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POSTER ABSTRACT

Regional, standardized approach to the development of processes within primary care for proactive identification and intervention of frailty and guidelines for accessing specialty geriatric physicians

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Introduction

The South West Frail Senior Strategy is improving care for older adults and caregivers in Southwestern Ontario. Through literature review, clinical expert interviews, and broad engagement of providers, older adults, and caregivers, processes to proactively identify frailty and intervene and guidelines for access to specialty geriatric physicians were identified as needs. Despite the evidence to support proactive identification and intervention, there is little guidance in the literature in outlining determinants of access to geriatric physicians. Through the development of these processes and guidelines, decision making across the region will be more standardized to support equitable and evidence-based care.

Aims Objectives Theory or Methods

The South West Frail Senior Strategy is improving care for older adults and caregivers in Southwestern Ontario. Through literature review, clinical expert interviews, and broad engagement of providers, older adults, and caregivers, processes to proactively identify frailty and intervene and guidelines for access to specialty geriatric physicians were identified as needs. Despite the evidence to support proactive identification and intervention, there is little guidance in the literature in outlining determinants of access to geriatric physicians. Through the development of these processes and guidelines, decision making across the region will be more standardized to support equitable and evidence-based care.

Highlights or Results or Key Findings

In alignment with the literature, frailty is not well recognized in its earlier stages by primary care providers across the region. To support proactive identification, they are identifying a need for tools/resources to be built in their daily processes and Electronic Medical Record with a range of options to suit their setting. Additionally, for those older adults with no primary care support, processes also need to be tailored for acute care hospitals and their emergency departments.

As there is little literature on guidelines for accessing geriatric physicians, experience and expert opinion have primarily informed the creation of these guidelines. The guidelines include:

determinants of access, considerations for rural/urban settings and local resources, and conditions for consulting in-person versus leveraging technology.

Together, these process for primary care and guidelines to access specialty geriatric physicians will provide a more coordinated and standardized approach to ensure equity and best practice across the region.

Conclusions

The development of standardized processes and guidelines that reflect and consider the unique needs/resources across the region will support older adults with frailty and their caregivers in receiving the right care, in the right place, and at the right time.

Implications for applicability/transferability sustainability and limitations

These processes and guidelines will assist other regions in their pursuit of developing a system of integrated care that will serve older adults living with frailty and their caregivers. Considerations for urban/rural settings, variety of primary care settings, as well as the use of technology will have broad applicability.