features some information and links to Geriatrics websites – BUT you need to register to get access to it (registration takes only a minute and its free).

V. Primary Publications

Delirium/Dementia/Depression

1. Cummings, J. L. Dementia: the failing bran. *Lancet* 1995; 345:1481-4.
2. Flacker JM, Marcantonio ER. Delirium in the elderly: optimal management. *Drugs Aging* 1998; 13:119-30.
3. Mayeux R, Sano M. Treatment of Alzheimer's Disease. *N Engl J Med* 1999; 341:1670-9.
4. Leblanc ES, Janowsky J, Chan BKS, Nelson HD. Hormone replacement therapy and cognition: systematic review and meta-analysis. *JAMA* 2001; 285:1489-1499.

Falls/Fractures/Osteoporosis

1. Preventing falls and subsequent injury in older people. *Effective Health Care* 1996;2(4). (also available online at www.york.ac.uk/inst/crd/ech24.htm)
2. Review: Psychotropic drugs increase the risk for falls in older persons. *ACP JC* 1999;131:24.
3. Parker MJ, Gillespie LD, Gillespie WJ. Hip protectors for preventing hip fractures in the elderly. *The Cochrane Library*. Oxford: Update Software, 1999; Issue 4.
4. Gillespie LD, Gillespie WJ, Cumming R, Lamb SE, Rowe BH. Interventions for preventing falls in the elderly. *The Cochrane Library*. Oxford: Update Software, 1999; Issue 4.

Incontinence

1. Johnson TM, Busby-Whithead J. Diagnostic assessment of geriatric urinary incontinence. *Am J Med Sci* 1997;314:250-6.

Polypharmacy

1. Rochon PA, Gurwitz JH. Drug therapy. *Lancet* 1995; 346:32-6.

Pressure Ulcers

1. Cullum N, Deeks J, Sheldon TA et al. Beds, mattresses and cushions for pressure sore prevention and treatment. *The Cochrane Library*. Oxford:Update Software, 1999; Issue

VI. RGP Website/Care Plan protocols

Best practice care plans for a number of common Geriatric patient issues such as delirium, incontinence, falls, etc. can be found on the RGP website (<http://www.rgp.toronto.on.ca>)

St. Michael's Hospital postgraduate website
http://www.stmichaelshospital.com/Content/Education/education_postgrad.asp