



## Central East LHIN Expands Aging At Home Programs

*McGuinty Government Helping More Seniors Get Health Care At Home*

### NEWS

August 31, 2010

The Central East LHIN is expanding the successful Aging at Home strategy. Ontario is providing the Central East Local Health Integration Network with \$18,164,271 to ensure more seniors get health care at home or in the community.

As part of the successful Aging at Home strategy, the Central East LHIN will use the funding for local programs that provide health services to seniors in the comfort and dignity of their own home. This permits Ontario seniors to lead healthy and independent lives while avoiding unnecessary visits to hospitals, which can ultimately reduce ER wait times.

The Aging at Home program allows LHINs to provide health care services that are tailor-made to meet local seniors' needs. This year, the program is expanding to include two new services:

#### **GAIN – Geriatric Assessment and Intervention Network**

This unique \$4.8 million program creates an integrated system of care with the establishment of four urgent/emergent clinics for seniors in the LHIN's largest community hospitals – The Scarborough Hospital – General Campus; Rouge Valley Health System – Centenary Campus; Lakeridge Health - Oshawa and Peterborough Regional Health Centre.

Emergency and community-based physicians will be able to refer patients to these clinics, which will be staffed by a highly trained geriatric team and supported by a geriatrician, for specialized assessment and intervention. If required, patients will be admitted to an inpatient unit specially designed to care for frail seniors and/or linked to community support services so that they can return home with the care they need. CCAC case managers will be important members of the geriatric team.

Mechanisms to link smaller community hospitals in the Central East LHIN with these new clinics will be developed as the program becomes operational.

The first GAIN clinic will open at Lakeridge Health Oshawa in October 2010 with the other three clinics opening in a phased approach by April 2011. It is expected that close to 8,000 clinic visits will be made on an annual basis when all four clinics are operational.

#### **Home First**

Beginning at Lakeridge Health Oshawa in September and then rolling out across all LHIN hospitals in the coming months, Home First provides a new approach to discharging patients where the goal is to get patients "Home First." Historically many seniors who were admitted to hospital spent days, weeks and even months waiting for placement or bed

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in a local long-term care home when they or their family decided that they couldn't return home based on their current situation.

Now, with over \$2 million in funding, case managers from the Central East Community Care Access Centre will be working with hospital staff, physicians and local community agencies to support patients and their families through enhanced homecare services so that they can return home with the support they need - giving patients and families the time to make important life-changing decisions (such as residing in a long-term care home) while in the comfort of their own home.

Investing in better local community supports will help improve Ontario's Alternate Level of Care (ALC) rate. ALC patients are individuals in hospital beds who would be better cared for in an alternate setting, such as long-term care, rehab, or home. By giving seniors the support they need to avoid hospitalization in the first place and helping those who do get admitted return home faster, access to health care will be improved for all Ontarians.

### QUOTES

"Today's announcement is about our patients," said Kevin Empey, President and CEO of Lakeridge Health. "By working together, we're ensuring that our elderly patients and their families receive access to specialized geriatric care and enhanced homecare."

"The CCAC is well positioned to support the government's Aging At Home strategy," said Don Ford, CEO, Central East Community Care Access Centre. "This announcement not only supports our ability to fulfill our role but also highlights the importance of the collaboration that exists with our acute care partners and our community partners."

"The care of frail seniors is an urgent priority," said Brent Farr, Executive Director, Community Care Durham. "Our experience suggests that practical supportive services like Meals on Wheels, Escorted Transportation, Home Help and Telephone Reassurance can often be the answer to debilitating isolation that might otherwise lead to hospitalization."

"The development and introduction of these new region-wide programs – GAIN and Home First – are a testament to the involvement of so many health service providers, community residents and caregivers," said Deborah Hammons, CEO, Central East LHIN. "For the past three years they have worked collaboratively to identify and advocate for new programs and services to better serve the senior residents of the Central East LHIN."

"This is exactly the kind of local innovation, local collaboration and local planning that the LHINs were designed to oversee and implement," said Joe Dickson, MPP, Ajax Pickering. "Funding from our government will lead to reduced wait times in our emergency departments by ensuring more services are available to seniors at home and in their community."

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### QUICK FACTS

- Assisting seniors to live independently at home helps to shorten wait times at hospitals and improve patient flow in emergency rooms.
- Ontario is investing \$330.6 million for Aging at Home programs this year.
- By 2017, for the first time, seniors will account for a larger share of population than children aged 0-14.

For more information:

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## AGING AT HOME STRATEGY - BACKGROUNDER

Ontario is investing \$1.1 billion over four years in the Aging at Home Strategy in sectors such as community support services; hospitals; Community Care Access Centre; long-term care homes and other sectors. Aging at Home (AAH), as initially announced in 2007, is a program that provides a continuum of community-based services for seniors and their caregivers to allow them to stay healthy and live independently and with dignity in their homes.

The strategy also aims to decrease the number of alternate level of care (ALC) patients in Ontario hospitals. ALC patients are individuals who are occupying acute care beds in hospitals, but would be better cared for in another setting — whether it be their own homes or long-term care homes.

This year, the Central East LHIN is receiving \$18,164,271 to fund local programs that provide health services to seniors in the comfort and dignity of their own home, allowing them to lead healthy and independent lives while avoiding unnecessary visits to hospitals. These include:

Name of Project	Service Provider	Project Description	2010/2011 FUNDING
<b>COMMUNITY SUPPORT SERVICES</b>			
Meals on Wheels and Wheels to Meals Expansion	Transcare Community Support Services (Formerly Scarborough Support Services for the Elderly)	Providing seniors with more meals and transportation trips in Scarborough	\$34,600
Meals on Wheels Expansion	St Pauls L'Amoreaux Centre	A nutrition awareness and meal program in Scarborough	\$100,000

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Enhancing transportation services for Seniors in Scarborough	West Hill Community Services	To provide service improvements to existing transportation programs	\$250,000
Transportation and Meals on Wheels Expansions	Community Care Durham	Providing seniors with more meals and more transportation trips in Durham	\$69,000
Wheels to Meals expansion	Oshawa Senior Citizen Centre	Supporting Wheels to Meals services at new adult day program site - Conant	\$8,000
Enhancing transportation services for Seniors in Oshawa	Oshawa Senior Citizen Centre	To hire staff to alleviate some of the pressure felt by volunteer drivers	\$40,000
Enhancing transportation services for Seniors in Durham Region	Community Care Durham	Integration activity to assure better access to Oshawa Senior Citizen Centre activities	\$32,470
Meals on Wheels Expansion	Community Care Haliburton County	Providing seniors with more meals and more in the Haliburton Highlands	\$23,100
Enhancing transportation services for Seniors in Peterborough	Community Care Peterborough	Improve access to and the coordination and scheduling of transportation services	\$49,668
Enhancing transportation services for Seniors in Northumberland	Community Care Northumberland	To consolidate the volunteer transportation services and expand accessible transportation services	\$79,400
Enhancing transportation services for Seniors in Kawartha Lakes	Community Care City of Kawartha Lakes	Proposal addresses the need to integrate the transportation program under one department	\$100,000



## CAREGIVER SUPPORT SERVICES

Caregiver Support and Education program for the Tamil Community	West Hill Community Services	Enhancing informal social networks for health promotion and prevention activities for Tamil seniors in Scarborough with a focus on the needs of caregivers	\$70,000
Inhome respite and adult day program expansion	Transcare Community Support Services (Formerly Scarborough Support Services for the Elderly)	To strengthen existing programming and supports to caregivers	\$16,400
CARE - Ambassador Program	Yee Hong Centre for Geriatric Care	Education and support program for caregivers of seniors with alzheimers disease and post stroke	\$80,000
Caregiver Support Centre In Scarborough	West Hill Community Services	To provide an access point that responds to the growing and diverse needs of caregivers	\$300,000
Adult Day Service Expansion	Oshawa Senior Citizen Centre	The project increased adult day program sites from 2 to 3	\$205,000
Adult Day and Caregiver support expansion	Community Care Durham	To increase caregiver support services including adult day programming in Durham Region	\$179,375
Adult Day program expansion	Regional Municipality of Durham	To expand the hours of an existing adult day program	\$41,200
First Link	Alzheimer Society of Durham in partnership with other CE LHIN Alzheimer Societies	Offering coordinated support, education and linkage to individuals with dementia to their families/caregivers as soon as possible after diagnosis	\$400,000

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Enhancing Adult Day Programming	Community Care Durham	Relocating the program from Uxbridge Hospital to an adjacent building and growing the program	\$50,000
In home respite and adult day program expansion	Community Care City of Kawartha Lakes	To increase caregiver support services including in home respite (City of Kawartha Lakes) and adult day programming (Fenelon Falls)	\$35,000
In home respite and adult day program expansion including introduction of overnight respite	VON Canada Ontario- Peterborough	To strengthen existing programs and supports to caregivers including introducing overnight respite in Peterborough City	\$230,000
Enhanced caregiver support	Community Care Northumberland	To explore the needs of caregivers and to ensure that caregivers are provided with the right support at the right time	\$145,000
<b>SUPPORTIVE HOUSING</b>			
Supportive Housing	Transcare Community Support Services (Formerly Scarborough Support Services for the Elderly)	Serving additional clients in a high needs area of Scarborough	\$300,000
Supportive Housing	Faith Place	To provide additional supportive housing services in Durham Region	\$120,000
Enhancing Supportive Housing Services in North Durham	VON Canada – Durham	Opening a new site for supportive housing in Beaverton	\$300,000
Supportive Housing Expansion	St Johns Centre Peterborough	To provide additional supportive housing services to frail seniors in Peterborough	\$69,000

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Supportive Housing for Physically Disabled Seniors and Adults	Kawartha Participation Projects	To provide additional supportive housing services in Peterborough to physically disabled seniors and adults	\$82,500
Supportive Housing	Haliburton Highlands Health Services	To provide service to new clients in a remote area of the County (Wilberforce)	\$166,000
Supportive Housing	Community Care City of Kawartha Lakes	Introduction of Supportive Housing for seniors in Lindsay	\$150,000
Myrtle Terrace and St Peters Supportive Housing Projects	Kawartha Participation Projects in partnership with Community Living Peterborough	Two supportive housing projects in Peterborough for seniors with physical disabilities and seniors with intellectual impairments	\$1,145,000
Enhancing Supportive Housing Services in Northumberland County	Legion Village	To increase the number of clients served by over 50%	\$300,000
Enhancing Supportive Housing Services in Peterborough	Kawartha Participation Project	To serve additional seniors and adults with physical disabilities in Peterborough	\$488,500
Enhancing Supportive Housing Services in Kawartha Lakes	Community Care City of Kawartha Lakes	Expansion of supportive housing services for seniors	\$300,000
Enhancing Supportive Housing Services in Haliburton	Haliburton Highlands Health Services	To assist in alleviating the waiting list in both Minden and Haliburton	\$100,000



<b>SPECIALIZED GERIATRICS</b>			
Nurse Practitioner Outreach Team	The Scarborough Hospital	Nurse Practitioner outreach to Long term care homes	\$250,000
Nurse Practitioner Outreach Team	Oakwood Retirement Community - Village of Taunton Mills	Nurse Practitioner outreach to Long term care homes	\$350,000
Geriatric Emergency Management/Nurse Practitioner community of practice	Central East CCAC	To provide leadership to the establishment of a community of practice for GEM nurses and NP outreach teams	\$95,000
Geriatric Emergency Management Nurse	The Scarborough Hospital	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$290,000
Geriatric Emergency Management Nurse	Rouge Valley Health System	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$165,000
Geriatric Emergency Management Nurse	Lakeridge Health	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$290,000
Geriatric Emergency Management Nurse	Peterborough Regional Health Centre	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$145,000
Geriatric Emergency Management Nurse	Ross Memorial	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$145,000
Geriatric Emergency Management Nurse	Northumberland Hills Hospital	Nurses specializing in geriatric care will assess frail seniors visiting the emergency department	\$145,000

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<p>Geriatric Assessment and Intervention Network GAIN</p>	<p>Lakeridge Health as sponsor agency</p>	<p>Partnership between Lakeridge Health Corporation (LHC), Oshawa; Peterborough Regional Health Centre; Rouge Valley Health System; The Scarborough Hospital; Central East Community Care Access Centre; to reduce Avoidable Emergency Department visits and ALC days by strengthening supports and capacity for frail seniors living at home through the development of four (4) urgent/emergent clinics in the four largest community hospitals in the LHIN staffed by specialized, multidisciplinary geriatric teams, and supported by dedicated geriatric medical in-patient units.</p>	<p>\$4,800,000</p>
<b>OTHER</b>			
<p>Community Palliative Care Services</p>	<p>Central East CCAC – Scarborough</p>	<p>To provide medical and nursing supports delivered by NPs or RNs in the Community specialized on Palliative care practice</p>	<p>\$422,560</p>
<p>Home At Last</p>	<p>Community Care Durham</p>	<p>To provide wrap around service to eligible clients from time of hospital discharge to when they are settled back home.</p>	<p>\$501,642</p>

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Healthy Visions	CNIB Durham District	Enhancing orientation and mobility and independent living skills to help visually impaired seniors live independently in their homes	\$50,000
Special Services for persons with Acquired Hearing Loss	Canadian Hearing Society Peterborough	Enhancing services to individuals with hearing impairments in City of Kawartha Lakes and Haliburton Highlands	\$100,000
SMART Exercise program	VON Canada Ontario-Peterborough	To initiate in home and group exercise programs for frail seniors in Peterborough Haliburton and Durham Region	\$50,000
Home First	Central East CCAC	Partnership between Central East Community Care Access Centre; CE LHIN Hospitals and CSS Agencies (Lakeridge Health and Community Care Durham as early adopters) to support patients as they transition from hospital to home by providing enhanced in-home services.  Enhanced in-home services benefit not only the client but the entire health care system as it increases acute bed capacity by diverting ED admissions and/or enabling patients to return home sooner/as appropriate.	\$2,004,680
<b>Total</b>			<b>\$15,863,095</b>
<b>Planned</b>			<b>\$2,301,176</b>
<b>Total Funding Envelope</b>			<b>\$18,164,271</b>



## **What is an Alternate Level of Care (ALC) patient and how do ALC patients impact ER wait times?**

ALC patients are people in hospital beds who would be better cared for in an alternate setting, such as long-term care, rehab, or home. Having more home care and community services enables ALC patients to leave hospital sooner, making more beds available to ER patients who are waiting to be admitted to hospital.

## **How does the Aging at Home strategy help reduce ER wait times?**

Our ER wait times strategy committed to reducing the time that patients wait from the moment they arrive at the ER to when they leave.

A small number of patients, approximately ten per cent, are admitted to the hospital for further tests and procedures. In order to reduce their time waiting for a bed, we need to decrease the number of patients that are waiting for discharge home with supports or space in a long term care home. Our Aging at Home and ALC strategies help to ensure that patients can transition out of the hospital safely to make room for ER patients waiting to be admitted.

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## Aging At Home Success Stories

### Community Care City of Kawartha Lakes

A man in his early 70s living in the **Lindsay** area receives rides three days a week in Community Care City of Kawartha Lakes' wheelchair accessible vans to and from dialysis treatment at Ross Memorial Hospital. The man, a double amputee, had been receiving treatment very early in the morning. Community Care's drivers observed deterioration in his personal hygiene which had resulted in him not being ready for pick up when drivers arrived. The drivers reported this change to other Community Care staff and personal care services were arranged through the Community Care Access Centre. Community Care also worked with the hospital to reschedule his appointments to later in the morning to allow time for his personal care. These interventions and the ongoing accessible transportation assist him to live independently and avoid hospital admission or long term care home placement

A 91 year old woman is primary caregiver for her husband who has Alzheimer's disease. They live in a **village in the City of Kawartha Lakes about 60 kilometres from Lindsay**. The woman travels to and from Ross Memorial Hospital in Community Care City of Kawartha Lakes' non-modified vans three days a week for dialysis treatment. One day recently when she was driven home she wasn't feeling well after the dialysis treatment. Our driver stayed with her until family arrived. This transportation service and the caring and compassion that accompanies it, helps her to continue to live at home, where she and her husband are comfortable and want to remain as long as possible.

### Community Living Peterborough/Kawartha Participation Projects

As people age and health needs increase, the result is often indefinite hospitalization or admission to a long term care facility much earlier than a person needs or wants. Two years ago a partnership was formed between Kawartha Participation Projects (KPP) and Community Living Peterborough (CLP) which provided alternatives in order for people to return to or remain living independently in their community. Bud's Success Story is one example of this positive partnership. Bud receives individualized supports from CLP and KPP to live a typical life in his community. Bud chose to live in a 2 bedroom apartment at **Myrtle Terrace**, with a roommate that suited his personality and needs. The coordination of supports between Kawartha Participation Projects (KPP) and Community Living Peterborough (CLP) have supported Bud in keeping his independence with his daily living, retirement living lifestyle, and health needs. Bud remains active with things he loves such as fishing, frequenting Flea Markets, breakfasts with friends, and attending Friendship and Social groups across the city. At 72, Bud is living life to the fullest in his community.!



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### **The Scarborough Hospital**

Elderly patients who present to the Emergency Department at The Scarborough Hospital can probably expect a visit by Nurse Practitioner Debbie Driver or Clinical Nurse Specialist Elaine Laine, who specialize in geriatric care. They represent **Geriatric Emergency Management**, an initiative now in place in nearly every Central East LHIN hospital and aimed at reducing Emergency Department wait times and enhancing health outcomes for seniors.

The program delivers targeted geriatric assessments and interventions to high-risk seniors aged 75 and older who present to the Emergency Department. “As a Nurse Practitioner, I order certain diagnostic tests and write prescriptions, which frees up other nurses and physicians to look after more patients,” Debbie explains. “I have the luxury of spending more time with the patient to conduct a more thorough assessment as to why the patient is in Emerg in the first place.”

While seniors may present with one chief complaint, Debbie and Elaine are able to fully assess patients to determine other co-morbidities that may have brought them to the Emergency Department

“If Aunt Sally broke her ankle, was it because her blood pressure medication has been changed? Maybe her eyesight is failing. There could be 64 other reasons why she broke her ankle,” Debbie adds.

In so doing, Debbie and Elaine can work with patients and their families in ensuring the elderly are safe to go home. “We try to cut off adverse outcomes that will prevent them from having to return to the Emergency Department at a future date. We can redirect unnecessary admissions, collaborate with Long Term Care facilities, outreach Nurse Practitioners and home care personnel to avert further Emergency Department transfers,” Debbie adds.

With 25 per cent of all patients presenting to The Scarborough Hospital’s Emergency Department aged 65 and older, “we’re seeing the trend that shows baby-boomers are aging and living longer,” Elaine adds. “The rising numbers of seniors coming to the Emergency Department will naturally have an impact on wait times. Geriatric Emergency Management works to address these challenges.”

### **NPSTAT: “Nurse Practitioners Supporting Teams Averting Transfers”**

The Central East LHIN, working with the Ministry of Health and Long-Term Care, has invested in three new NP outreach teams – in Scarborough, Durham and the North East cluster, which includes Peterborough, Northumberland, Kawartha Lakes and Haliburton.

In the Central East LHIN, the NP-led LTC outreach teams are collectively referred to as NPSTAT: “Nurse Practitioners Supporting Teams Averting Transfers” **The NPSTAT program was developed to address the health risks of transferring frail seniors to emergency departments for visits which could be avoided if treated in the long-term care home.** Reducing avoidable hospital visits and admissions will improve the health profile and health care experience of long-term care home residents, while maintaining or reducing the cost of providing appropriate care.

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When LTCH residents are hospitalized, NPSTAT can also help facilitate earlier discharges back to the LTCHs which can decrease hospital length of stay (LOS), enhance continuity of care and communication between acute and LTC sectors, and provide support and resources to LTCH staff to help manage repatriated LTCH residents. Recent comments from health care partners show the key role that NPSTAT nurse practitioners have in caring for patients:

*"On Monday July 5, 2010 Pickering Fire Service Station 6 responded to an alarm at a Nursing Home in Pickering for the report of a male difficulty breathing. Very shortly after our arrival and patient assessment we were greeted by Diane MacEachem and her co-worker. Immediately she gave us the patient information, nature of the emergency, event history, past medical history, assessment findings, vitals and patient care that they had been providing. Upon the arrival of the EMS crew her information she provided to them expanded, she was now talking to an Advance Care Paramedic. The level of knowledge and information that was shared between the Fire and EMS crews was as if we walked into an ER. In previous experiences with alarm calls at that location the information received by Fire and EMS was not always as in-depth and forthcoming. During the time EMS was attending to the patient I spoke to Diane and thanked her for what she had provided. Diane spoke of the Team she and her co-worker are a part of. The CE LHIN NPSTAT team provided great assistance to both Fire and EMS, being greeted with the knowledge and in-depth patient information at this call allowed us to be able to provide a valuable service to that member of our community. I would like to thank Diane for her work and look forward to seeing more members of her Team in the future."*

*Mike Palachik  
Acting Captain, B2 Platoon  
Operations and Emergency Services Department  
Fire Services Division City of Pickering*

Between October 2009 and March 2010 alone, NPSTAT team members were involved in over 500 patient care episodes in local LTCHs and were able to affectively avert visits to the Emergency Department 78% of the time – saving over 400 ED visits.

Teams are located at The Scarborough Hospital, The Village of Taunton Mills in Whitby and in local CCAC offices in east Durham and the North East and support over 20 LTCHs across the entire Central East LHIN region.

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