

Speaking Notes – Dr. Roger Butler
News Conference – 2011 Seniors Summit Recommendations
September 15, 2011, 10:30 a.m.

Good morning,

As Pat mentioned, my name is Dr. Roger Butler and I'm a family physician at the Ross Medical Centre in St. John's.

I'm also a professor of Family Medicine at Memorial University and Chair of the MUN Family Medicine Geriatric Rotation.

In the fall of 2009, I visited three major hospitals in Australia to learn more about geriatric triage.

While I was there, I learned about a new approach for geriatric care that had drastically improved care for seniors by changing the way they navigate through the acute hospital system.

Acute care hospitals are designed very well for responding to patients who have one problem. But when elderly people come to the emergency department it's never one problem. It's always a culmination of problems.

So if we have a factory that is designed to look at the heart, the back, or the head, then we also need a factory that is designed to look at the whole person.

There is an interesting statistic that the Australians talk about – when acute care hospitals shut down during periods of strike, mortality rates for seniors decreased. You may ask well how could that be?

Maybe it's because the factory is not working as well as it should. So you then have to look ways of redesigning the factory.

What we have presented here today is a plan for redesigning the way seniors navigate through our own acute care system from the time they are triaged in the ER to the time they are discharged.

Improving the flow of seniors through our acute care hospitals will result in enhanced access to appropriate levels of care at the right place and at the right time.

I'll now turn your attention to the screen and I will take you through some pivotal points in our model.