



Community & Primary Health Care
Making A Difference In Your Community

CANADIAN MODEL FOR PROGRESSIVE SENIOR LIVING CENTRES

Community & Primary Health Care – Lanark, Leeds & Grenville (CPHC)
Submission to House Finance Committee
August 6th, 2014

EXECUTIVE SUMMARY

The proposed model for progressive senior living centres across Canada will provide enhanced living quarters and services for seniors who are no longer able to live in their home, but are not at the level of need for a long-term care facility. The model aims at ensuring seniors can live in a 'home' environment with supports that will delay or keep them out of alternate Level of Care beds (hospitals) and/or nursing homes.

The intent of this model is to provide a building complex of seniors' apartments that is attached to a medical care, health & wellness centre. Services within the medical, health & wellness programs would be available to individuals of all ages (pre-natal to end of life).

In reviewing the themes of the Federal government's 2014 pre-budget consultations, several priorities of the proposed model focus on elements of the following themes:

- supporting families and helping vulnerable Canadians by focusing on health, education and training;
- ensuring prosperous and secure communities through support for infrastructure.
- balancing the federal budget to ensure fiscal sustainability and economic growth;
- maximizing the number and types of jobs for Canadians.

The capital expenditures for the proposed model will be offset by reduced operating costs incurred through unnecessary emergency visits, admissions to hospital beds and premature admissions to long term care facilities (*See Appendix I – attached*).

Not only will this model enable our seniors to age gracefully with social and financial benefits, but it will ensure that the healthy residents continue to strengthen the Canadian economy.

PROPOSAL

INTRODUCTION:

Our intent is to succinctly describe the Canadian Model for Progressive Senior Living Centres proposed across Canada. CPHC recommends implementation of 10-12 of these centres as ‘pilots’ to evaluate the financial benefits, operational efficiencies, enhanced quality of services and enhanced collaboration amongst health and community partners. Over this period of time there would also be evaluation of patient/client satisfaction, clinical outcomes and staff satisfaction.

The figures described in APPENDIX I (attached) **are solely projections** as to our knowledge, such a model does not currently exist in Canada. Introducing 10-12 of the proposed model across the country will provide the federal government with one-time ‘actual’ capital costs and operational savings through needless emergency visits, hospital admissions and long-term care. Additionally, the government will have ensured a healthier aging population as healthier residents make for a stronger economy.

APPENDIX II (attached) demonstrates clear evidence of the benefits through five (5) CPHC Programs that limited the number of hospital emergency visits and needless admissions to alternate level of care beds and long term care.

Through the government’s evaluation, they will be able to identify tangible and intangible benefits that this model provides. CPHC would be one of the models that would participate in the evaluation.

DEMONSTRATED NEED:

Seniors aged 75 and older are the most common receivers (1 in 4 Canadians) receiving help at home. Younger seniors (65 – 74 years) represent 13% of care receivers, a proportion similar to that of Canadians aged 55 to 64 years¹. The vast majority (88%) of care receivers relied on help from family and friends. About half combined this help with professional services. Relying on professional services alone was reported by 12%¹.

The most common form of help received from family and friends was transportation, identified by 83% of care recipients. Next was help with cooking and cleaning at 67%, followed by home maintenance or outdoor work at 53%¹.

“Growing old and dying are both costly and inescapable”. The countries that are investing in the true business of ‘aging gracefully’ believe there are social and financial benefits – healthy residents make for a stronger economy².

Data, as confirmed by the South East LHIN, indicates that 30% of Ontario seniors are unessentially placed in nursing homes.

¹Statistics Canada – Study: Receiving Care at Home 2012.

²Laura Fraser – Staff Reporter, The Chronicle Herald Special Report – Halifax, Nova Scotia

MODEL DETAILS:

A seniors' apartment complex will house assisted living units, social, health, wellness and prevention programs, an Outdoor Wellness Park and a Guest Respite Centre (a 'home away from home'). The respite centre would primarily target individuals with partners needing a break from their caregiving role, but would not preclude individuals requiring a broader spectrum of care on a short-term basis, i.e. residents requiring short-term convalescence. Guests can stay up to 90 days/year; this provides their loved one a break as well, provides care and social activities for the recipients

The Outdoor Wellness Park (similar to the B.C. model) provides a structure where seniors can exercise safely using outdoor apparatus/supports or relax and enjoy the seasons.

It has been demonstrated that access to services provided through the proposed model (seniors' apartments attached to medical care, health & wellness services) prevents and/or delays emergency hospital visits, hospital in-patients stays, and in many cases, prevents unwarranted admission to long-term care.

The proposed progressing aging model serves the recipients well, is cost effective and is embraced by seniors and their families as demonstrated through the current list of seniors who have submitted their names in interest of securing this model of accommodation in Brockville.

CPHC has worked with several businesses and health organizations over the last six (6) years to develop this model. Our research revealed similar models in Denmark, Sweden and Netherlands. CPHC and partners have embraced elements of these models that we feel are pertinent to the needs of our aging Canadian population with an increasing number of Canadians reaching a point where they require enhanced/assisted living services to keep them out of hospitals and long-term care.

STATUS OF THE CPHC CANADIAN MODEL FOR PROGRESSIVE SENIOR LIVING CENTRE

The CPHC and partners are proposing the Federal government introduce 10-12 Progressive Senior Living Centres across Canada with CPHC being one of the pilot models.

CPHC has completed the first phase, of what we believe to be the model of choice for the country. The 24,000 sq. ft. facility opened in August 2013 and sits on 6.67 acres of land (4 acres cleared and 2.67 environmentally protected). The property owned by CPHC is located at 2235 Parkedale Avenue, Brockville, Ontario.

This phase provides medical care and health & wellness programs serving individuals of all ages (prenatal to end of life).

- **CPHC Community Family Health Team** – interdisciplinary access to primary health care through Physicians, Nurse Practitioners, Registered Nurses, Social Worker, Dietitians. Clinics include Arthritic Clinic (physiotherapists), Congestive Heart Failure Clinics and Wellness clinics inclusive of Chronic Disease Self-Management services. Speciality clinics including prenatal care, well child/well baby clinics including immunizations; women's clinics address specific women's health care needs.

- **CPHC Community Support Services** – include Diners Clubs, Meals on Wheels, Friendly Visiting, Telephone Reassurance, Home Help, Home Maintenance, Foot Care, Adult Day Service, Essential Transportation to medical appointments and other essential services including medical specialist appointments in Ottawa or Kingston.
- **Caregiver Support Services** including respite, education and counselling.
- **CPHC Caregiver Support Centre** – Adult Day Program.
- **CPHC Lifeline** – serving Lanark, Leeds, Grenville and Kingston.
- **Stroke Survivor and Caregiver Support Group** – offered monthly for the community at large.
- **CPHC Heart Wise Seniors Exercise Program** – volunteer instructors certified locally by a CPHC staff instructor, through Western University (Canadian Centre for Activity and Aging – CCAA) and the Ottawa Heart Institute. There are over 40 volunteer instructors and 600+ participants across the 20 sites in Lanark, Leeds & Grenville Counties.
- **CPHC Diabetes Centre** – serving residents with pre-diabetes and those with diabetes.
- **Chronic Disease – Self Management Workshops**
- **The Parkinson’s Support Group**
- **Meeting Rooms, Boardroom & Community Partner Rooms** – increasingly used by other agencies/services, i.e.
 - Chronic Disease – Self Management Workshops
 - Hearing Society
 - Mental Health Workshops and Training Sessions

The following clearly outlines the benefits as demonstrated in the first phase of CPHC’s model:

- **Integrated client services.** A gentleman whose wife was a client of our Adult Day Program called the Manager to advise that he was up 17 times through the night to take his wife to the washroom. The Adult Day staff immediately thought the client may have a urinary tract infection (UTI) and followed up by taking a urine sample. The sample was taken to the CPHC Family Health Team (within the same facility) for testing that revealed the client had a UTI. The client was prescribed antibiotics and was able to begin immediate treatment. ***Without this diagnosis the client would have ended up in the emergency department, septic and admitted to hospital with potential risk of death.***

The above further demonstrates a culture of patient-centred care.

- **Accessibility to Multiple Services Within One Building Complex (One Stop Health Services).** In the past, CPHC services/programs were scattered across the City of Brockville in 7 separate locations. Clients requiring multiple services had to make several stops in order to receive the required services. For example, transportation had to be arranged for a client in Adult Day that required same day foot care and Diabetes Education services. This was a challenge for the client who had to get in and out of a vehicle multiple times to access services not to mention the confusion it created for the client. All CPHC programs/services in Brockville are now in one building offering ease of access particularly for those with physical challenges, frailty, etc.

There are multiple other benefits that have not been identified in this submission.

CONCLUSION:

CPHC has not yet embarked on the 2nd phase of this model (senior apartment complex and respite guest centre) until adequate funding has been secured.

CPHC and partners are requesting an opportunity to appear before the Committee to discuss this written submission in greater detail and share what we believe to be the model of choice for the aging Canadian population.

Signature: 

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CANADIAN MODEL FOR PROGRESSIVE SENIOR LIVING CENTRES SCENARIOS OF POTENTIAL SAVINGS

	Estimated Ave Cost per Hospital Day	Estimated Ave Cost per LTC Day	Estimated Ave Cost per ER Visit	
Estimated Cost per day	\$1,200	\$109,64	\$150,00	
Days per year	365	365	365	
Annualized	\$438,000	\$40,019	\$54,750	
No of clients in Facility	100	100	100	
Possible Savings in One Year				
If 20 % of clients did not require 7 days of hospital care in one year	\$168,000			
If 20% of residents stayed in their homes one year longer than going to LTC		\$800,372		
If 20% of residents Saved 1 emergency room visit in one year			\$30,000	
Possible Savings over Twenty Years (with no adjustment for increases in costs)				
If 20 % of clients did not require 7 days of hospital care	\$3,360,000			
If 20% of residents stayed in their homes and no longer required Long Term Care		\$16,007,440		
If 20% of residents Saved 1 emergency room visit			\$600,000	
Possible Savings over Twenty Years				
If 60% of residents remained in their homes	\$3,360,000	\$48,022,320	\$600,000	\$51,982,320



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Aging at Home Champlain LHIN Collaborative 2009/2010 CPHC Program Data

	Target # Clients	Actual # Clients	Target # Units of Service	Actual # Units of Service	# Client Emergency Visits	# Clients with more than one Emergency Visit Per Quarter	# of Admissions to ALC	# of Admissions to Nursing Home	# of Deaths
Adult Day	16	19	394	428	0	0	0	2	0
Respite Care	32	87	2,552	2,554	9	0	3	6	4
Primary Health Mobile Service	30	111	421	435	1	0	0	0	0
Seniors Wellness Clinics	60	65	540	593	0	0	0	0	0
Seniors Fitness Program	40	41	1,600	2,745	0	0	0	0	0
TOTAL	178	323	5,507	6,755	10	0	3	8	4

May 11, 2010