



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

NLMA releases recommendations on improving care for seniors

For immediate release – September 15, 2011

St. John's, NL – The Newfoundland and Labrador Medical Association (NLMA) today released a set of 10 recommendations and a redesigned medical model for improving care for seniors in the acute care system.

“If we look to population projections for the next decade, we know that unless we change the way we deliver care to the elderly, wait times for seniors in our province are going to get a lot worse,” said NLMA Past-President Dr. O’Shea who chaired the process that led to the recommendations.

“The key to delivering better coordinated quality care to seniors starts with a clear plan for improving the flow of patients through the acute care hospital system and into the community or a more appropriate bed.”

In March, the NLMA hosted a Seniors Summit comprised of 30 front line nurses, social workers and physicians who collaborated to redesign the current medical model for seniors care. The report from that Summit was then shared with the wider health care community and the public in order to gather additional input and feedback. That consultation process, which concluded over the summer, resulted in the *2011 Seniors Summit: Final Recommendations*.

To address the issues and barriers that seniors experience in the acute care system, the NLMA is recommending the creation of an Acute Geriatric Care Centre. The centre should be piloted within a designated hospital and serve as a central intake for seniors presenting at the emergency department or with referrals from other medical professionals.

Dr. O’Shea explained that the centre will require a fully-resourced team of health care professionals and a triage system that uses geriatric assessment tools to properly identify seniors at risk. He said it will also require an appropriate number of acute, rehabilitation, convalescent and long-term care beds.

Other recommendations outlined in the report include:

- the creation of a 24-hour home support and emergency response service to respond to seniors’ health needs in the community;
- a post-Acute Care Service in the community for at least six weeks after a patient has been discharged;
- system navigators to help patients transition to different levels of care;
- the implementation of the provincial electronic health record and integration of electronic medical records in physician clinics;
- the realignment of patient care funding so that it is based on the patient’s needs and travels with the patient instead of being linked to the hospital bed;
- patient-centred geriatric education at all levels of the health care system;
- a payment model that recognizes multidisciplinary geriatric care;
- and, the creation of a Geriatric Interest Consortium of health care professionals to oversee the implementation of the recommendations.

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“Implementation of these recommendations will require significant philosophical and cultural change at all levels of the health care system,” said Dr. O’Shea.

“Change of this magnitude will require political will and commitment. We are calling on all three political parties to support our recommendations and to make a commitment to begin implementation within a reasonable timeframe.”

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