Appendix E

NSHA – Central Zone Frailty Strategy

Optimizing Experiences in Frailty

Understanding
Build a culture where frailty is recognized, understood, and acknowledged as a key determinant of health

Engagement
Involve stakeholders* in ongoing dialogue about their experiences with frailty to strengthen partnerships and ensure a collective effort in supporting persons experiencing frailty**

Care
Ensure optimal care planning and delivery for all persons experiencing frailty

Information Technology/Management
Use information technology (IT) and management (IM) structures to identify, assess, plan care and support persons experiencing frailty and inform the health care system of the contributors to frailty, its impact and outcomes of care

Evaluation/Research/Knowledge Implementation
Seek and use leading practices, evidence, and experiential learning to respond and adapt to emerging information and ensure knowledge is implemented into frailty care practices

Aligning frailty-focused initiatives across organizational, community and public sectors

Governance
Establish a leadership structure to guide the FS, ensure initiatives are aligned, establish shared measurement structures, build momentum, advance care practices, advocate for policy, mobilize resources and ensure sustainability of frailty initiatives across sectors

Nova Scotia Health Authority - Central Zone Frailty Strategy Committee
(Primary Health Care/Department of Family Practice and Department of Medicine; Citizens)

Project Coordination Working Group

*Persons living with frailty, families, family and friend caregivers, providers, community organizations, businesses, government, academic institutions
**Persons experiencing frailty encompasses patients, clients, families and family and friend caregivers