

Aging at Home 2009/10 Report

Outline

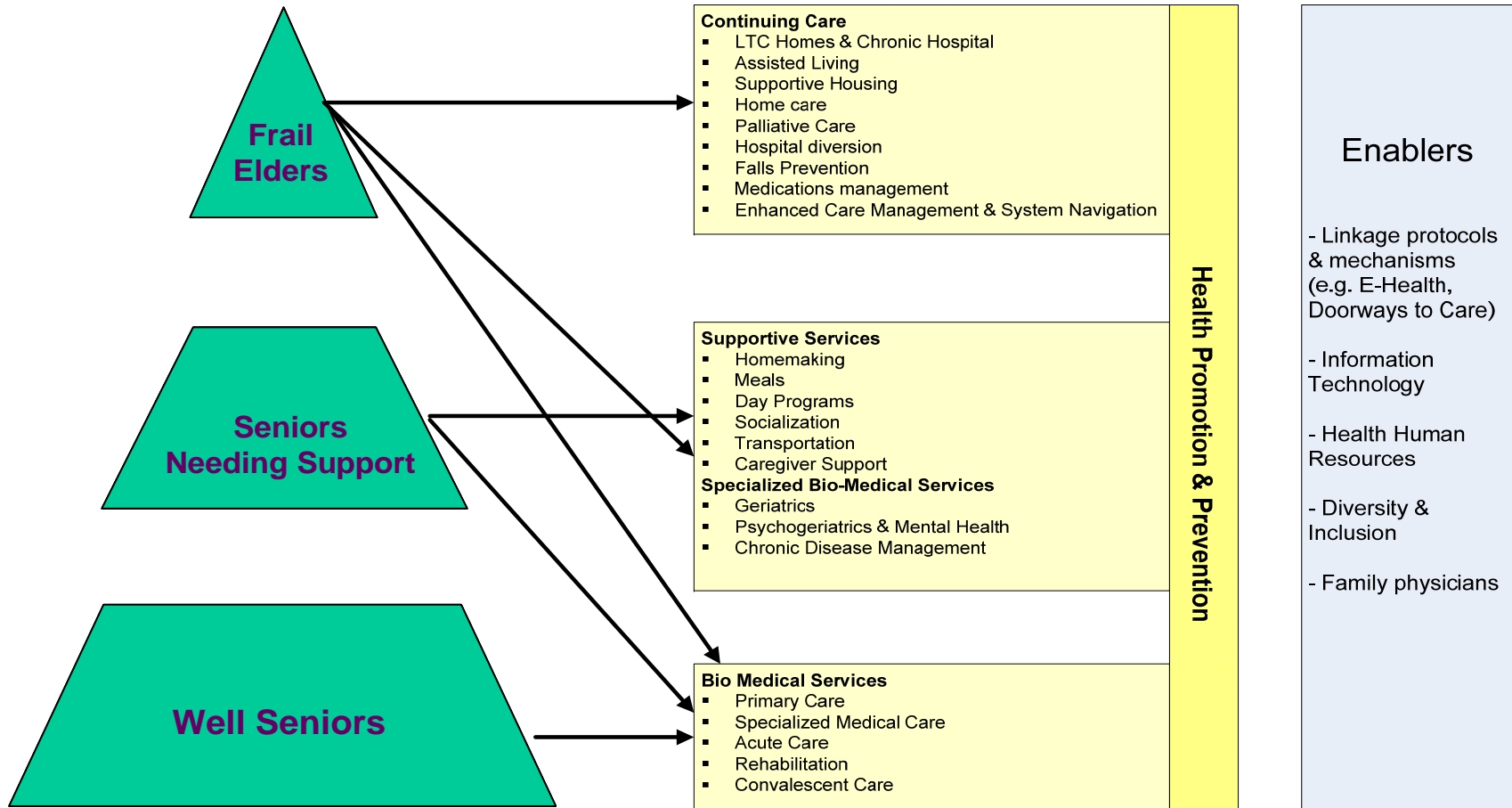
Vision and Objectives

- **Aging at Home Framework**
- **Year 2 Planning Process**
- **Community Engagement & Request for Proposal Process**
- **Provincial Direction for Aging at Home**
- **Gaps**
- **Draft Allocation**
- **Alignment with LHIN outcome map**
- **Health Human Resource Impact**
- **Aging at Home Performance Framework**
- **Going Forward**

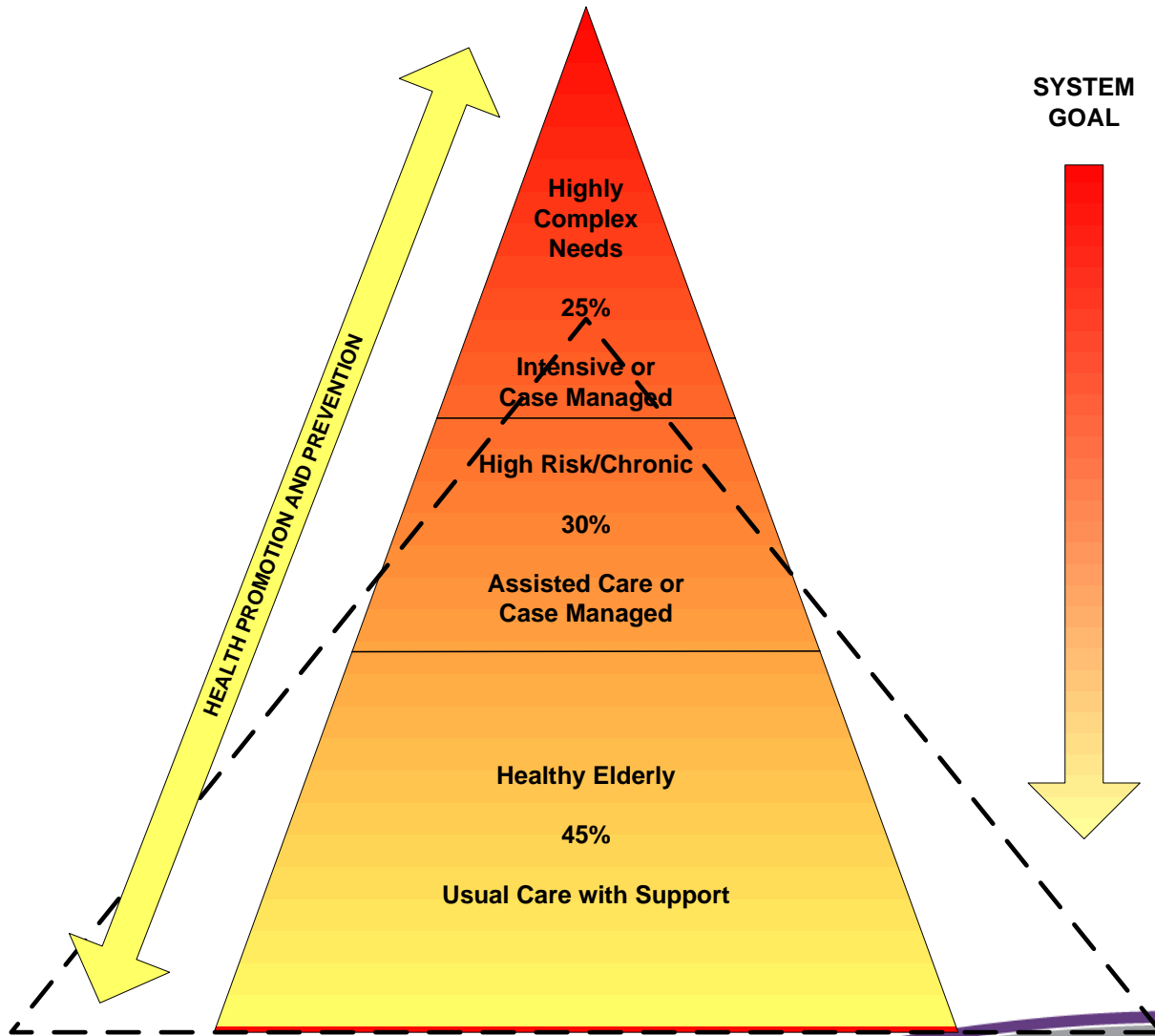
Vision & Objectives for Aging at Home 2009/10

- Support **provincial priorities** to reduce Emergency Room Wait Times and Alternate Level of Care pressures
- Enhance and build off **2008/09 (year 1) investments**
 - Continue to **build service capacity** within the Community Support Sector by enhancing year one projects, increasing services and building upon former investments
- Continue to leverage Aging at Home investment to **support IHSP** priorities
- Address identified **gaps** related to seniors care (Health Service Needs Assessment and Gap Analysis and Year One Gaps)
- There is a need to **strengthen linkages** between the community care, CCAC, hospital, primary care sectors and non-traditional 'community leaders'
- Continue to target and support disadvantaged and underserved groups
- Continue to target opportunities which contribute to Central LHIN **Ministry LHIN Accountability Agreement indicators and Ministry priorities**
- Support further the use of **E-health** related tools aligned with strategy
- Develop a **communication strategy** which profiles a 'street-level' approach to how Aging at Home is making a difference at a local level
- Incorporate **lessons learned** from year one

Aging at Home Framework – Service Detail



Aging at Home Framework

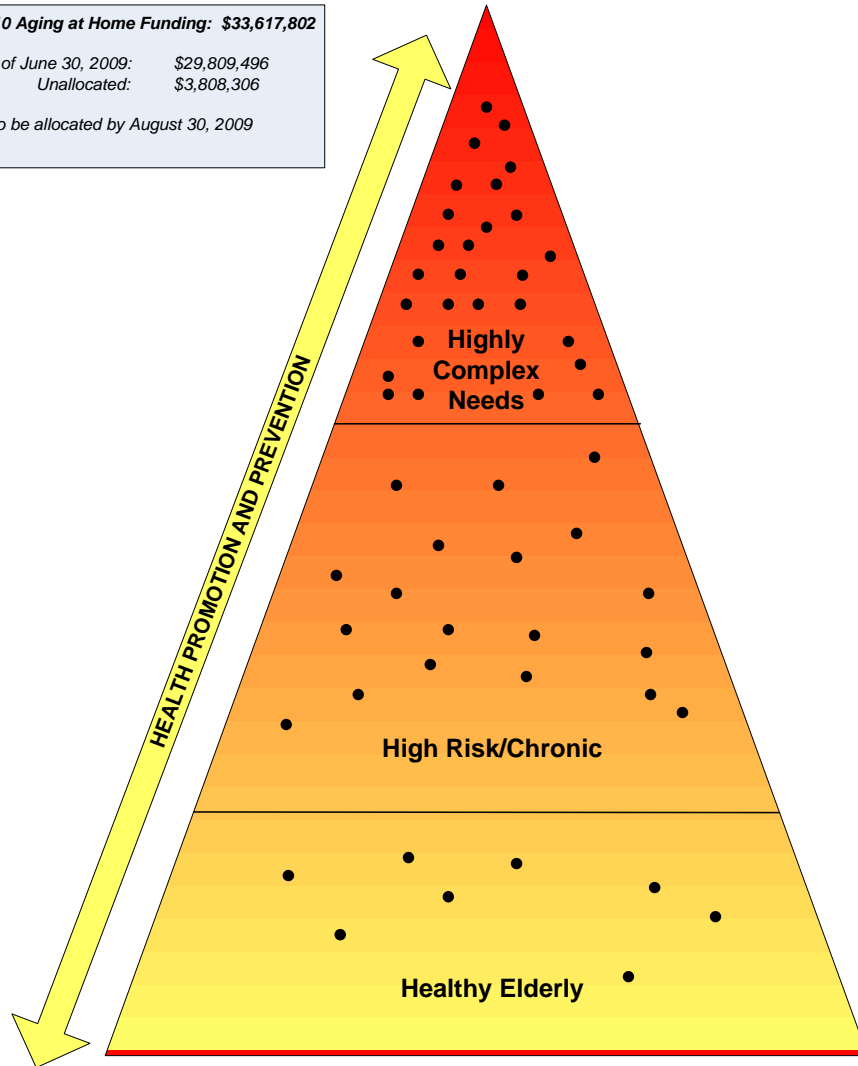


2009/10 Aging at Home Allocations (as of June 30, 2009)

Total 2009/10 Aging at Home Funding: \$33,617,802

Allocated as of June 30, 2009: \$29,809,496
Unallocated: \$3,808,306

Remainder to be allocated by August 30, 2009



2009/10 Approved Projects:

- Palliative Care Services Expansion
- Multi-Disciplinary Outreach Teams (four new teams)
- Nurse-Led Outreach Teams (two new teams)
- Medications Management (Central LHIN-wide service)
- Supportive Housing (10 Projects)
- Community Services as an Alternative to Long Term Care Placement (Expansion)
- 30 Convalescent Care Beds
- Specialized Mental Health Services
- Dementia Services
- Specialized Community Support Services
- Expansion of 71 New Interim Beds (proposed July 28, 2009)

Total Investment 2009/10 - \$19,698,956

2009/10 Approved Projects:

- Adult Day Programs (Total of 7 new programs)
- Increase Services in Rural Areas
- Increased Supports for Independent Living
- Dementia Service Expansion
- Psycho-geriatric Outreach Teams
- LHIN-wide Stroke Prevention
- Transportation Service Expansion
- Caregiver Support
- Home at Last
- Specialized Mental Health Services for Emergency Diversion
- Specialized Community Support Services

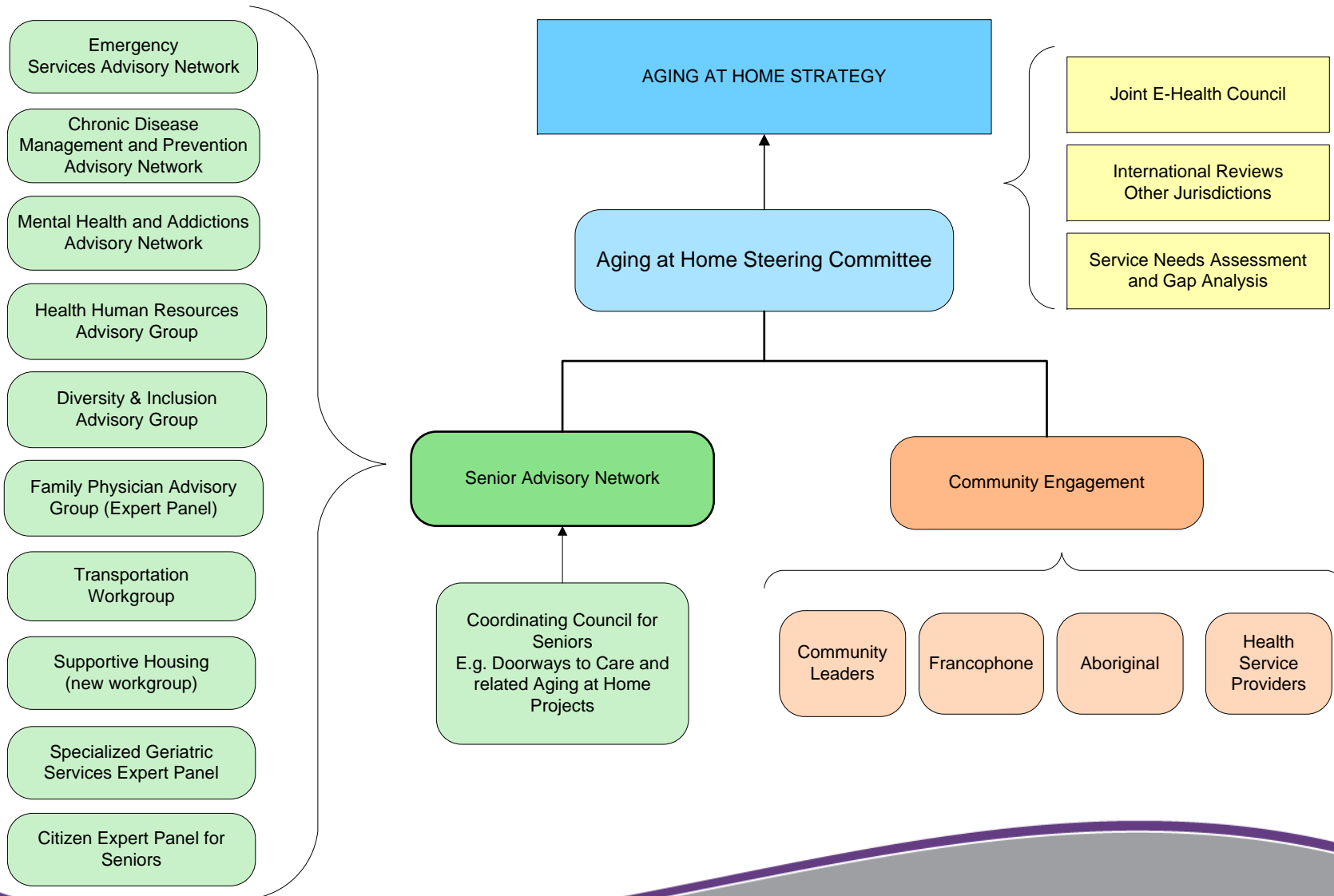
Total Investment 2009/10 - \$7,122,979

2009/10 Approved Projects:

- Geriatric Emergency Management Expansion (11 GEM Nurses)
- Increase Services in Rural Areas
- Expansion of Rehabilitation Services
- Caregiver Support
- LHIN-wide Stroke Prevention
- Specialized Community Support Services

Total Investment 2009/10 - \$5,783,730

Year 2 Plan Components - The Planning Process



Community Engagement

Sources Used for Strategic Planning and Validation

- Community Engagement (Consumers, Caregivers)
- Provider Consultation (Sector consultation, planning tables, Advisory Networks, Advisory Groups, workgroups)
- Data (Service Needs Assessment & Gap Analysis, Statistics Canada, Alzheimer's Society)
- Review of International Literature & Care Models
- Monthly Cross LHIN Information Sharing
- Frequent Dialogue with Ministry of Health and Long Term Care
- Lessons Learned to date from Aging at Home 2008/09

Community Engagement

Consultation Demographics

- 1109 participants were consulted over a 2 month engagement period
- 58 focus groups were held
- 112 interviews were held with caregivers of seniors with dementia
- 34 interviews were conducted on Independent living
- Many ethnic groups consulted -- Asian/ South Asian/ Caribbean, Persian, Hispanic, Korean, Pakistani, Portuguese, Italian, Jewish
- Languages other than English: Italian, Cantonese, Mandarin, Urdu, Hindi, Gujarati, French

Engagement Methods

- Aging at Home Year 2 Community Engagement Strategy was developed according to specific topics that required further understanding
- Community Support Network assisted in gathering input to understand the top support needs of seniors in order to live independently
- Community Leaders reached out to their own diverse communities to understand the specific barriers faced by caregiver from diverse cultures
- Palliative care providers reached out to their clients and family members to understand the challenges faced by those caring for a senior in the last stages of life
- Providers to seniors and caregiver with dementia reached out to understand the greatest needs of caregivers to be able to provide support and the barriers associated with providing that support

What Our Communities Said....

- **Health Human Resources** (e.g. staff shortages, high turnover rates, pay equity, ethno-cultural needs, trained staff working in dementia services)
- **Service Capacity** (e.g. the need to increase and coordinate transportation services, improve support for caregivers, increase rehabilitation services, nutrition counseling, access to assistive devices, personal care and housekeeping services)
- **System Navigation** (e.g. providing information and education to seniors and their caregivers, improving the linkages between services/sectors, and ensuring that language barriers are reduced)
- Need for more **community support services and related infrastructure**
- Need for greater **culturally-sensitive services**

Request for Proposal Process

HSIP Eligibility for Evaluation (Gate 1 part 1.0 of Scorecard)

- Proposal meets mandatory criteria
- Create list of unqualified
- Qualified proposals move to next step
- Review Committee of 6 participants
- Review completed by October 15

HSIP Evaluation of Proposal (Gate 1 part 2.0 and Gate 2 of Scorecard)

- Evaluation of proposal components
- Create a ranking of scores for evaluated proposals
- Review Committee of 6 participants
- Review completed by October 17

HSIP Recommendations to Expert Panel Review

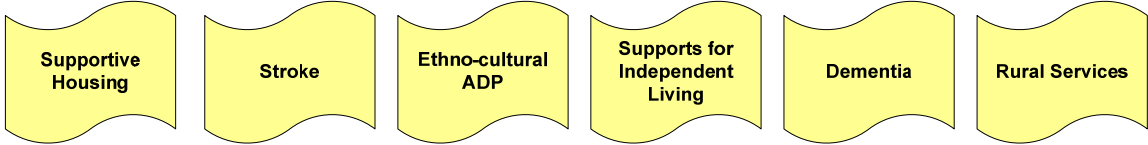
- Recommended proposals reviewed by expert panel
- Recommendations of final proposals prepared for Aging at Home Steering Committee
- Expert Panel of 6 participants
- Review completed by November 28

HSIP Final Recommendations for Approval

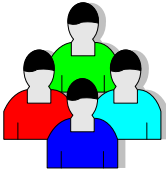
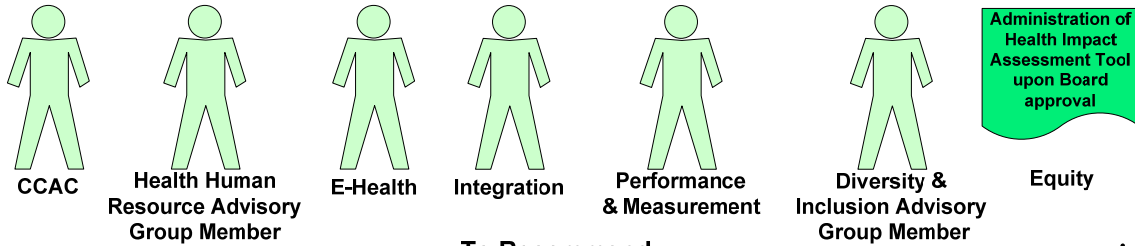
- Aging at Home Steering Committee review final slate of proposed 2009/10 projects
- Prepare recommendations to the Board
- Project slate for 2009/10 Aging at Home proposals to board for approval January 27, 2009

Step 1: Evaluation Committee to Review all eligible proposals and recommend for Step 2 Expert Panel Review

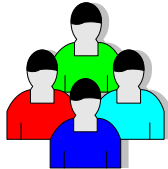
Recommended RFPs for further review



Step 2: Expert Panel To Review



Aging at Home Steering Committee



Central LHIN Board of Directors

*Evaluation Process endorsed by Seniors Advisory Network October 7, 2008

Proposal Review Groups:

Proposal Review Committee (Step 1)

Reviews all 67 proposals using the Aging at Home weighted scorecard. The Review Committee ensures eligibility, examines service coordination & access, evaluates risk and cost/benefit of proposed program, identifies possibly legislative or regulatory barriers, ensures health equity is enabled through all proposals and develops final rank for expert panel review. Consists of 6 participants which include subject matter experts and Central LHIN staff.

Expert Panel (Step 2)

Reviews recommended proposals from the Review Committee to examine impacts to Health Human Resources, Diversity & Inclusion, E-Health agenda, opportunities for potential integration, performance and measurement feasibility as well as any impact to the Central CCAC. In addition, the expert panel review process will include the initiation of the Health Impact Assessment Tool to be completed by successful providers of proposals upon Board approval. Consists of 6 participants representing targeted subject matter expertise.

Aging at Home Steering Committee (Step 3)

Reviews final recommendations from both the Expert Panel and prepares final slate of proposed projects for Board approval

Central LHIN Board (Step 4)

Proposals presented to the board for approval in January 2009

Results from 2009/10 Call for Proposals

- Requests for proposals were posted on August 15 2008 on the Central LHIN website
- Proposals were due Friday September 26 by 4:00pm
- Received **67** proposals in total, **4** were disqualified
- Total Funding Requested from all proposals was:
 - Base funding \$35,198,101
 - One-time funding \$7,588,773
 - **Total Request: \$44,665,880**
- All eligible proposals have been evaluated by Phase One Review Committee (5 proposals were disqualified as they did not meet mandatory criteria for evaluation)
- All short listed proposals have been evaluated by Phase Two Expert Panel Review Committee
- ***Any proposals not recommended for approval through 2009/10 Aging at Home Call for Proposals will be submitted to the project management office for future consideration under the existing HSIP process***

Provincial Direction for Aging at Home

- The focus of Aging at Home funding for 2009/10 has an intensified focus to align with government's key priority of improving access to emergency services and reducing emergency room wait times
- **Key Objective:** Seniors are cared for in the most appropriate setting with the targeted outcome of:
 - Reducing utilization of emergency rooms
 - Reducing patient days and beds occupied by alternative level of care patients, and
 - Relieving pressure on long-term care homes through expanded community supports that enable people to live independently for as long as possible
- **2009/10 Aging at Home Investment Guidelines** developed and communicated to LHINs on November 21, 2008 by the Ministry
- As part of the communications around new investment guidelines, the Ministry has also requested an **Overarching Emergency Room/Alternate Level of Care Plan**
- Changes were also made to the format for the Detailed Service Plan, where the Ministry is expecting **one Detailed Service Plan per NEW Aging at Home proposal**

Alternate Level of Care/Emergency Room Investment Guidelines from Ministry of Health and Long Term Care for Aging at Home 2009/10

Aging at Home 2009/10 (additional to 08/09 base) \$20,100,000	Direct <i>Min 50%</i>	Diversion <i>Balance</i>	Prevention <i>Max 15%</i>
	\$10,045,000	\$7,041,500	\$3,013,500

Direct (Immediate Impact)

- *Client already in Emergency Room or deemed an Alternate Level of Care patient being discharged or moved from acute to transition care settings*

Diversion (Medium Term Intervention)

- *Primarily Emergency Room diversion/prevention [programs for high-risk populations (e.g. Clients with age-related health diagnosis, seniors living in isolated and remote areas)]*
- *Includes the provision of necessary supports/programs in their current homes (including those in Supportive Housing, Long Term Care homes)*

Preventative (Long Term)

- *Provision of services to seniors who may suffer from chronic disease, co-morbidity, age-related disabilities, and/or at risk of caregiver breakdown*
- *Prevention and wellness focus through various community programs and supports*

Factors Effecting Aging at Home 2009/10

- The results of new consultations with seniors have been built into the proposed 2009/10 Aging at Home Plan;
- Ministry has linked Aging at Home directly to the province's top priority of improving access to emergency services and reducing Alternate Level of Care days: the Central LHIN must allocate according to new Investment Guidelines (see slide # 23);
- The Ministry has also indicated a goal of reducing inequitable access to health services by disadvantaged groups;
- Investments being made through the Aging at Home strategy have been aligned with the Emergency Department/Alternate Level of Care Overarching Plan developed by the Central LHIN; and
- The proposals build upon the need for improved coordination of care across provider agencies.

Central LHIN Alternate Level of Care Patients Fiscal Year 2006/2007 & 2007/2008

Institution	ALC Cases, by Discharge Destination							Age
	Long Term Care	Rehabilitation	Chronic Care	Home Care	Other	All Destinations	All Destinations	
Humber River Regional Hospital - H	53%	26%	9%	11%	1%	100%	556	All
Humber River Regional Hospital - Y	52%	22%	8%	19%	0%	100%	360	All
Markham Stouffville Hospital	44%	19%	8%	19%	10%	100%	324	All
North York General Hospital	25%	49%	9%	16%	1%	100%	1939	All
Southlake Regional Health Centre	21%	29%	39%	8%	3%	100%	449	All
Stevenson Memorial Hospital	89%	4%	2%	0%	4%	100%	45	All
York Central Hospital	19%	31%	38%	11%	1%	100%	1370	All
Central LHIN	30%	35%	19%	13%	2%	100%	5043	All
Humber River Regional Hospital - H	58%	23%	9%	10%	1%	100%	500	65+
Humber River Regional Hospital - Y	55%	19%	8%	19%	0%	100%	319	65+
Markham Stouffville Hospital	48%	15%	7%	19%	11%	100%	294	65+
North York General Hospital	28%	48%	9%	14%	1%	100%	1703	65+
Southlake Regional Health Centre	23%	27%	41%	7%	2%	100%	378	65+
Stevenson Memorial Hospital	92%	3%	3%	0%	3%	100%	39	65+
York Central Hospital	21%	28%	39%	10%	1%	100%	1210	65+
Central LHIN	33%	33%	20%	12%	2%	100%	4443	65+

Ambulatory

Exhibit 15: Ambulatory Utilization Breakdown (FY2006/07)

Age Group	Clinic	Emergency Room / ED	Medical Day/Night	Surgical Day/Night	Other	Total
0-64	44,300	326,637	109,711	85,524	2,499	568,571
65-74	17,355	33,367	56,039	23,791	579	131,131
75-84	12,266	35,152	47,099	18,830	516	113,863
85+	2,196	16,605	8,980	3,930	142	31,853
Total 65+	31,817	85,124	112,118	46,551	1,237	276,847
Central % 65+	11.5	30.7	40.5	16.8	0.4	
ONTARIO % 65+	12.5	34.4	37.2	14.4	0.9	

Source: PHPDB – NACRS FY 2006/2007



Highlights of Key Identified Gaps in Seniors Services and Aging at Home 2008/09 1/4

Supportive Housing

- Over 880 Seniors on waitlist for supportive housing in Central LHIN within all three municipalities of Toronto, York Region and South Simcoe (Waitlist Data Source, Central LHIN Supportive Housing Inventory Results, 2008)
- North York East and North York Central have high proportions of seniors but little supply of supportive housing (SNAGA Draft Interim Report)
- Richmond Hill and Markham are two fastest growing municipalities in Central LHIN

Dementia Care

- The Alzheimer's Society reports that between 2006 and 2011, Central LHIN will experience an increase of 47.5% in dementia cases
- Dementia is one of the top five diagnosis among CCAC clients (SNAGA Draft Interim Report)

Gaps continued (2/4)

Services for those from diverse ethno-cultural groups

- 36.74% of Central LHIN population are visible minorities
- 43.14% of Central LHIN population does not have an official language of English or French
- Top five languages include Italian, Chinese, Russian, Spanish, Persian (SNAGA Draft Interim Report)

Services such as housekeeping, meal preparation, shopping assistance, and other daily living tasks (Instrumental Activities of Daily Living)

- 74% clients experience high difficulty with such tasks (Preliminary Report Findings, Balance of Care project)

Transportation services

- Currently there is not an existing centralized transportation service in Central LHIN
- Benefits of a coordinated transportation system include cost-effectiveness of service delivery, efficiency, increased service availability and affordability for riders, greater emphasis on safety and service delivery (Central LHIN Literature Review, 2007)

Gaps continued (3/4)

Services that integrate primary care providers

- Ontarians with low continuity of care had 1.55 times more emergency visits than those with high continuity of care and 1.35 times more medical non-elective hospital admissions (Institute for Clinical Evaluative Sciences, July 2008)

Palliative care programs In Ontario, over 25,000 cancer patients died in 2006 (Cancer Care Ontario 2006)

- Even though most clients prefer to die at home, the majority of clients die in hospitals, making the end-of-life population among the most expensive to care for and support (Seow, King & Vaitonis 2008)
- For people living alone without family support, or who the demands of 24-hour care may be greater than can be handled, residential hospice provides a homelike, cost-effective alternative

Services in rural areas of the Central LHIN The senior population (65+) in South Simcoe and Northern York Region make up 11.48% of the total population (SNAGA Draft Interim Report)

- Over the next ten years, the senior population in South Simcoe and Northern York Region is expecting significant growth of approximately 45% (SNAGA Draft Interim Report)

Gaps continued (4/4)

Long Term Care & Transitional Beds

- There are 7,057 Long Term Care beds in Central LHIN which account for 9% of the total beds in Ontario. Short Stay and Convalescent Care beds (which are accessed on a temporary basis) comprise only 1% of the total beds in Central LHIN.
- There are over 2,000 seniors waiting for a space in a Long Term Care Home in the Central LHIN. A significant percentage of these seniors might be able to remain in the community if a coordinated and expanded community-based system of care was available to them

Existing Transitional Beds

- **Convalescent Care Beds (Short Stay):** In 2008/2009 Central LHIN has 61 convalescent care beds (30 beds funded through Aging at Home year 1 (08/09), spread across 4 sites in the Central LHIN (south, east, central and north). The beds are targeted for a maximum of a 90 day stay.
- **Interim Long-Stay Beds:** We are investing in 35 new interim beds in multiple locations across the LHINs through LHIN Urgent Priorities Fund 2008/09 (one-time recurring for 2 years). By virtue of their “interim” designation, these beds are targeted at Alternative Level of Care patients waiting in Central LHIN hospitals for long-term care placement. These beds are meant to be a transition to one of the patient’s preferred choices.

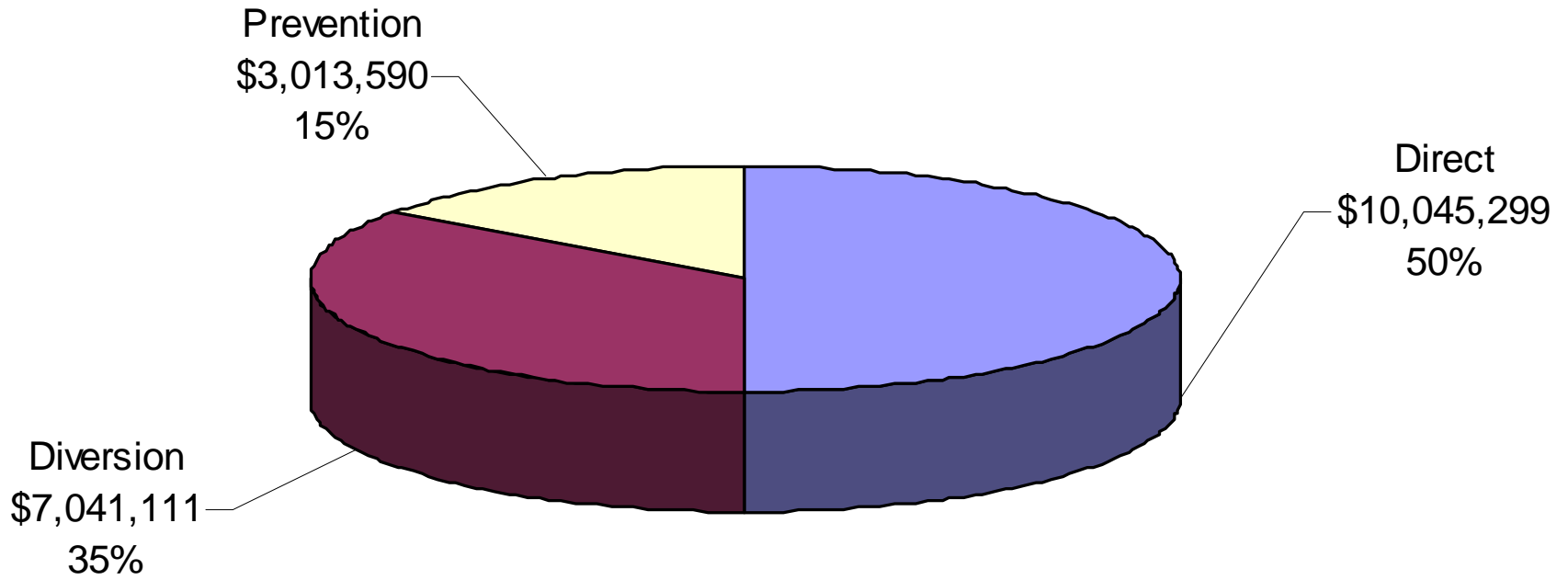
Rehabilitation Services

- Central LHIN has a shortage of rehabilitation services, especially for weekend and outpatient rehab services (KPMG. (2008) Service Needs Analysis and Gap Assessment Final Interim Report)
- Approximately 35% of Central LHIN Alternate Level of Care patients were awaiting rehabilitation services in 2007/08

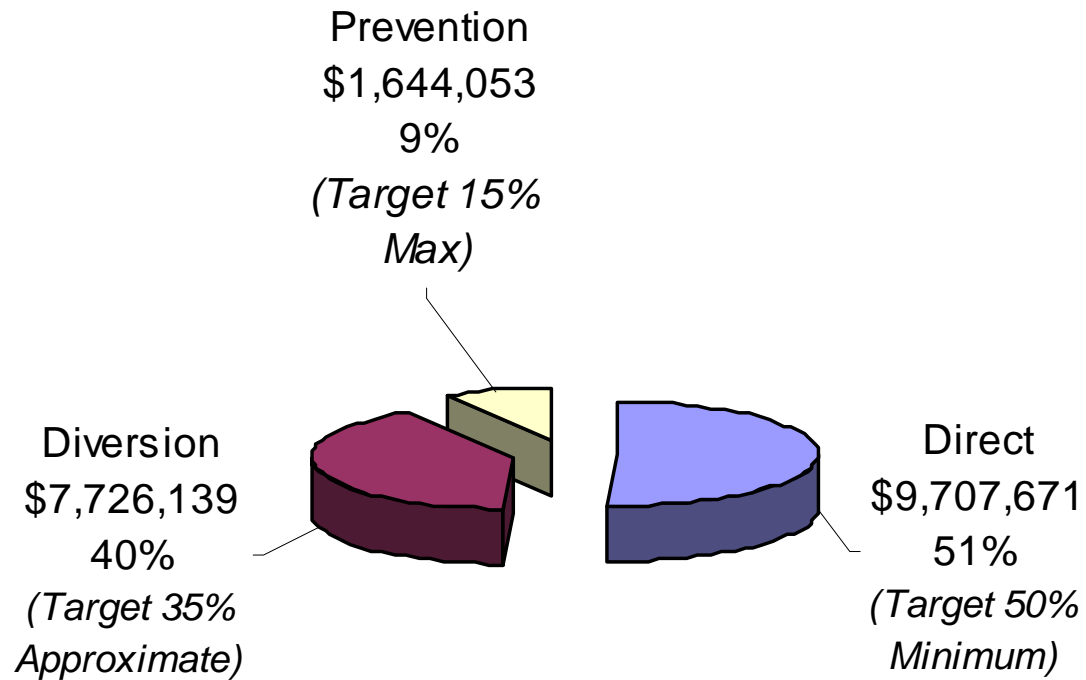
Disabilities

- Central LHIN has not targeted disabilities services specifically to date, however are beginning to explore the scope and potential opportunities within the framework of Aging at Home.

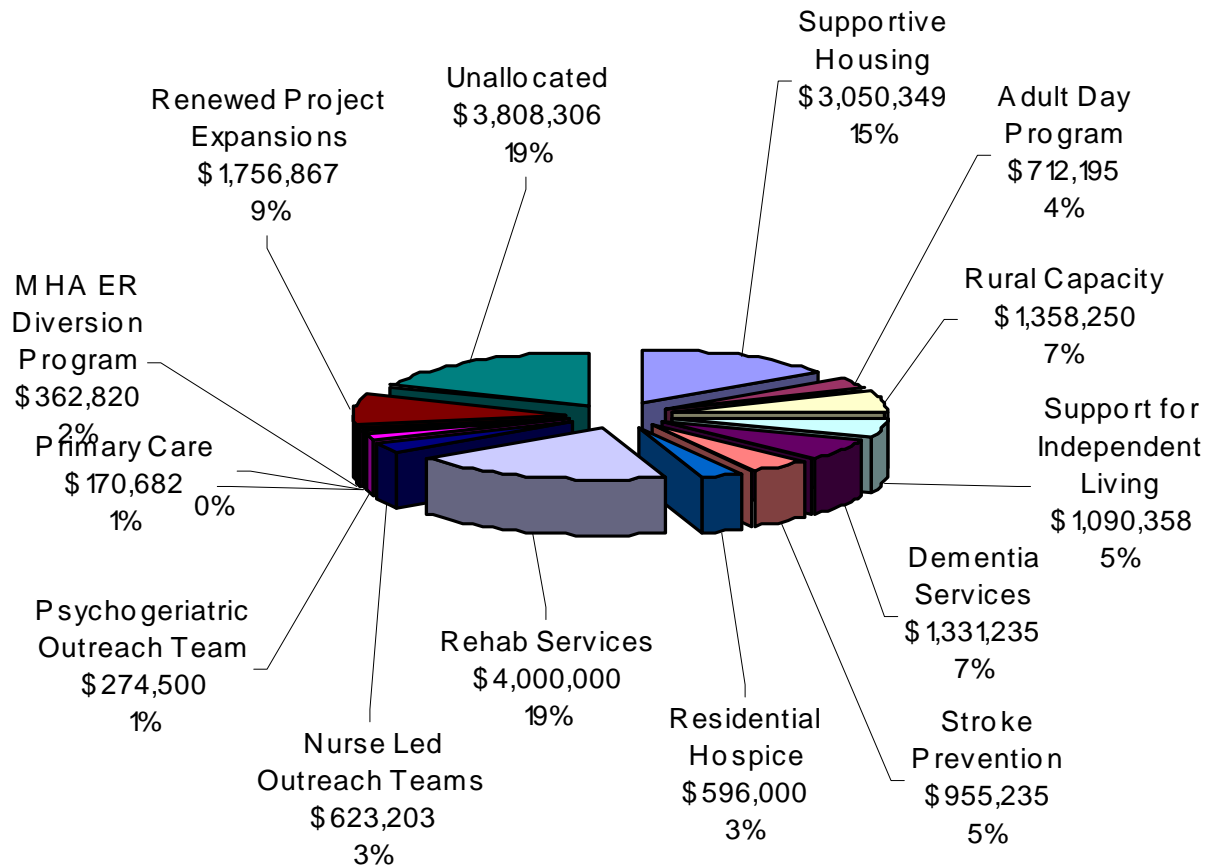
2009/10 Aging at Home Investment Guideline Allocation



Actual Aging at Home Allocations to Investment Guidelines (as of June 30, 2009)



2009/10 Aging at Home Allocation as of June 30, 2009

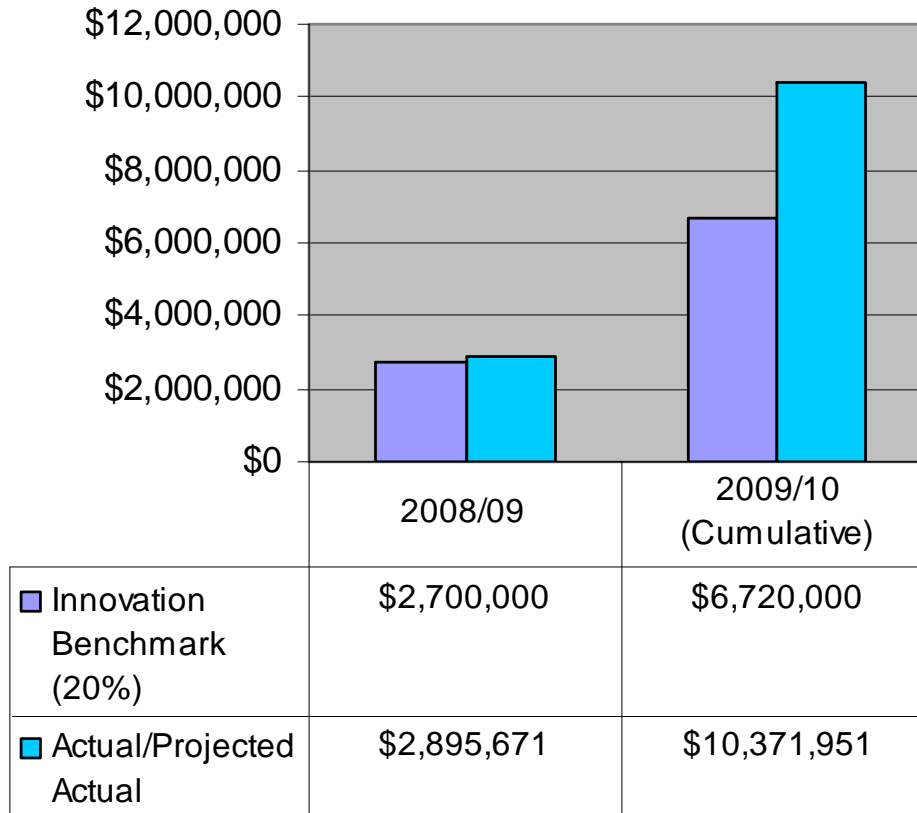


Note Unallocated \$3,808,306

The remaining funds to be allocated have been earmarked for further investment into Interim Long Term Care Beds. This is currently in progress and is expected for full allocation by end of August 2009.

Aging at Home Innovation Allocation

(pending Ministry of Health and Long Term Care Review)

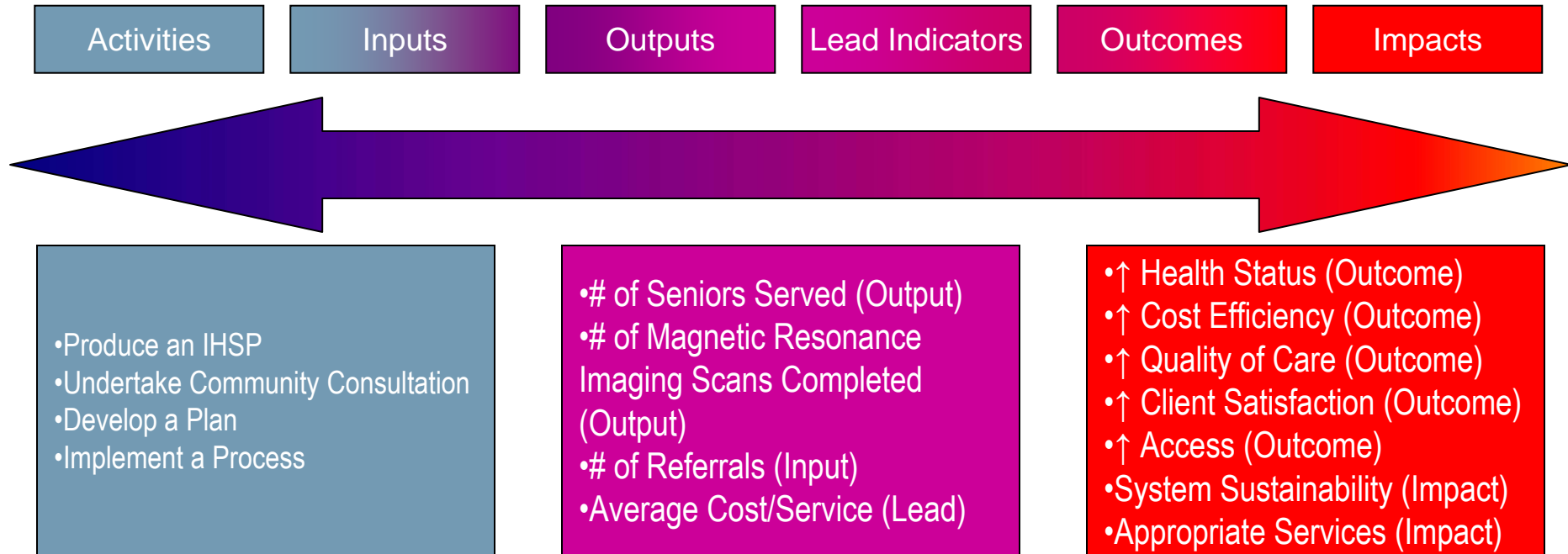


Health Human Resource Impact

- Aging at Home projects funded in 2008/09 generated 87 new positions in the Central LHIN
- Proposed 2009/10 project identified to date have the potential to generate 365 new positions
- Top three positions to be recruited for 2009/10: personal support workers, coordination staff and registered nurses

Aging at Home Performance Framework

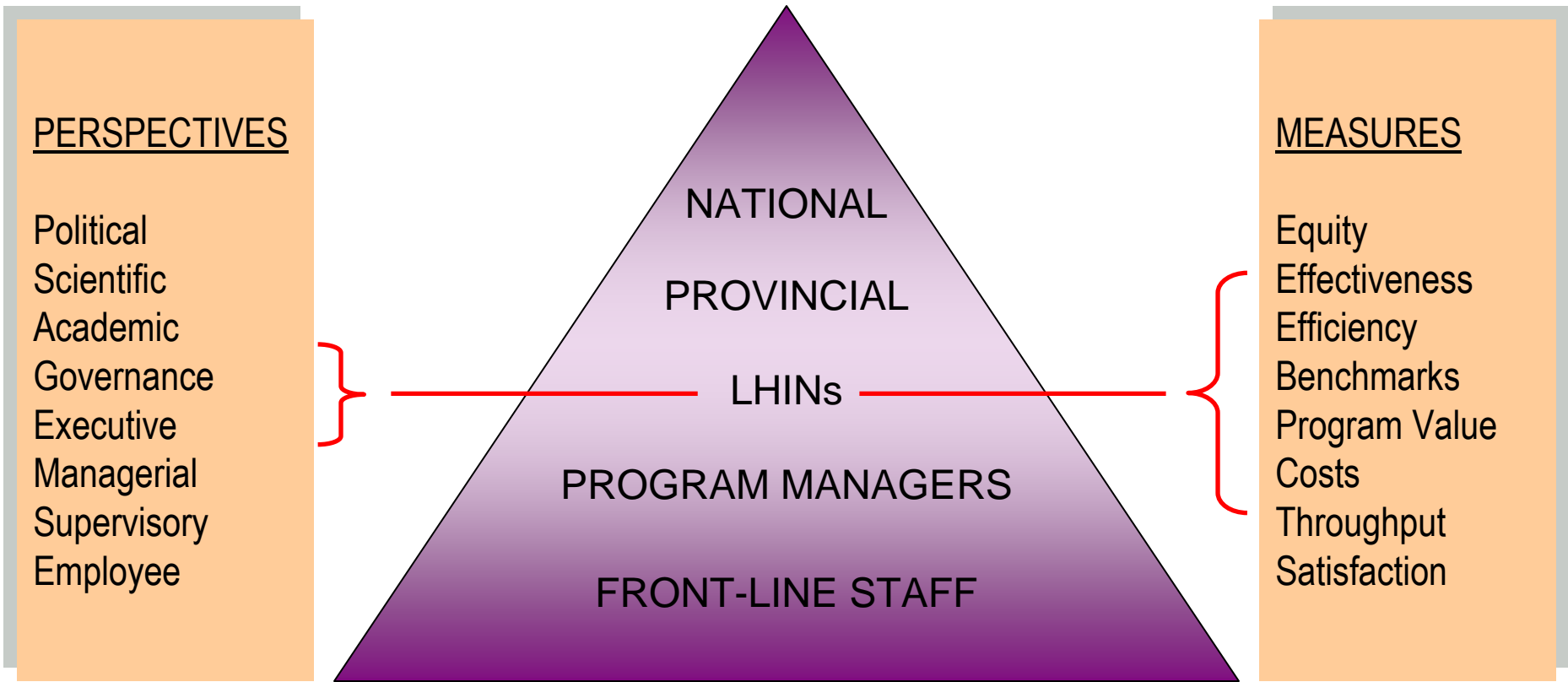
Logic Model – Continuum of Measures



Notes:

1. Outcomes and Impacts are components of program evaluation
2. Outcomes are short-term tangible results → may be seen within 1-3 years post-implementation
3. Impacts are longer-term broader results → may not be seen until a few years post-implementation

Perspective of Measures

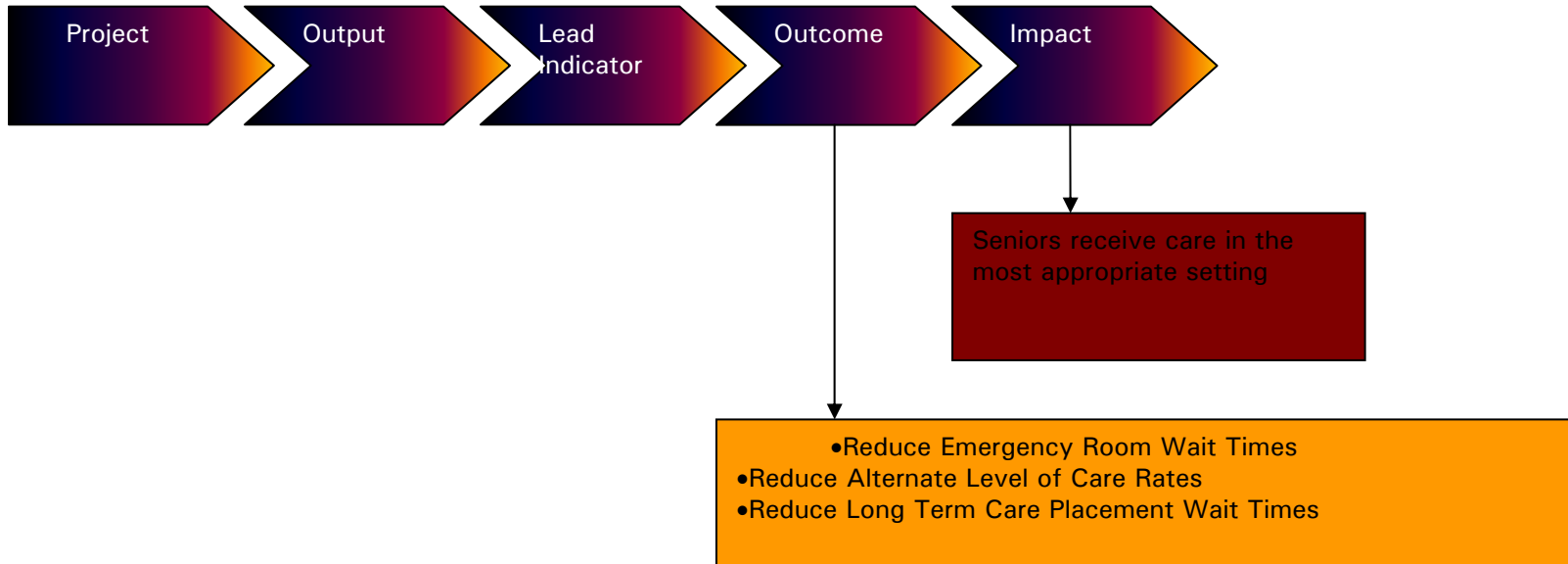


MEASURE SELECTION IS A FUNCTION OF WHO IS DOING THE MEASURING

Performance Framework

- The application of the Logic Model
- The aim of the framework is to develop adequate and appropriate program metrics (i.e. Outputs or Lead Indicators) that will enable assessment of progress towards overall Impact
- Requires comprehensive understanding of:
 - The various programs and their objectives
 - Contributing factors related to increased Alternate Level of Care rates
 - Contributing factors related to increased Emergency waits

Draft Framework (in progress)



Going Forward

- All outcomes of year 1 & year 2 projects under the new performance framework to establish:
 - Initially, the desired outcomes for each project
 - Over the long-term, impacts of each project (program evaluation)
 - Develop adequate and appropriate metrics for each project to assess the desired outcomes (prior to funding letters being developed)
- Target Date for Metric Development: March 31, 2009

Final Remarks

Central LHIN staff would like to all our service providers for assisting us in developing this plan. We look forward to reviewing the impact that Aging at Home funded initiatives are going to have on our communities.

Please check back on our website www.centrollhin.on.ca in late summer for new information as we begin our planning for the Aging at Home 2010/11 Allocation Strategy.