

NEWS

SENIORS ABLE TO LIVE MORE INDEPENDENTLY AND ACCESS CARE IN RIGHT PLACE THROUGH FUNDING

May 19, 2009

The South East Local Health Integration Network (LHIN) is receiving more than \$10 million to ensure more seniors can continue to live independently and to allow hospital patients to receive appropriate care in the right setting.

As part of the successful Aging at Home program, the South East LHIN is receiving \$5.4 million to help seniors receive needed health services in the comfort and dignity of their own homes and communities, instead of in hospital. The Aging at Home program combines traditional health services – such as home care and supportive housing – with new, locally-driven, innovative approaches to caring for seniors.

The South East LHIN is also receiving:

- \$2,709,300 for increased home care, personal support and homemaking services provided by Community Care Access Centres
- \$888,350 to invest in local solutions that will address alternate level of care (ALC) pressures
- \$250,000 for nurse-led outreach teams to provide more care to patients in long-term care homes and help them avoid transfers to a hospital emergency department.

ALC patients are individuals in hospital beds who would be better cared for in alternate setting, such as long-term care, rehabilitation or at home. Having more home care and community services enables ALC patients to leave hospital sooner, making more beds available to emergency room patients.

QUOTES

“Aging at home continues to be an important strategy supporting our overall mission of better health care in the South East LHIN,” says Georgina Thompson, Chair of the South East LHIN Board of Directors. “In improving our health care system by providing people with access to the care they need in the right place, we are also helping to relieve some of the pressure within our hospital system.”

QUICK FACTS

- The Ontario government is investing \$1.1 billion over four years in the Aging at Home Strategy.
- It is estimated that Ontario’s senior population will double over the next 16 years.
- The Ontario Hospital Association indicates that hospital patients who are awaiting access to appropriate care elsewhere occupy almost 19 per cent of hospital beds in the province.

LEARN MORE

For more information about the South East LHIN, visit www.southeastlhin.on.ca

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BACKGROUND

SOUTH EAST LHIN INVESTING IN BETTER CARE FOR SENIORS

The South East Local Health Integration Network (LHIN) is receiving over \$10 million in 2009/10 to fund a number of initiatives to help seniors continue to live healthy, independent lives in their own homes and to avoid prolonged hospitalization. Through these efforts, there will be fewer alternate level of care (ALC) patients in hospitals in the South East.

Having more home care and community services enables at risk ALC patients to leave hospital sooner, and makes more beds available for emergency room patients. These services also provide ongoing health supports to seniors which reduces their need to go to a hospital emergency room.

Aging at Home Strategy

The South East LHIN is receiving \$5.4 million in 2009/10 to increase the range and quantity of services available to seniors, and to help relieve pressure in hospitals and long-term care homes.

This year's investment is an increase of \$3 million more than 2008/09. The Aging at Home Strategy includes \$4,264,193 in continued funding for the Seniors Managing Independent Living Easily (SMILE) program initiative approved in year one of the strategy.

This money is helping many frail seniors remain in the homes, avoiding potential hospitalization or long term care admissions by being able to receive innovative supports at home. The SMILE program is adaptable to the needs of individuals, helping them stay healthy and live at home. These services include such activities as housework, laundry, shopping, cooking to things like bringing in firewood.

The province's Aging at Home program is designed to encourage innovation at a local level, by giving LHINs the flexibility to start some creative projects that are tailor-made for seniors living in communities with specific needs.

In addition to SMILE, the Aging at Home program in the South East will also provide close to \$2 million for a program that will ensure patients in acute care facilities who are ALC or at risk of becoming ALC but who are not awaiting a long-term care bed are able to receive appropriate care in a supportive setting. Details on this project will be released soon.

Urgent Priorities Fund - Addressing ALC Pressures

The South East LHIN is receiving \$535,150 to help provide community alternatives to hospital care.

Last year, this fund helped to:

- Reduce emergency room visits by providing additional community supports through supportive housing or by hiring nurse practitioners to provide acute need assessments and care in some of our long-term care homes.
- Move ALC patients to a more appropriate health care setting as quickly as possible by improving the electronic flow of information from hospitals to long-term care homes.

- Specifically, programs in the South East include:
 - \$135,150 – Home at Last program operated through the Prince Edward County Community Care for Seniors. This program helps patients travel and resettle at home after a hospital admission. Community support service agencies work with their Prince Edward County partners to provide this service throughout the south east.
 - \$225,000 - Discharge Link Project, a community-based stroke rehabilitation program to support patients moving from acute care back to their homes, operated through the South East Community Care Access Centre (CCAC).
 - \$175,000 Discharge Link Project, a stroke rehabilitation program to support patients moving from acute care to long-term care, operated through the South East CCAC in partnership with the Stroke Strategy of Southeastern Ontario.

Increasing Home Care Services – CCAC Service Maximums

The South East LHIN is receiving \$2.7 million in 2009/10 for changes made last year to increase the availability and integration of home care services. This included increasing the limits on hours of person support/homemaking services by 50 per cent, and removing limits entirely for some patients waiting for a long-term care bed or receiving end-of-life services at home.

Nurse-Led Outreach Team

The South East LHIN is receiving \$250,000 for a nurse practitioner-led outreach team that is being created to provide long-term care home residents with immediate and appropriate assessment and care for acute care conditions, and stabilize residents who need more urgent attention. This team of nurse practitioners nurses will go to LTC homes that have had high numbers of residents transferred to ERs for this care. The nurse practitioners will assess urgent problems, determine the need for hospital care, and provide interventions (such as intravenous therapy, antibiotic management and administering oxygen) in cases where unnecessary visits to the hospital and the emergency department can be avoided.

SOUTH EAST LHIN INVESTING IN BETTER CARE FOR SENIORS

Name of Project	Service Provider	Project Description	2009/10 Funding
SMILE (Seniors Maintaining Independent Living Easily)	Victorian Order of Nurses	SMILE is a regional program designed to meet the specific needs of frail elderly to provided needed supports to enable them to live at home.	\$4,264,193
Supporting transfer of non-LTC patients	TBA	Supportive measures to be taken to ensure individuals who are ALC or at risk of becoming ALC but who are not waiting for a long-term care placement receive appropriate care in a supportive setting.	\$1,981,629
Nurse-led outreach teams	Providence Manor	Led by a Nurse Practitioner, this program involves a nursing team that will travel to selected long-term care homes to provide appropriate care to residents who require more urgent or advanced care in the LTC setting. This will assist in avoiding transfers to local ERs and, in some cases, hospital admissions.	\$250,000
Increased home care service maximums	South East Community Care Access Centre		\$2,709,300
Home at Last	Prince Edward County Community Care for Seniors	A program that assists elderly individuals to return home following hospitalization. This care package may include transportation from hospital, getting groceries, visiting pharmacy, doing laundry, etc. over a short period of time	\$135,150
Discharge Link project (Acute to Home)	South East Community Care Access Centre	Enhanced community stroke rehabilitation services to enable stroke survivors to return home sooner and with less change of needing to be readmitted into acute care, complex continuing care or rehabilitation beds.	\$225,000
Discharge Link project (Acute to LTC)	South East Community Care Access Centre in partnership with Stroke Strategy of Southeastern Ontario	Specialized program for stroke survivors, designed to reduce length of hospital stay (including ALC days) through enhanced timely rehabilitation.	\$175,000
Acute home care	South East CCAC		\$129,790
Emergency Department Action Plan	Prince Edward County Community Care for Seniors	This project means that frail elderly individuals and their caregivers know that home supports are lined up for them as soon as they are discharged from hospital.	\$223,410
Total			\$10,093,472