



Session 605: Innovative Supports for Seniors

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Peel Senior Link



Supportive Housing Journey - Peel/Halton Regions

Stage 1 - Early Years

Stage II – Transition Years



Stage III – ‘Supports for Daily Living’ Innovative Regional
Service Delivery Model



Early Years – Key Milestones 1991 – 1996 Peel Senior Link



- Establishment of Seniors' Day Programs
- Service Coordination in rent-geared-to-income seniors' buildings in Malton as a pilot project with Peel Regional Housing Authority
- Formation of new Not-For-Profit Corporation – Peel Senior Link (PSL) – Funding acquired by Long-Term Care (LTC) Area Office and Commissioned report by Sandi Pelly & Associates in collaboration with the Region of Peel
- Day Service Coordination Model – 14 Buildings



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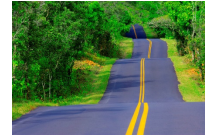
Transition Years – Key Milestones 1996 – 2007 Peel Senior Link

- LTC Area Office supports the expansion of programs to include provision of on-site services, 12 hours per day, 7 days per week in 3 seniors' buildings located in Mississauga; program evaluation with the Centre for Research & Education in Human Services; agency contracts Health Care Aides and Home Helpers with Victorian Order of Nurses (VON) to provide personal support and homemaking; expansion of day service
- 12 hours on-site support to 16 hours
- 16 to 24 hour on-site support (2 pilot sites); study with Centre for Research & Education in Human Services
- Approval of a formal partnership with Peel Living



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The Journey Continues...

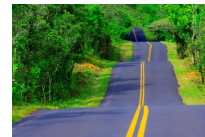


- Launched a private sector building location with family and seniors
- Engaged a regional pharmacy for the provision of Blister Pack medication assistance for PSL 24/7 clients; VON decides to not renew their service contract and PSL hires its own front line workforce (Personal Support Workers (PSWs) and Home Helpers); and contracted Spectrum Health Care to provide clinical advice and support for delegated act training, and in-service education



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The Journey Continues...



- Transitioned remaining sites to 24/7; and transitioned client/staff from private building to existing service locations
- Comprehensive Policy and Procedures Manual
- Partnership with Pioneering Technology and Peel Living with Brampton Foundation support to facilitate the Safe-T-Element Program which has since been adopted by Peel Living
- Led the development of the Bramalea Community Health Centre & Diabetes Education Teams



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‘Supports for Daily Living’ Innovative Regional Service Delivery Model –

Key Milestones

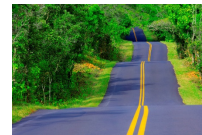
2007 – 2014 SDL & Supportive Housing Collaboration

- Developed the Supports for Daily Living (SDL) innovative service model as one of three Health Service Providers (HSPs) in collaboration with the Mississauga/Halton Local Health Integrated Network (MHLHIN) – SDL Resource, Standards Manual, and Video
- Major Impact on the development of provincial policy – ‘Assisted Living Services for High Risk Seniors Policy 2011’
- Early adoption of the Inter-Rai Community Health Assessment (CHA) as common assessment tool
- Aging at Home allocations to expand hub & spoke model



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The Journey Continues...



- Approval by Peel Living to increase the original formal agreement from 15 to 30 clients per building location
- Enhanced service partnerships and improved transitions amongst health system providers, e.g. specialized geriatric services, mental health & addictions, primary care (Health Links), behavioral support, end of life/palliative, etc.
- 3M Health Innovation Award
- Minister’s Medal Award – Honouring Excellence in Health Quality and Safety



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What's new and different in SDL from Supportive Housing?

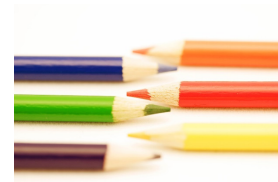
- Innovative Regional service delivery model that targets high risk seniors with complex needs in their homes
- Access to frequent, urgent and intense personal supports available throughout a 24-7 period/365
- Serves seniors in designated buildings and surrounding neighbourhoods in homes, apartments, town homes etc.



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What's new and different in SDL from Supportive Housing?

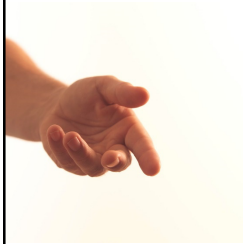
- Both scheduled visits and on-call urgent response 24-7
- Multiple daily visits by trained personal support workers, based on individual needs/client's preferred schedule
- Daily personal care and essential homemaking to assist with activities of daily living (includes safety checks)



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Coordinated Intake (Access) and (Common) Assessment

Mississauga Halton LHIN –



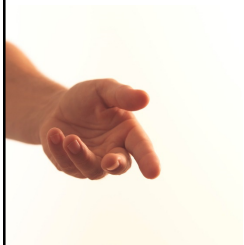
Established the SDL Central Registry as a single point of coordinated access to Supports for Daily Living services within the MHLHIN, referring assessed and eligible clients to 8 HSP's (includes an SDL Mobile Transitional program), and maintains a centralized waitlist



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Coordinated Intake (Access) and (Common) Assessment

Central West LHIN –



Collaborate with the Central West Community Care Access Centre (CCAC) which serves as the single point of coordinated access to Assisted Living Services for Frail Seniors (Supports for Daily Living) services within the CW LHIN, referring assessed and eligible clients to 5 HSP's and maintains a centralized waitlist



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SDL Impact on Healthcare System

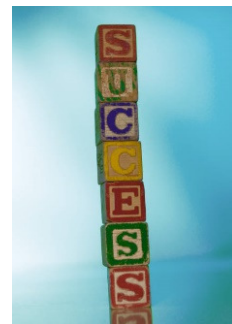
- Development of strong positive working relationships among CCAC, Acute Care, Community Support Services (CSS) services and SDL providers
- Strong integrated and coordinated approach to providing SDL services
- Increased recognition of valuable role CSS services can play in meeting healthcare system needs
- Proven value of common assessment and sharing information



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MH LHIN SDL Impact

- SDL has helped nearly 3,000 high needs seniors in their homes and for this reason avoided placement in long-term care homes. This has resulted in over \$17 M in savings over the past three years and continues to improve.
- This collaborative effort among our eight approved SDL providers provided an excellent opportunity to maximize our ability to improve support for our seniors



Source: MH LHIN

<http://www.mississaugahaltonlhin.on.ca>



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Gaps/Barriers/Opportunities - Examples



- Leverage the Inter-Rai CHA as the common assessment tool across sectors to establish a common health record
- Lack of medical oversight/on call consultation available to SDL providers supporting high risk seniors at home
- Need for consistency in standards amongst providers employing PSWs, e.g., medications, advanced skills, controlled acts, client behaviours, documentation



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Continued...



- Leverage mobile concept for service options e.g. lab work, dietitians, physicians/Nurse Practitioners (NPs), councillors, dental care, etc.
- Leverage Central Registry to serve as an access point and knowledge centre for all CSS services
- Falls Prevention & Exercise
- Health & Wellness program expansion
- Chronic Disease Management education and coaching
- Medication Management



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Supports for Daily Living Model Resources

- <http://www.mississaugahaltonhin.on.ca/goalsandachievements/seniors/supportsfordailyliving.aspx>
- <http://www.peelseniorlink.com>

Thank You!

