Strategic Aim Update: Seniors

Central East LHIN Board of Directors
April 26, 2017

Antoinette Larizza – Interim Senior Director, System Design and Integration, Central East LHIN
Marilee Suter – Lead, Decision Support, Central East LHIN
Kelly Kay – Executive Director, Seniors Care Network

Overview

- Background of the Seniors Strategic Aim
- Strategic Aim Metrics Update
  - Progress Report on the Seniors Strategic Aim 2016/17
  - Review Supporting Indicators
- Update and Highlights of Seniors Initiatives
- Moving Forward - Next Steps

Central East LHIN Strategic Aim Update

2016-19 Seniors Strategic Aim

2016-19 Central East LHIN Integrated Health Service Plan

Seniors Strategic Aim Assumptions

- The Central East LHIN 75+ population is expected to increase by 16.3% by 2020
- The number of long term care beds in the Central East LHIN within the 3 year time period of this strategic aim will remain unchanged
- Future events will be predicted using a mathematical model based on historical data

Calculating Savings

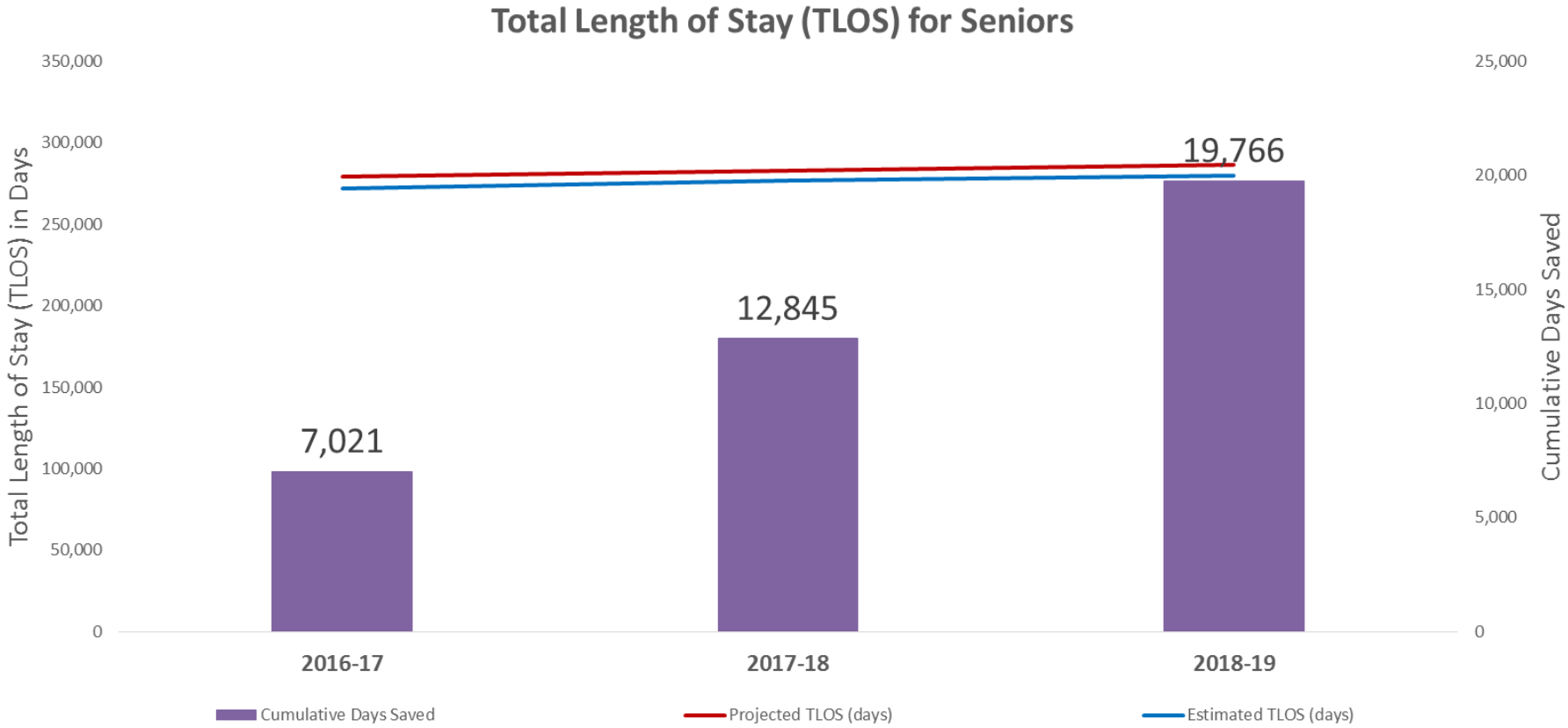
Seniors spending 20,000 fewer days in hospital

Cumulative Days Saved = Projected Total Length of Stay – Estimated Total Length of Stay

Reduce Alternate Level of Care (ALC) days for people aged 75+ by 20%

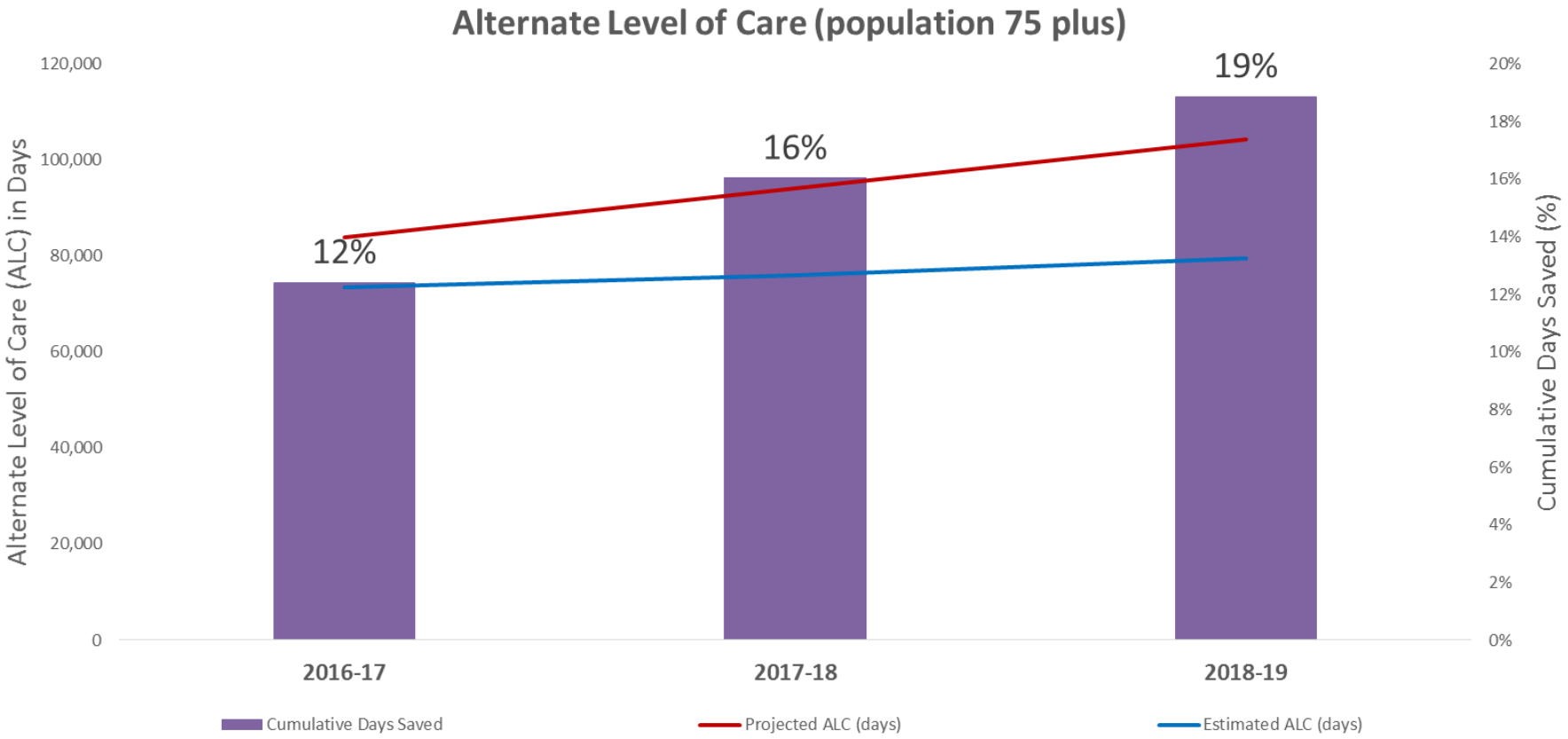
Cumulative Days Saved (%) = (Projected ALC days – Estimated ALC days) / Projected ALC days

Seniors Strategic Aim Update: Total Days Saved



Cumulative Days Saved: the purple bars represent the difference between the projected total length of stay (red line) and the actual total length of stay (blue line)
Projected Total Length of Stay (TLOS): the red line represents a projection of what the total length of stay would potentially be based on 3 years of historical data.
Estimated Total of Stay (TLOS): the blue line on the graph represents what the actual number of total length of stay is for each fiscal year. Until the actual values are known, estimated values based on the aim assumptions, are used.

Seniors Strategic Aim Update: Percentage Days Saved



Cumulative Days Saved: the purple bars represent the difference between the projected ALC days (red line) and the actual ALC days (blue line)
Projected Alternate Level of Care (ALC): the red line represents a projection of what the ALC days would potentially be based on 3 years of historical data.
Estimated Alternate Level of Care (ALC): the blue line on the graph represents what the actual number of ALC days is for each fiscal year. Until the actual values are known, estimated values based on the aim assumptions, are used.

Supporting Indicator Definitions

Term	Definition
Baseline	Where there is sufficient data, the baseline is the average of the two most recent fiscal years.
Central East LHIN Target	The formal Central East LHIN target for that indicator (typically developed for use in existing scorecards, such as the MLPA). This formal target is indicated by **bold formatting**. Where there is no formal target, the baseline less 10% is used as an informal Central East LHIN Target.
Current Performance	The Central East LHIN performance for the indicator using the most current data available.
Current Status	The current performance is compared with the Central East LHIN target and the result is summarized by a colored dot following the parameters below: • A red dot indicates that the current performance deviates from the desired target by more than 10% • A yellow dot indicates that the current performance is within 10% of the target • A green dot indicates that the current performance meets the target or is performing better than the desired target
Direction	The direction of the data uses all the data from the baseline and any additional data, up to and including the most current data available.
↘ → ↗	A gray arrow indicates that there are at least 7 data points available to calculate the direction of the data.
↘ → ↗	A white arrow indicates that there are fewer than 7 data points available. The direction of data should be interpreted with caution.

Seniors Aim Supporting Metrics Update

Indicators	Time Period for Current Performance	Baseline	CE LHIN Target*	Current Performance	Current Status	Direction
CCAC – 90th Percentile Wait Time for Home Care Services From Discharge to First Service (in Days for Hospital Clients) (decrease)	16/17 Q2	10.8	**6.5**	9.0		
Clients With MAPLe Scores High And Very High Living In The Community Supported by CCAC (increase)	16/17 Q2	8533	**6000**	11,751		
Falls-Related ED Visits in older adults aged 75+, Rate per 1,000 (decrease)	16/17 Q2	17.7	15.9	20.9		
Low-Acuity Emergency Visits for LTCH residents, Rate per 1,000 (decrease)	15/16 Q4	32.3	29.07	22.4		
Individuals on LTC Wait List, Rate per 1,000 (decrease)	15/16 Q4	34.9	31.4	42.7		

*Targets that are shown in **bold text** are formal targets. Other targets are calculated as 10% greater or less than the baseline (depending on the desired direction of the indicator)

Seniors Aim Supporting Metrics Description

1. Wait time for home care services may be confounded by patients' choice; wanting to receive service beyond the target.
   - More robust metrics may be developed with the Central East Community Care Access Centre (Central East CCAC)to better align hospital and community reporting.
2. Central East CCAC recently initiated a pilot to identify patients at risk for falls, which has indicated a decrease in the number of emergency department visits.
   - Central East CCAC plans to have a full roll-out of the Falls Prevention Program in the fall of 2017.
3. Central East LHIN does not have an adequate supply of long-term care beds to meet the current and future need of patients waiting in the community and hospital.
   - Central East LHIN continues to support frail seniors living in the community with high and very high MAPLe scores.

Supporting Seniors in Sub-regions

2016-19 Seniors Strategic Aim

Central East LHIN Seniors Physician Lead

- In January 2017, the Central East LHIN announced the appointment of Dr. K. Jennifer Ingram as the Seniors Physician Lead.
- Works with Seniors Care Network, participates as a member of the Central East LHIN physician leads, including primary care, and collaborates with regional and local health service providers to influence the system in caring for older adults.
- Key activities for 2017/18, include:
  - Recruitment and retention of specialized geriatricians in the Central East LHIN;
  - Supporting Memory Clinics and the development of skills among primary care to appropriately manage seniors' needs; and
  - Identification of opportunities for enhanced collaboration with geriatric psychiatry and geriatric medicine.

Adult Day Programs (ADP)

- ADPs play a key role in supporting individuals and their caregiver(s) in leading active and meaningful lives.
- The individuals who may benefit from an ADP are older adults with complex and long-term medical, physical, social and/or cognitive conditions.
- These individuals are at risk of avoidable hospital admission/readmission, emergency departments visits, ALC, or other care issues, if not adequately supported in the community.
- A key benefit of this program includes caregiver respite and support.
- The Central East LHIN has been supportive of ADP programs across sub-regions, investing $ 9,980,923 in base funding annually.
- This funding serves over 2,500 frail, at risk individuals across the Central East LHIN each year.

Assisted Living Services for High-Risk Seniors (ALS-HRS)

- ALS-HRS help people maintain their independence and remain in their homes for as long as possible.
- Collaborative approach between the Central East CCAC and the Community Support Service agencies.
- High risk seniors are supported at home through the assistance of both scheduled and non-scheduled personal support, homemaking, security checks, and reassurance services on a 24/7 basis.
- ALS-HRS are located within each of the seven sub-regions, investing more than $14 M in base funding annually.
- ALS-HRS are intended to serve over 1,240 individuals across the Central East LHIN each year.

Community Physiotherapy Clinics

- Community physiotherapy clinics are directly accountable to MOHLTC.
- The MOHLTC provides approximately $5.3 M funding directly to the community-based physiotherapy clinics in the Central East LHIN, which predominantly serve seniors over the age of 65.
- Time-limited, goal-oriented physiotherapy services are funded for patients that meet specific condition criteria through an Episode of Care (EOC).
- In total the Central East LHIN has 23 Community Physiotherapy Clinics, which are located across the sub-regions and provide over 17,300 EOCs each year.
- Haliburton Highlands Health Services (Haliburton and Minden) is funded $110,760 directly by the Central East LHIN to provide out-patient physiotherapy services for patients in the Haliburton County (355 EOCs).

Exercise and Falls Prevention Classes

- Exercise classes focus on helping seniors stay active and improve and maintain balance, strength, and mobility.
- Falls prevention classes are taught by a physiotherapist or other health professional, and includes information on preventing falls.
- The Central East LHIN funds $1.3M in base funding to support 248 exercise and 634 falls prevention classes across sub-regions, and has the capacity to serve over 12,000 older adults.
- Nine Lead Agencies have implemented exercise and falls prevention classes, including classes specifically offered for Francophone, cardiovascular patients, and individuals with dementia.

Attending Nurse Practitioner in the Long-Term Care Home

- The MOHLTC announced two funding rounds (2015, 2017) for Attending Nurse Practitioners (NP) to work in long-term care homes (LTCHs) across the province.
- The Central East LHIN was allocated $614,275, which supports five full time Attending NPs.
- The Central East LHIN is incorporating three of these full time equivalent (FTE) Attending NP positions into the Nurse Practitioner Supporting Teams Averting Transfer (NPSTAT) program to help strengthen the primary care that residents receive in LTC.
- Six LTCHs were selected to receive Attending NP services, including:
  - The Altamont Care Community (Scarborough) and The Wexford Residence (Scarborough) 2015 funding; and
  - Victoria Manor (Lindsay), Golden Plough Lodge (Cobourg), Ballycliffe Lodge Nursing Home (Ajax), Bay Ridges Long Term Care (Pickering) 2017 funding.

Seniors Care Network

Specialized Geriatric Services

Behavioural Supports Ontario (BSO)

- Behavioural Supports Ontario (BSO) is focused on helping older people in LTCHs and the community with responsive behaviours associated with cognitive impairments due to complex mental health, addictions, dementia, or other neurological conditions and their caregivers.
- BSO enhances services for seniors, providing them with the right care, at the right time, and in the right place (at home, in long-term care or elsewhere).
- $5.2 M BSO investment in the Central East LHIN has allowed local health service providers to hire additional staff – nurses, personal support workers and other health care providers, and to train them in the specialized skills necessary to provide quality care to these residents in long-term care and clients in the community.
- 2016/17 program accomplishments (Q1 – Q3) include:
  - 3700+ LTC residents supported per quarter (average);
  - 337 BSO patients served in the community; and
  - 778 staff trained in BSO approaches.

Geriatric Assessment and Intervention Network (GAIN)

- Over $10.8 M invested in Central East LHIN Geriatric Assessment and Intervention Network (GAIN) teams to provide specialized geriatric care, which supports frail seniors living at home or in retirement residences, who have multiple complex medical and social problems.
- Frail older adults experiencing changes in support needs, safety concerns, psychosocial and mental health concerns or frequent health service usage will benefit from these services.
- An interprofessional care team is created to provide the required support to increase the capacity for frail older adults to remain in their home in the community.
- 2016/17 program accomplishments (Q1 – Q3) include:
  - 10,601 patients served;
  - 21,707 visits;
  - 1902 patients receiving case management;
  - 800+ people served with moderate to severe dementia; and
  - 1300+ people served with advanced frailty.

Geriatric Emergency Management (GEM) Nurses

- Through an investment of more than $1.2 M, Geriatric Emergency Management (GEM) programs provide specialized geriatric emergency management services to frail seniors in the Emergency Department (ED) within nine hospital locations the Central East LHIN.
- GEM nurses are uniquely positioned within an ED to identify and assess at-risk seniors and connect them with services to better meet their health needs.
- The goal of the GEM program is to deliver targeted, emergency geriatric assessment to frail seniors in the ED, and to help seniors access appropriate services and/or resources that will enhance functional status, independence, and quality of life.
- 2016/17 program accomplishments (Q1 – Q3) include:
  - 3109 patients seen;
  - Majority of patients seen over age 85; and
  - Approximately 2/3 of patients return home with supports.

Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)

- Supported by an investment of more than $1.1M, the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) team provides direct clinical care to LTCH residents across all sub-regions in the Central East LHIN by responding to acute and episodic changes in the residents' condition to reduce unscheduled transfers to a hospital.
- When LTCH residents are hospitalized, NPSTAT helps coordinate transitions back to the LTCHs, which can decrease hospital length of stay, enhance continuity of care, and provide support and resources to LTCH staff to help manage returning LTCH residents with increasingly complex medical needs.
- 2016/17 program accomplishments (Q1 – Q3) include:
  - 5629 patients seen;
  - ED transfer rate remains below 1.5%; and
  - 241 capacity building activities provided.

Seniors Friendly Care (SFC)

- Overseen by a committee comprised of representatives from all area hospitals collaborating to promote and provide strategic direction and leadership for the Senior Friendly Care (SFC) Strategy within the Central East LHIN.
- The vision is to move from discrete initiatives to a comprehensive, coordinated approach to seniors' care and to foster a culture where senior friendly care is woven into the fabric of an organization.
- Mandate will evolve to include non-acute care organizations providing health care to seniors.

Primary Care Collaborative Memory Services (PCCMS)

- Over $700,00 has been invested in this primary care based regional program to enhance the capacity for timely detection, diagnosis, and treatment of dementia.
- A mobile team, hosted by Alzheimer Society of Durham Region in collaboration with Seniors Care Network, consists of Social Workers, Behavioural Support Ontario Nurses, and Occupational Therapists working collaboratively with primary care physicians in their memory clinic locations.
- The goal is to support cognitive health and quality of life for adults and seniors living in the community while ensuring the patient's family physician maintains a central role in their patient's care.
- 2016/17 program accomplishments (Q1 – Q4) include:
  - 465 total visits; and
  - Only 9% referred on to specialized services.

Key Activities Planned for 2017/18

1. Implement Coordinated Access
2. Engage the Central East LHIN to co-lead the development of an Accountability Framework of Specialized Geriatric Services (SGS) programs/providers
3. Develop and implement regional Performance Management systems
4. Participate in the development of provincial SGS Performance Management systems
5. Continue to partner in the development of primary care based initiatives
6. Implement a Knowledge Translation Strategy
7. Develop and implement the competency framework for interprofessional Comprehensive Geriatric Assessment
8. Advance the Dementia Action Plan

Key Activities Planned for 2017/18 Cont'd

9. Develop and implement an SGS research agenda
10. Develop a SGS evaluation Framework
11. Support gerontology/geriatric related continuing professional development across the network
12. Implement the Citizen Engagement framework
13. Advance the adoption of Senior Friendly Care across the Central East LHIN
14. Develop a communication framework for SGS

Moving Forward

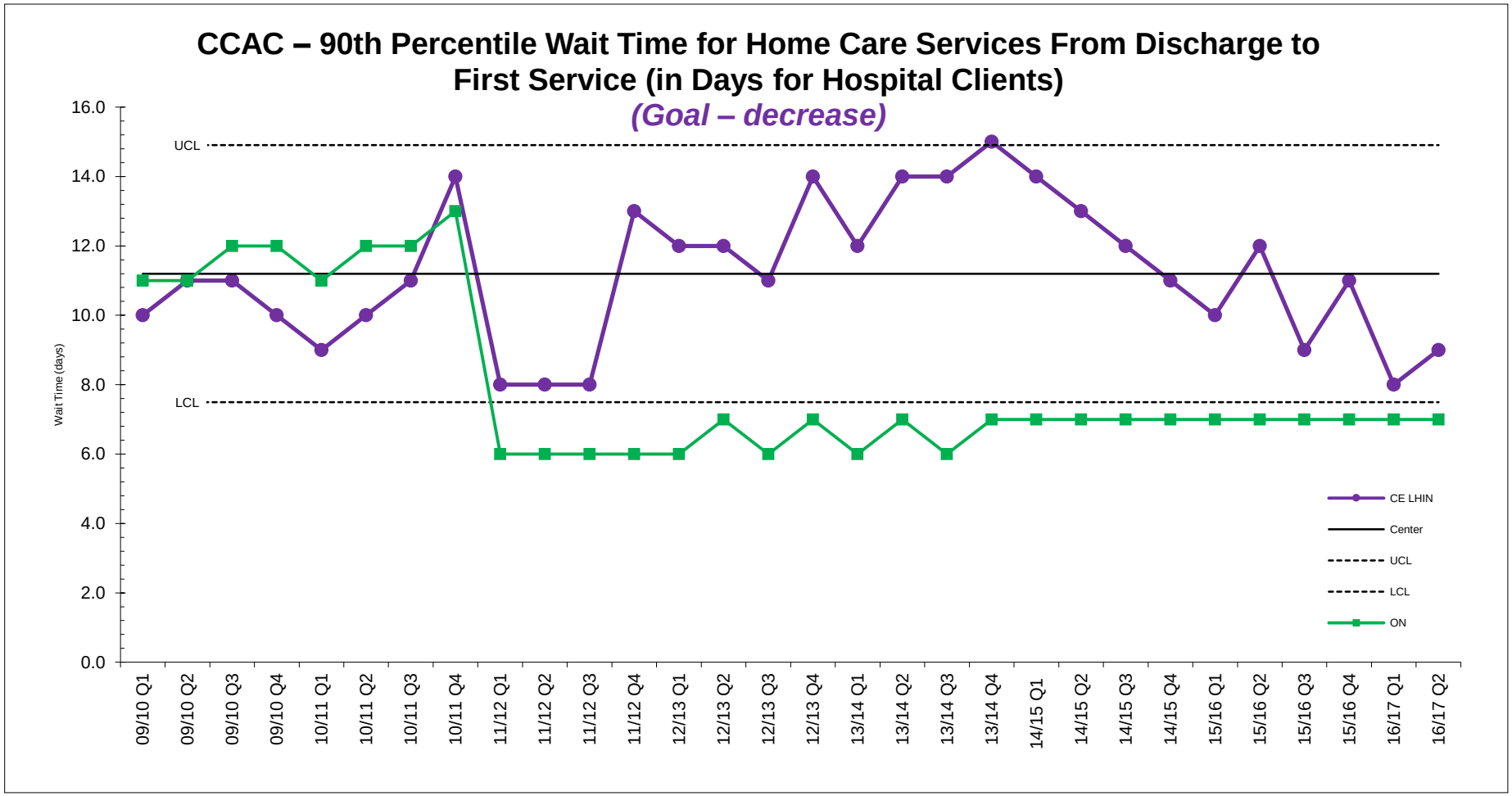
Next Steps

Next Steps

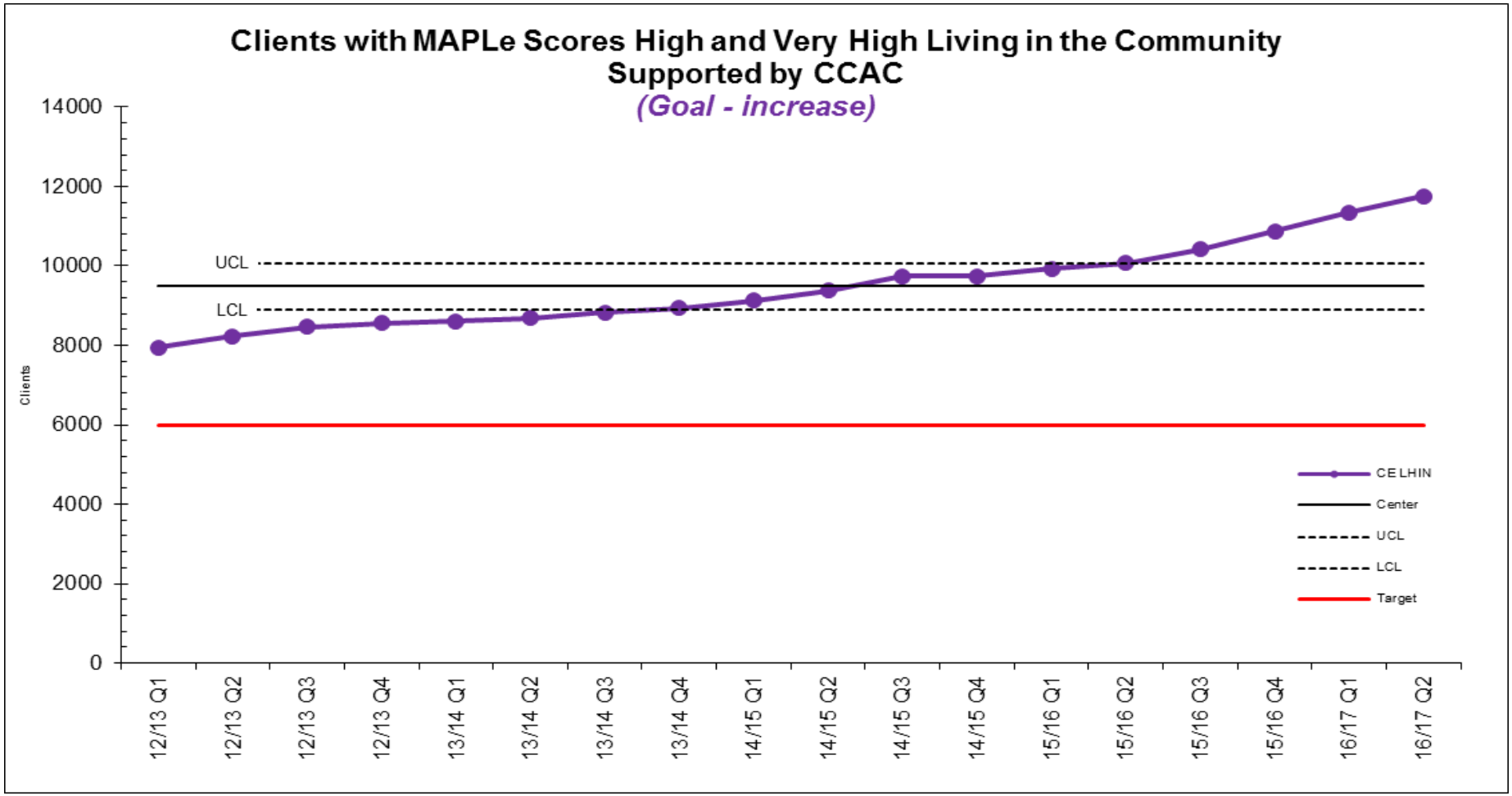
- Further implementation of Seniors Strategic Aim initiatives as outlined in the Integrated Health Service Plan (IHSP 4) 2016-2019, and Annual Business Plan 2017/18.
- Collaborate with the Seniors Care Network and key stakeholders to design, implement, and evaluate programs that strengthen integrative health services and their delivery for frail seniors across the Central East LHIN.
- Integrate seniors health within sub-region planning.

Appendix – Supporting Metrics

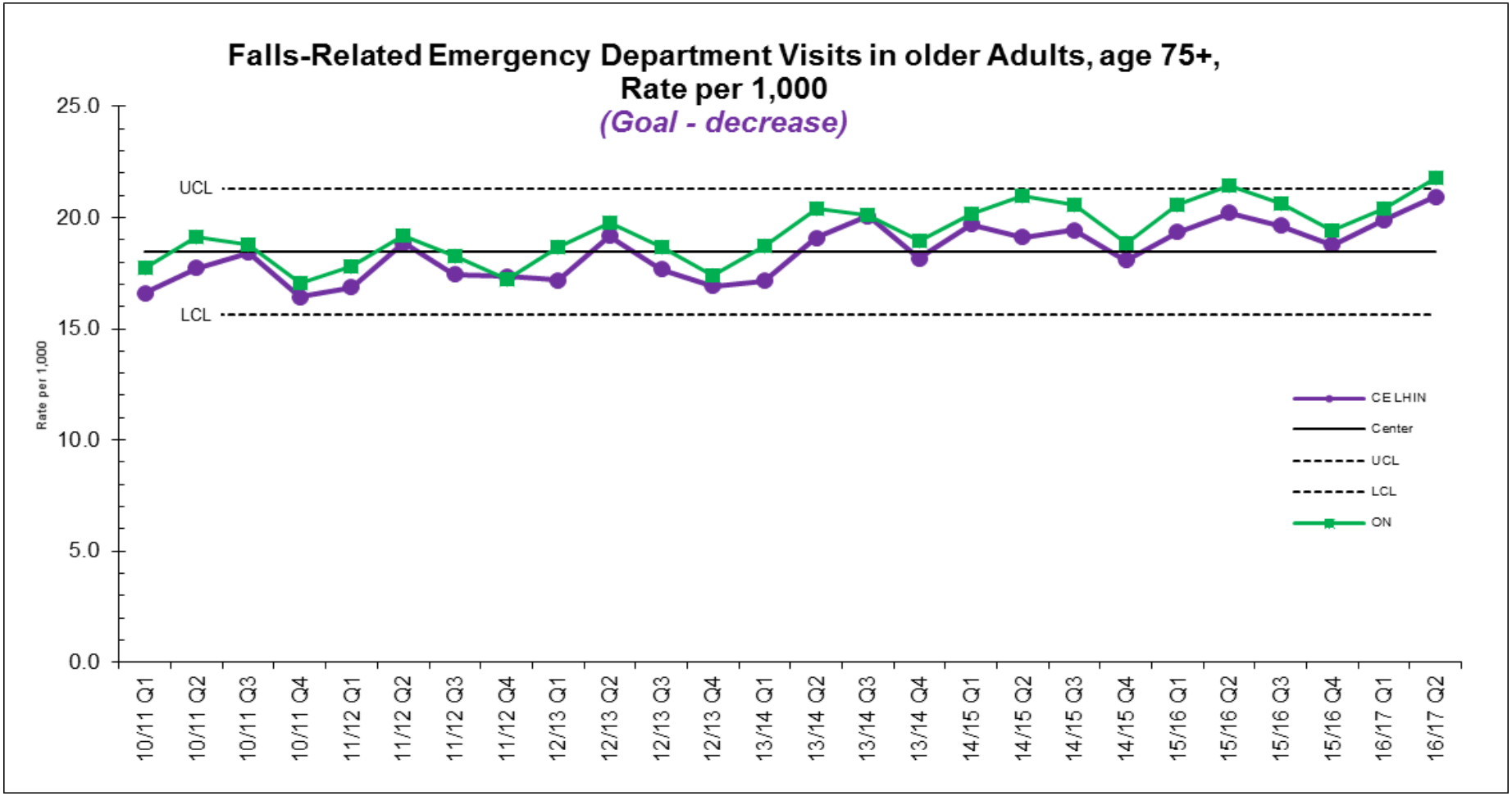
2016-2019 IHSP Seniors Aim Update



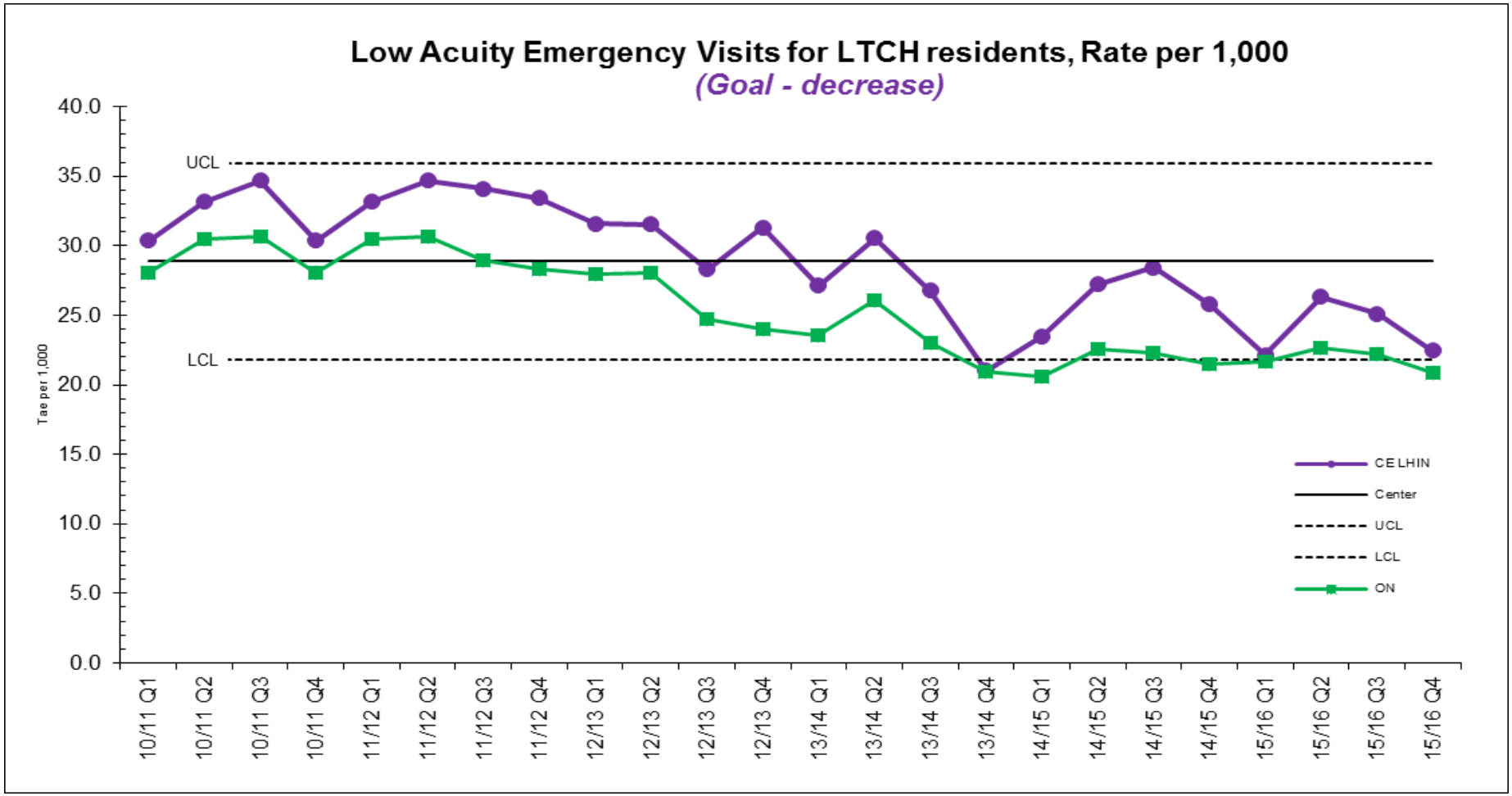
Analysis: In Q2 2016/17, 90th Percentile Wait Time for Home Care Services (Discharge to First Service) Hospital Setting (all clients) for Central East LHIN experienced a slight increase from 8 days in Q1 to 9 days in Q2. The 90th Percentile wait time across Ontario was 7 days during the same time period. There are 3 streams of clients contributing to the current performance: Short Stay Acute (3 days), Short Stay Rehab (10 days) and Long Stay Complex (25 days). The Long Stay Complex clients contributed to our longer wait.



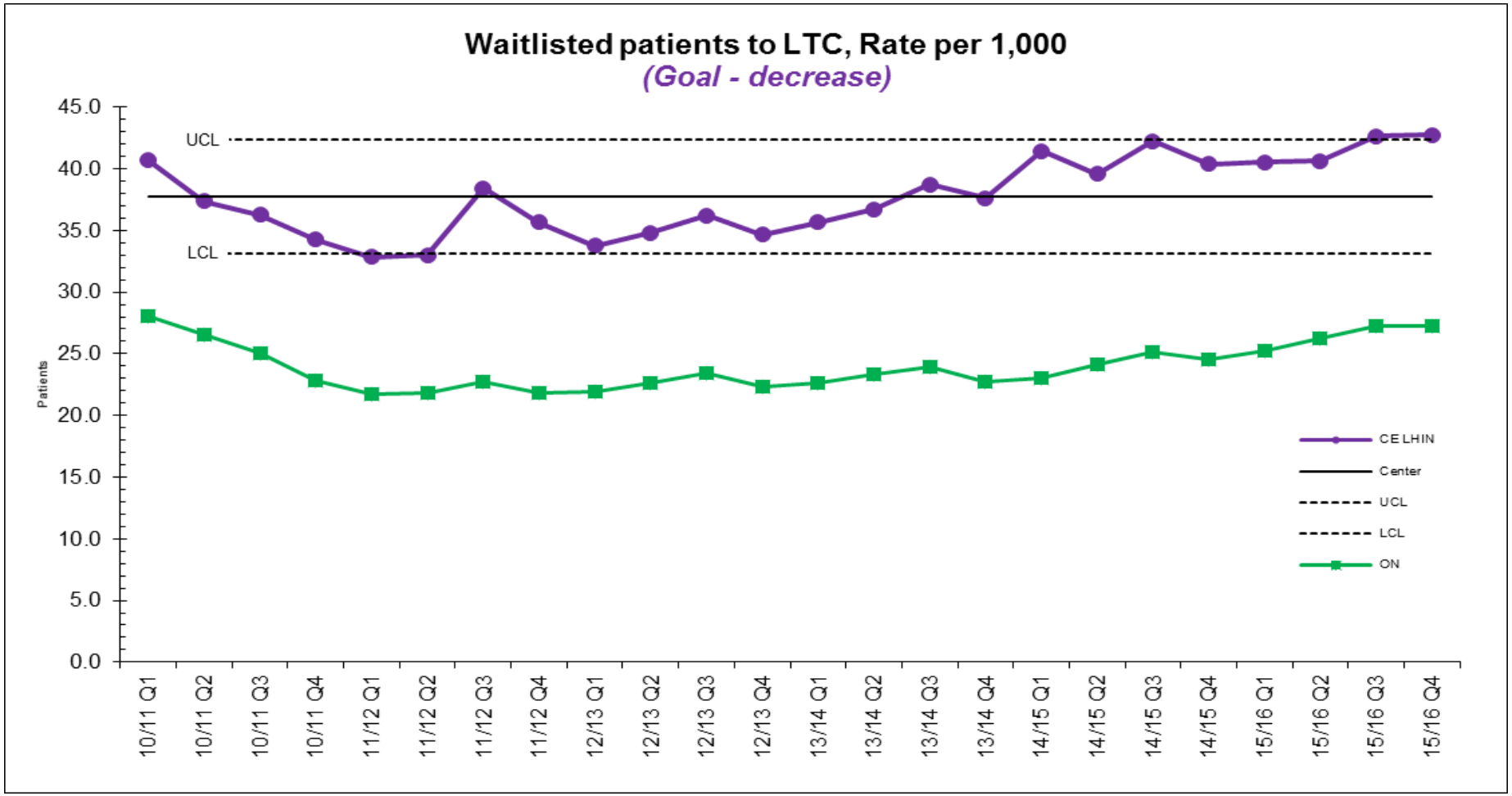
Analysis: Central East CCAC client volume continues to exceed the MSAA target of 6,000. This would infer that the Central East CCAC is doing a better job at keep clients in the community than expected. The goal of our Seniors Aim is to keep clients in their homes and in their community and this is a positive correlation. Central East CCAC has experienced a 35% increase in clients with MAPLe scores High and Very High between 2012/13 Q1 and 2016/17 Q2.



Analysis: The rate of falls related Emergency Department visits in older adults in Central East LHIN continues to be below the Provincial rate. This indicator excludes patients living at home with homecare and patients living in Long Term Care Homes (LTCH). The goal is prevention of falls and subsequent visits to the Emergency Department.



Analysis: In Q4 2015/16 the Central East LHIN rate decreased to 22 Low Acuity ED visits per 1,000 LTCH residents, which is slightly above the provincial value of 20 Low Acuity ED visits per 1,000 LTCH residents. This is the most up-to-date reporting available. Initiatives such as LHIN sub-regions, Community Investments and, Hospitals and Community Health Services integrations are expected to reduce ED demand by facilitating ED avoidance, diversion, and support individuals upon discharge. The goal is for the residential care population to receive quality care and non-hospital end-of-life care in order to reduce transfers to the ED. NPSTAT collaboration is a key partner in the Central East LHIN Behavioural Supports Ontario strategy, which will have a positive impact on ED diversions from LTCH for behavioural reasons.



Analysis: As in previous years, the rate of individuals on wait lists for Long Term Care (LTC) per 1000 in the 75+ population continues to increase. Across the 14 LHINs, Central East LHIN has the highest rate of waitlisted LTC patients per 1,000. This disparity has been highlighted by the IHSP Environmental Scan and is one of the key reasons for identifying Seniors as a priority population.

Appendix – Supporting Seniors in Sub-regions

2016-2019 IHSP Seniors Aim Update

Central East LHIN Investments in ADPs and Annual Targeted Individuals Served

October 2016

Sub-region	Health Service Provider	Targeted Individuals Served	2016/17 Budget
Scarborough North/ Scarborough South	Carefirst Seniors & Community Services Association	281	$ 1,461,491
	Les Centres d'Accueil Heritage	20	$ 60,405
	Scarborough Centre for Healthy Communities	104	$ 324,453
	St. Paul's L'Amoreaux Centre	287	$ 1,124,664
	TransCare Community Support Services	121	$ 436,057
	Yee Hong Centre for Geriatric Care	219	$ 1,469,942
Durham West/ Durham North East	Brain Injury Association of Durham Region	125	$ 325,912
	Community Care Durham	261	$ 935,440
	Oshawa Senior Citizens Centres	272	$ 1,112,994
	Regional Municipality of Durham	132	$ 519,968
Northumberland County/ Peterborough City and County	Four Counties Brain Injury Association	105	$ 226,680
	Victorian Order of Nurses for Canada - Ontario Branch	355	$ 1,205,759
Haliburton County and City of Kawartha Lakes	Community Care City of Kawartha Lakes	192	$ 565,945
	Haliburton Highlands Health Services	35	$ 210,212
Total		**2,509**	**$ 9,980,923**

Central East LHIN Investments in ALS-HRS and Annual Targeted Individuals Served

October 2016

Sub-region	Health Service Provider	Targeted Individuals Served	2016/17 Budget
Scarborough North/ Scarborough South	Carefirst Seniors & Community Services Association	283	$ 2,345,457
	TransCare Community Support Services	192	$ 1,027,685
	Yee Hong Centre for Geriatric Care	159	$ 1,641,323
	Victorian Order of Nurses for Canada	47	$ 3,586,919*
Durham West/ Durham North East	Community Care Durham (Oshawa and Courtice)	238	$ 3,879,073
	Victorian Order of Nurses for Canada	56	
Northumberland County	Victorian Order of Nurses for Canada	96	
Peterborough City and County	Victorian Order of Nurses for Canada	186	
Haliburton County and City of Kawartha Lakes	Community Care City of Kawartha Lakes	121	$ 1,267,332
	Haliburton Highlands Health Services	56	$ 912,885
Total		**1,434**	**$ 14,660,674**

Note: The targets for individuals served include ALS-HRS and Supportive Housing, as HSPs report combined numbers for these services to the Central East LHIN.
The budget amounts are pulled from the Q4 Draft 2016/17 MSAA refreshes and maybe subject to change once finalized.

Community Physiotherapy Clinics in the Central East LHIN

Sub-region	Clinic Name	Clinic Address	City	EOCs
Scarborough North	Canadian Physiotherapy Centre	2967 Sheppard Avenue East	Scarborough	1,078
	Novo Peak Health Inc.	60 Scottfield Drive	Scarborough	339
	Scarborough North Physiotherapy Clinic	407-3443 Finch Avenue East	Scarborough	1,297
Scarborough South	Central Scarborough Physiotherapy Clinic	14-2155 Lawrence Avenue East	Scarborough	1,550
	LifeMark Physiotherapy – Scarborough	3481 Kingston Road	Scarborough	845
	Miss M. W. Seaver	12-1121 Bellamy Road North	Scarborough	655
	Towncentre Rehab Clinic	60 Brian Harrison Way, Unit 3	Scarborough	681
Durham West	Pickering Sports Medicine & Wellness Centre	1867 Valley Farm Road	Pickering	1,333

Community Physiotherapy Clinics in the Central East LHIN (cont'd)

Sub-region	Clinic Name	Clinic Address	City	EOCs
Durham North East	Telma Grant, P.T.	1-234 King Street East	Bowmanville	675
	Central Park Physiotherapy Centre	455 Simcoe Street South	Oshawa	499
	Durham Physiotherapy & Wellness Clinic	575 Thornton Road North	Oshawa	1,229
	Oshawa Clinic	29 Charles Street	Oshawa	1,642
	Physiotherapy Associates of Port Perry	462 Paxton Street	Port Perry	595
Northumberland County	Closing the Gap Healthcare Group	119 Isabella Street	Campbellford	397
	We-Fix-U Physiotherapy and Foot Health Centres	727 William Street	Cobourg	700
	We-Fix-U Physiotherapy and Foot Health Centres	125 Toronto Road	Port Hope	260

Community Physiotherapy Clinics in the Central East LHIN (cont'd)

Sub-region	Clinic Name	Clinic Address	City	EOCs
Peterborough City and County	Lakefield Physiotherapy & Foot Health Clinic Inc.	150 Strickland Street, RR#4	Lakefield	523
	Peterborough Physiotherapy & Sports Injuries Clinic	555 George Street North	Peterborough	721
	Total Physiotherapy & Sports Injuries Centre	329 McDonnel Stree	Peterborough	700
	Total Physiotherapy & Sports Injuries Centre	26 Hospital Drive	Peterborough	
Haliburton County and City of Kawartha Lakes	Closing the Gap Healthcare Group	Gateway Plaza – 205-55 Mary Street West	Lindsay	600
	Lindsay Physiotherapy Services	86 Angeline Street South, Suite 105	Lindsay	635
	Halliburton Highlands Health Services	7199 Gelert Road, P.O. Box 115	Haliburton	355
	Halliburton Highlands Health Services	6 McPherson Street, P.O.Box 30	Minden	
Total				**17,309**

Central East LHIN Investments in Exercise and Falls Prevention Classes

April 2017

Sub-region	Lead Agency	# Exercise Classes	# Falls Prevention Classes	Total Class Summary
Scarborough North/ Scarborough South	Carefirst Seniors and Community Services Association	23	120	$ 170,400
	TransCare Community Support Services	50	140	$ 254,500
Durham West/ Durham North East	Community Care Durham	39	72	$ 162,720
	Oshawa Senior Citizens Centre	27	72	$ 133,920
Northumberland County	Community Care Northumberland	33	74	$ 151,200
Peterborough City and County	Community Care Peterborough	44	116	$ 216,960
Haliburton County and City of Kawartha Lakes	Community Care City of Kawartha Lakes	21	28	$ 77,280
	Haliburton Highlands Health Services	5	12	$ 23,520
Across sub-regions	Cardiovascular Rehabilitation & Secondary Prevention Program	10	0	$ 24,000
Total		**248**	**634**	**$ 1,214,500**