

# Early Experiences with Planning and Operationalizing an Innovative Needs-Based Home Care Agency In BC

Presented by

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# Agenda



### **Planning** & Research

### Model **Development**

### Launch: **Go Live**

### **Evaluation**

#### Phase 1

#### Phase 3

#### Phase 4

### Sept-Oct 13

### Industry landscape

- What do seniors need?
- What do they get?
- Where are the gaps?

### Phase 2

#### Oct - Dec 13

- Programs & services to address client needs & gaps
- Infrastructure
- Innovations
- Interdisciplinary team

#### Jan 14

- Operationalizing the model
- Test and tweak

#### **Ongoing**

- Evaluate and improve the model
- Early experiences



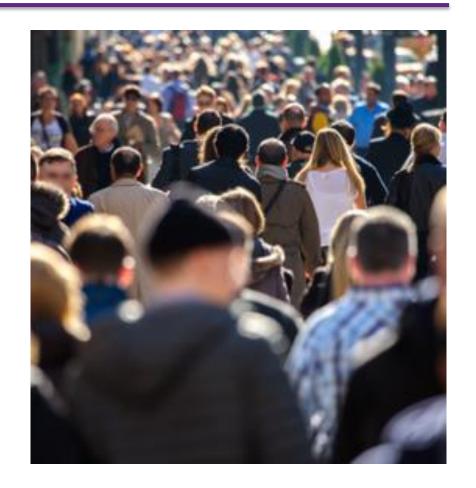
# **Demographics**



By the year 2036,

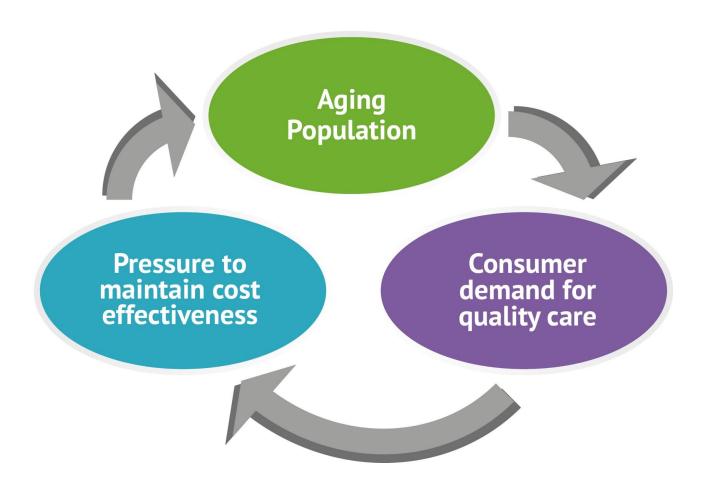
**25%** of the Canadian population will be

**65** or older



### The Predicament

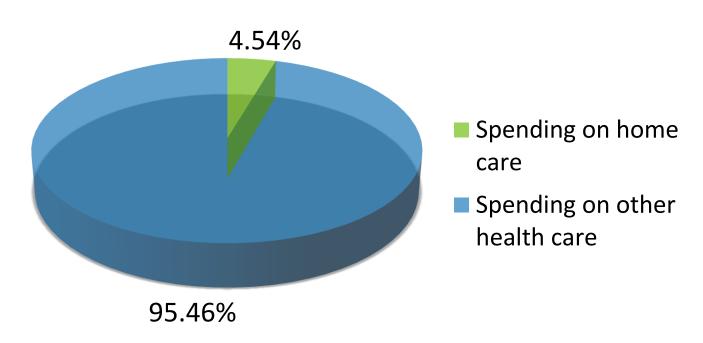




# The Reality



### **Health Care Spending**



Source: Canadian Institute for Health Information, 2012

# **Other Challenges**





- Shortage of trained staff
- Informal Caregivers
- Wait times (ER)
- Transitional care
- Medication safety
- Self Care Management of chronic conditions



### What Do Seniors Want?

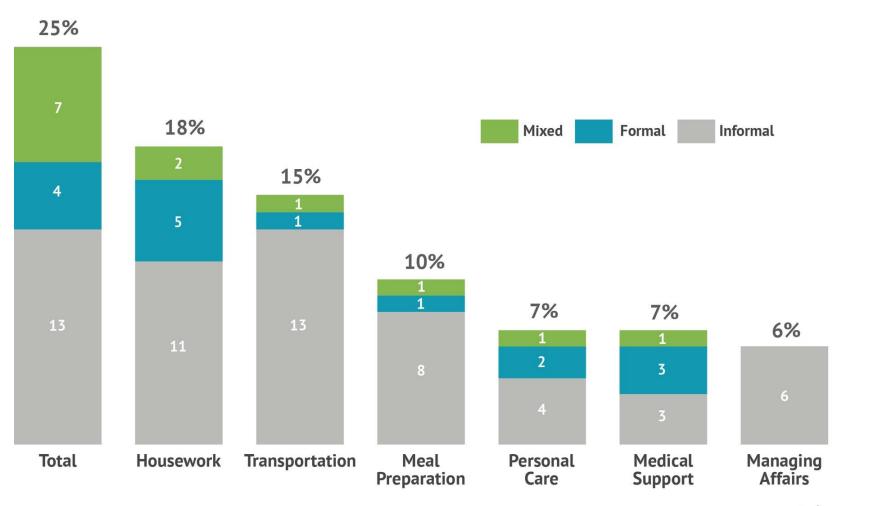


- 1 To live, heal and age 'at home'
- 2 Timely access to reliable quality services
- 3 Flexibility and choice
- 4 Information and support for self-care
- 5 Seamless, integrated care



### What Do Seniors Need?





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# The Gaps



"When I have a problem I don't know who to go to, and nobody calls me back."

"They won't tell me when they're coming. I have to be home all day."

"They don't listen to what is important to me."



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# The Gaps continued





"They won't give me what I need. I came home from hospital...was promised care... and nobody came."

"I've had 20 nurses come through my home in the last month and I have to tell my story each time... and I'm dying."

# **Scorecard: How Are We Doing?**

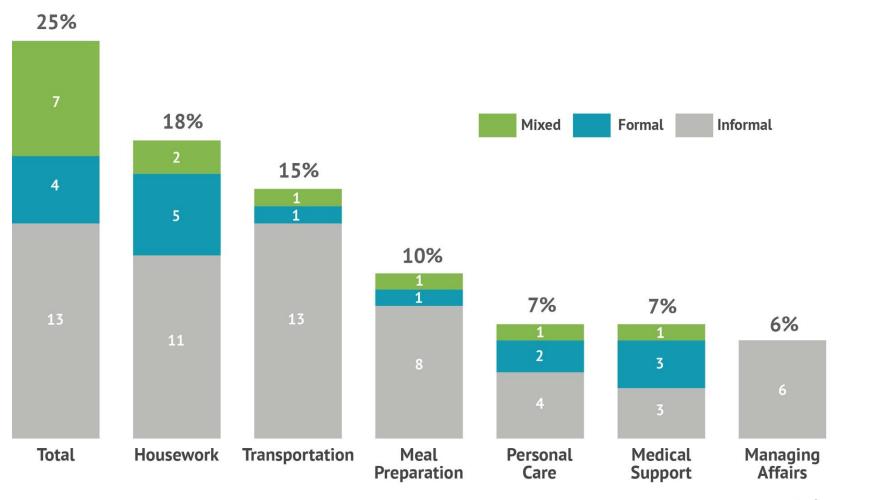


|   | WISH LIST  | REALITY  |
|---|--|--|
| 1 | To live, heal and age 'at home'                      | Barriers and insufficient services to support "aging in place" |
| 2 | Timely access to reliable quality home care services | In BC ~ 5% health care budget is devoted to home care          |
| 3 | Flexibility and choice                               | Limited–system driven, not client driven                       |
| 4 | Information and support for self-care                | Seldom part of traditional home health                         |
| 5 | Seamless, integrated care                            | Difficult to navigate  |



### The Needs





# Infrastructure: Partnerships



Care At Home Services

**Established 2013** 

Contract Support for Food, Janitorial & Maintenance

**Established 1995** 

**Guiding Principals** 

Contract Professional
Support to
Residential Care

Established 2003

Health Care
Management
& Administrative

**Established 2003** 

# **Comparison to Traditional Models**



|   | WISH LIST                                  | TRADITIONAL    | OUR MODEL                |
|---|--|----------------|--------------------------|
| 1 | Age in place                               | Limited access | Client driven            |
|   |  |                | Comprehensive            |
| 2 | Timely access to reliable quality services | Variable       | 24 hour support          |
| 3 | Flexibility and choice                     | Limited        | Extensive                |
| 4 | Information and support for self-care      | Variable       | Self-directed care plans |
| 5 | Integrated care and support                | Variable       | Emerging technology      |



# **Program and Services**







### **Home Support**

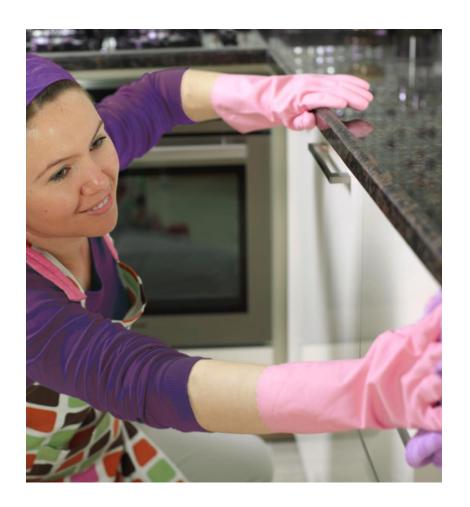


### The basics:

- Housekeeping
- Laundry
- Repairs and maintenance
- Gardening
- Pet care...

### Transportation:

- Shopping and errands
- meal delivery
- Driving (medical appointments)

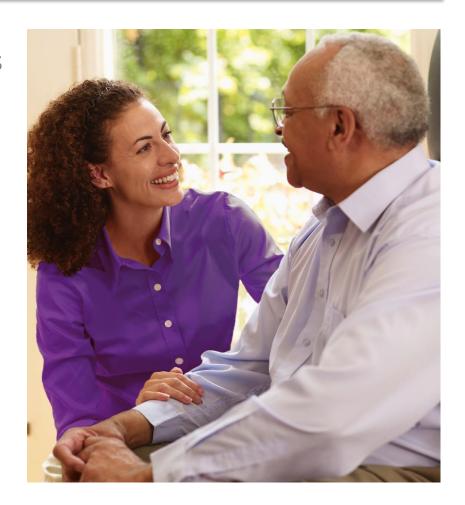






We help with personal activities of daily living:

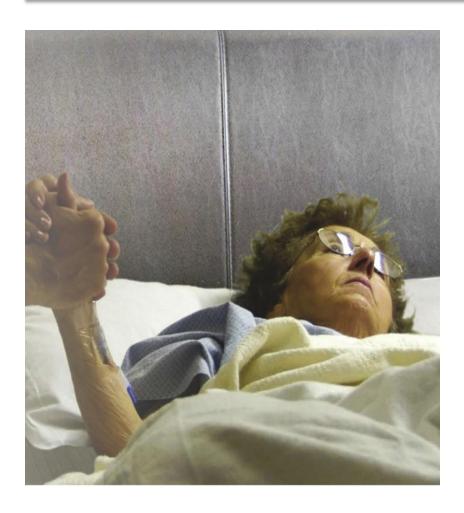
- Companionship
- Bathing and spa services
- Dressing and personal grooming
- Fitness and mobility
- Medication management
- Respite and live-in
- Meal preparation





# **Specialized Services**





- End-of-life care
- Home from hospital
- Dementia care
- Therapy and rehabilitation
- Foot and wound care



### **Wellness Clinic**



- Education and management of chronic conditions (for clients and informal care givers)
- One-on-one and group self-care education and management (getting those with chronic conditions back to daily living)
- Caregiver support
- Employee wellness programs
- Foot and wound care clinics

# Right People: Interdisciplinary Team



- Clinical and management
- Physicians, nurse
   practitioners, OT,
   physiotherapists, dietitians,
   kinesiologists, pharmacists,
   holistic practitioners, wound
   and foot care clinicians...
- LPNs and RNS
- Home care assistants (levels 1 and 2)

Note: Insured, licensed and thoroughly screened.



# Corporate Agency Model



- 175+ Highly qualified staff throughout Metro Vancouver (400 by 2015)
- Geared to provide on call, casual, contract services to community and LTC
- Administration support (staffing) and scheduling, payroll, claims management, HR, education and training, project management)



# **Technology and Innovations**







## Recap



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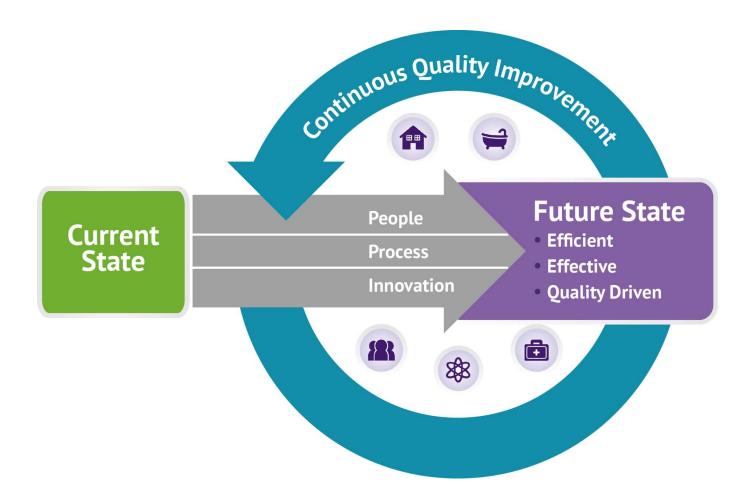
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# **Evaluation: CQI**





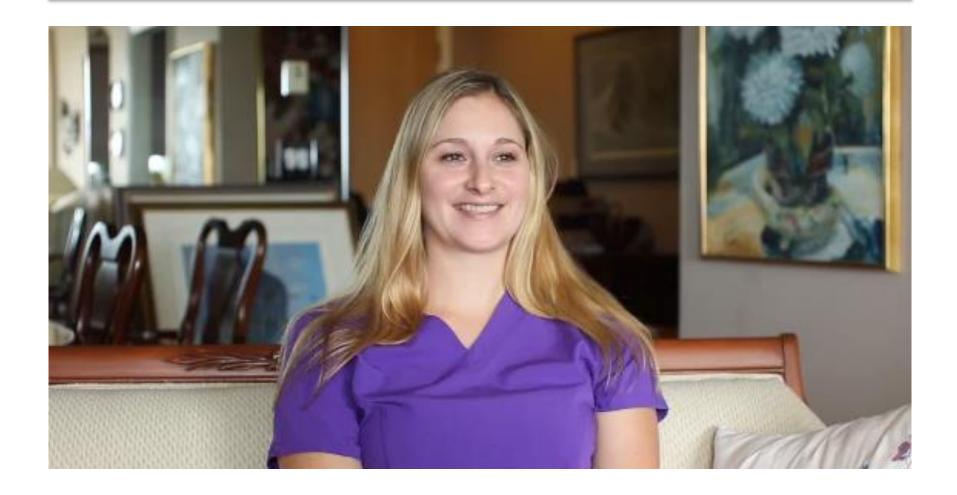
# **Evaluation: Client Experience**





# **Evaluation: Employee Satisfaction**





### The Model: Core Services







### **Questions?**

"Age is opportunity no less than youth itself."
Henry Wadsworth Longfellow

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