



# Neighbourhood Home Support

*Helping People...Improving Lives*

# Neighbourhood Home Support

## Overview

Who is Beacon Community Services?

Why Neighbourhood Care?

What is Neighbourhood Care?

Challenges and Successes?

Outcomes?

Next steps?

Questions?



# Beacon Community Services



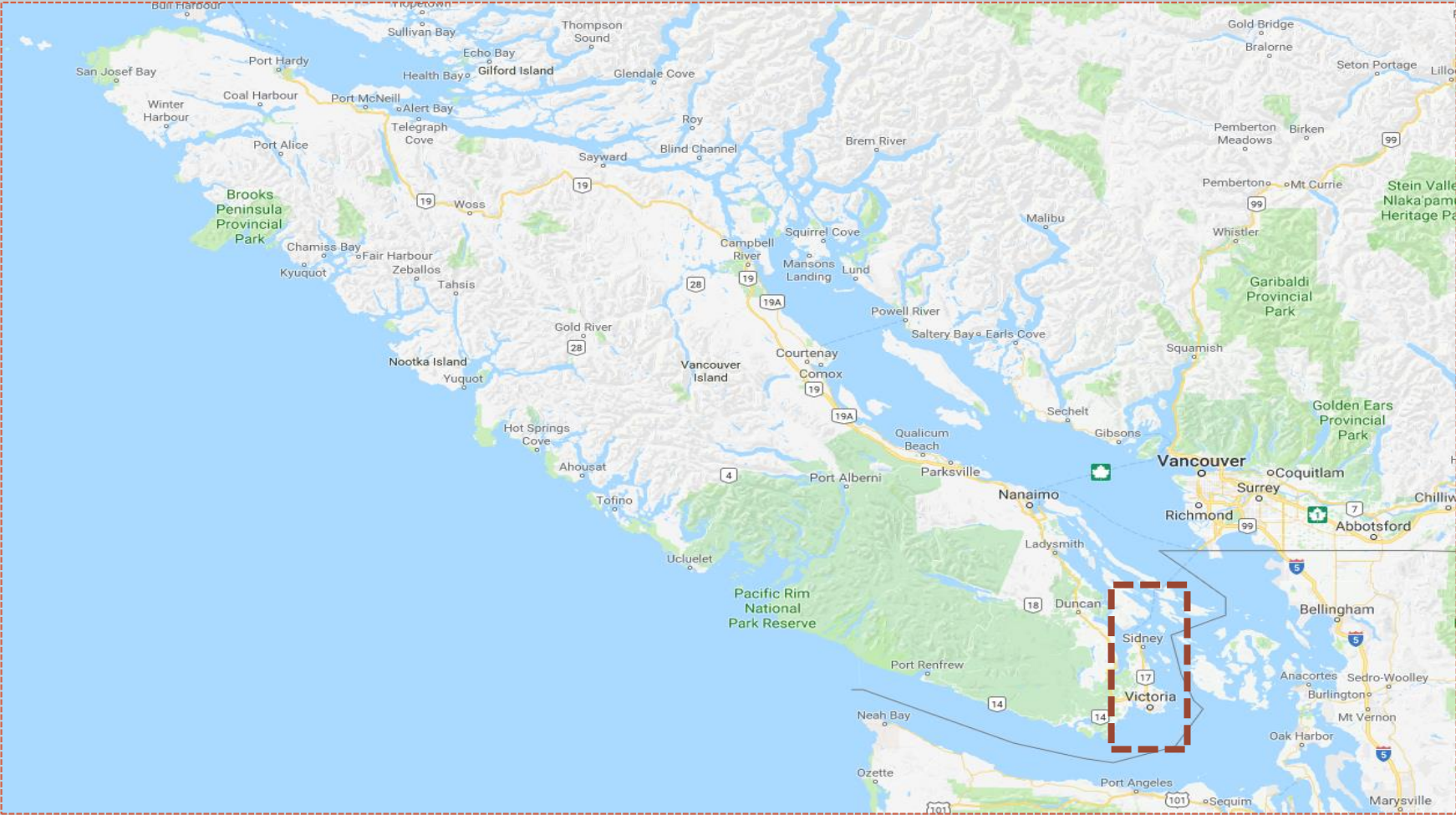
Beacon Community Services is a local community-based, not-for-profit organization.

We provide care and support to thousands of people on southern Vancouver Island and the outer Gulf Islands, through a wide range of programs and services including health, children and family, training and employment, adult recreation, housing, and volunteer services.

**Our Mission: *Helping People...Improving Lives***



# Beacon Community Services – Home Support



# Beacon Community Services – Home Support



Our home support program helps older adults and people with disabilities live at home as long as possible and provides respite support for family caregivers.

We provide care to approximately 2600 clients through a support team of approximately 850 unionized employees: Community Health Workers, LPNs & Schedulers (3 unions).

The Vancouver Island Health Authority (VIHA) (*aka* Island Health) has contracted Beacon to be its sole provider of Home Support services for Southern Vancouver Island and the outer Gulf Islands (5 OGI).

# of home support clients = 2600 clients

# of client visits = 2500/visits/day

# hours delivered daily = 3400/hours/day



# Why Neighbourhood Care?

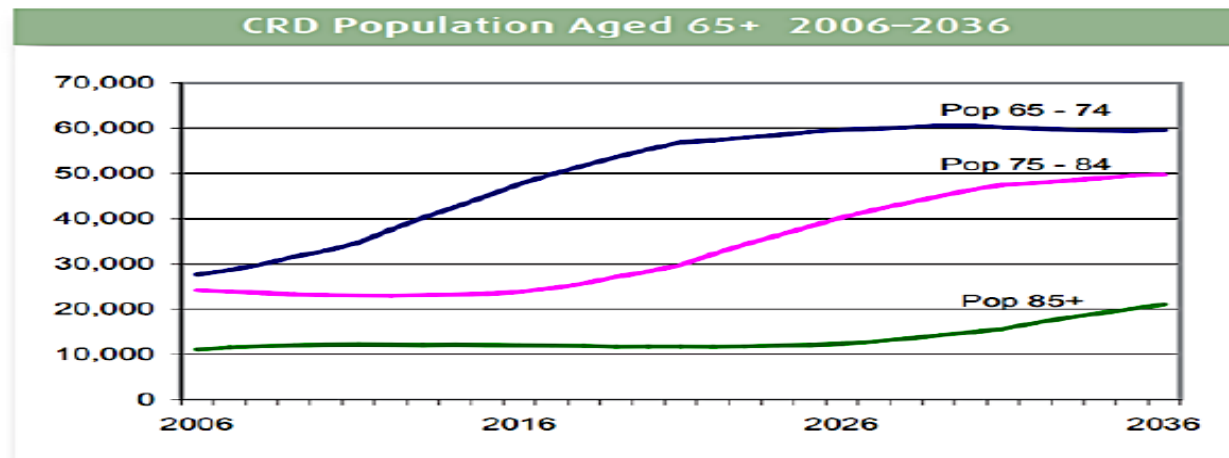


## Seniors Growth

*Aging Population:* According to Statistics Canada, number of seniors age 65 and older will be 25 per cent by 2036, and number of seniors 80 years old and over will double between 2011 and 2036.

*Provincial Growth:* Seniors care will be the fastest growing industry in BC over the period 2020-2025, at 4.2% growth annually

*Local Growth:*



Source: BC Stats P.E.O.P.L.E. 32 Population Projection

# Predictions of Silver Tsunami



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More like a predictable rising tide...



# Predictions of Silver Tsunami



**The high tide finally hit...**

# Why Neighbourhood Care?



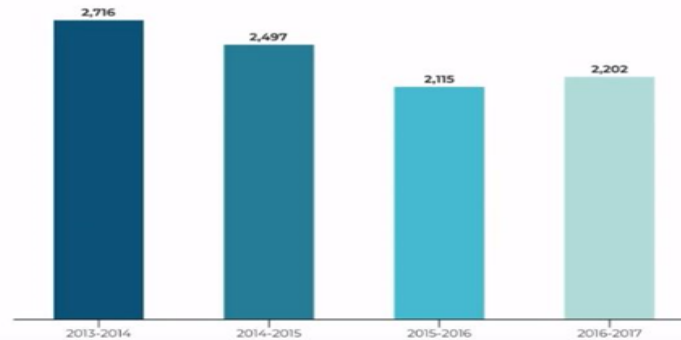
## Increased Demand for Health Human Resources (CHWs):

**HCA Jobs:** Over the next 10 years to 2027, WorkBC projects that **18,650 jobs** will be created for HCAs. This is more than double the job openings for early childhood educators (9,060).

The number of seniors 80 years old and over will double between 2011 and 2036  
[Statistics Canada]

500 fewer health care aides graduated in 2017 than in 2014 from recognized HCA programs in B.C.

– BC Care Aid Registry



BC HCA Program Graduates

# Health Human Resources



## Overtime

### Overtime Costs:



BC spent **\$181 million in overtime** for health workers in 2013, a sector in which unions have raised concerns about understaffing for years.

According to data provided by the Health Employers Association of BC (HEABC), the affiliate seniors care sector spent over **\$6.7 million in overtime hours** in 2016 for HCAs, Community Health Workers, Licensed Practical Nurse (LPNs) and Registered Nurses (RNs).

# Traditional Home Support





# Traditional Home Support



CHWs are scheduled in large geographical areas

Delivery of care requires transportation & travel

Home support has pre-scheduled times for set durations of time

Pre-determined one-to-one care with client



# Traditional Home Support



Less flexibility for changing circumstance or needs of the client

CHWs have “no” flexibility over the order of the visits

Replacement of all client visits when a CHW is absent from their shift

Limited interaction with colleagues.....lack of a team.

Challenge to sustain continuity

# Traditional Home Support



Continuity of Care = Hourly Home Support

# Visits/3 Months	# of CHWs Actuals
1 – 12 visits	1
13 – 30 visits	2
31 - 45 visits	3
46 – 93 visits	4
94 – 210 visits	5
211 – 279 visits	7

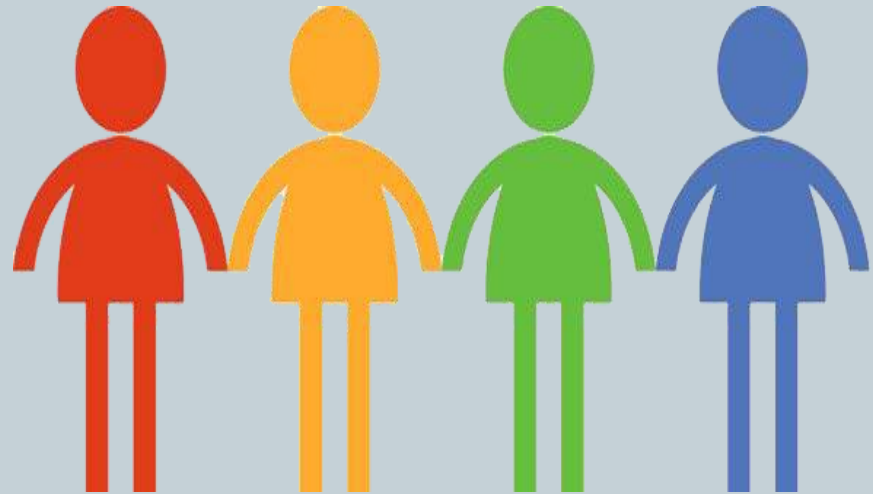
# What is Neighbourhood Care?



*It is a flexible model of home support.*

*It is the same group of CHWs providing care to the same group of clients in a defined area (Neighbourhood).*

*It is team based care.*



*It is client focused.*



# WHY Neighbourhood Care?



Increased job satisfaction = improved care for the client

The team based model = increased communication & support for delivery of care through daily team “huddles”

Empower CHWs to adjust visit order based on client need or unexpected changes

Extra TLC

CHWs may be able to walk/ride bike to clients or decrease travel distances

# WHY Neighbourhood Care?



## **Cost Management & Efficiencies:**

Management of sick costs & mileage costs

Absorb a reasonable amount client visits due to unexpected CHW absences

Shorten non-critical tasks & then complete the task later that shift or the following day

Quickly absorb a hospital discharge or new client

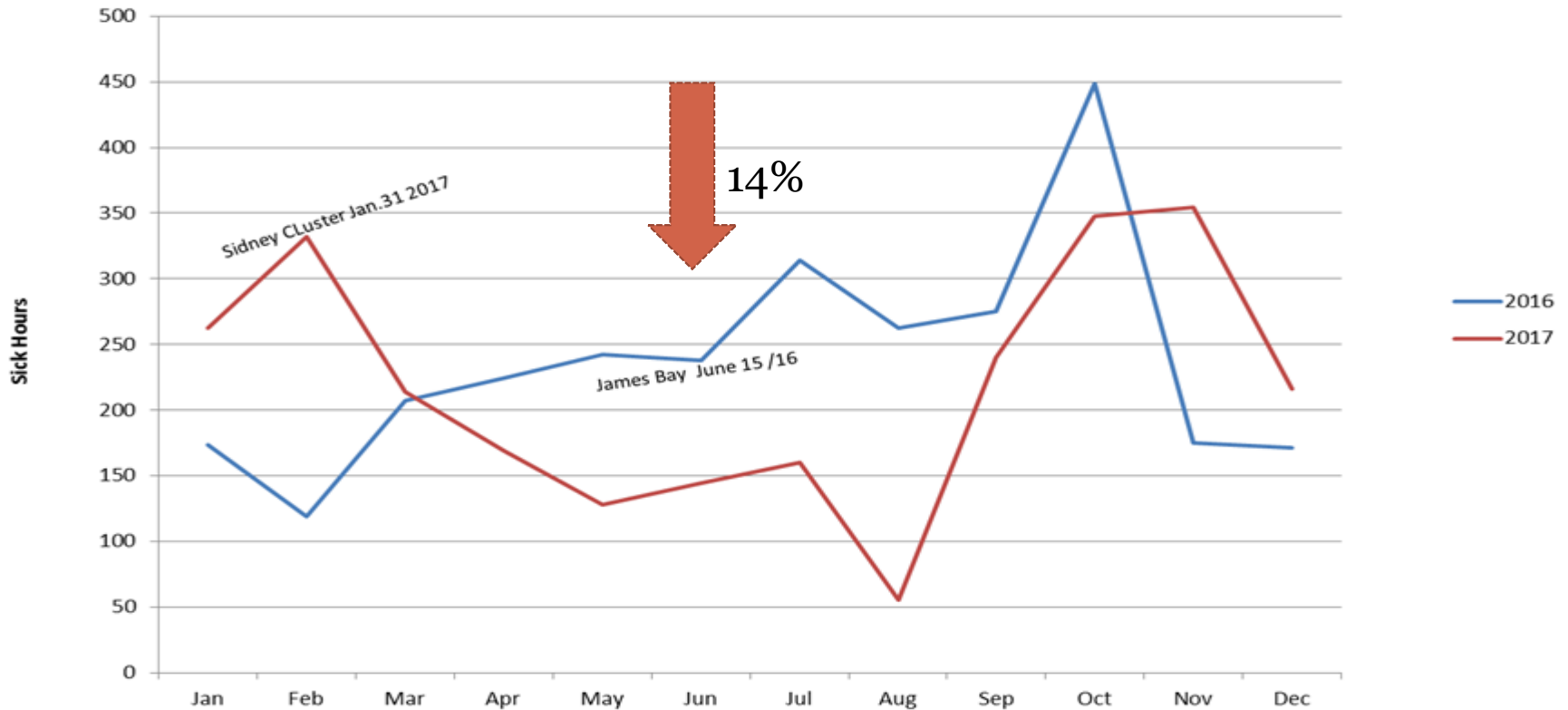


# Outcomes



## Sick Costs

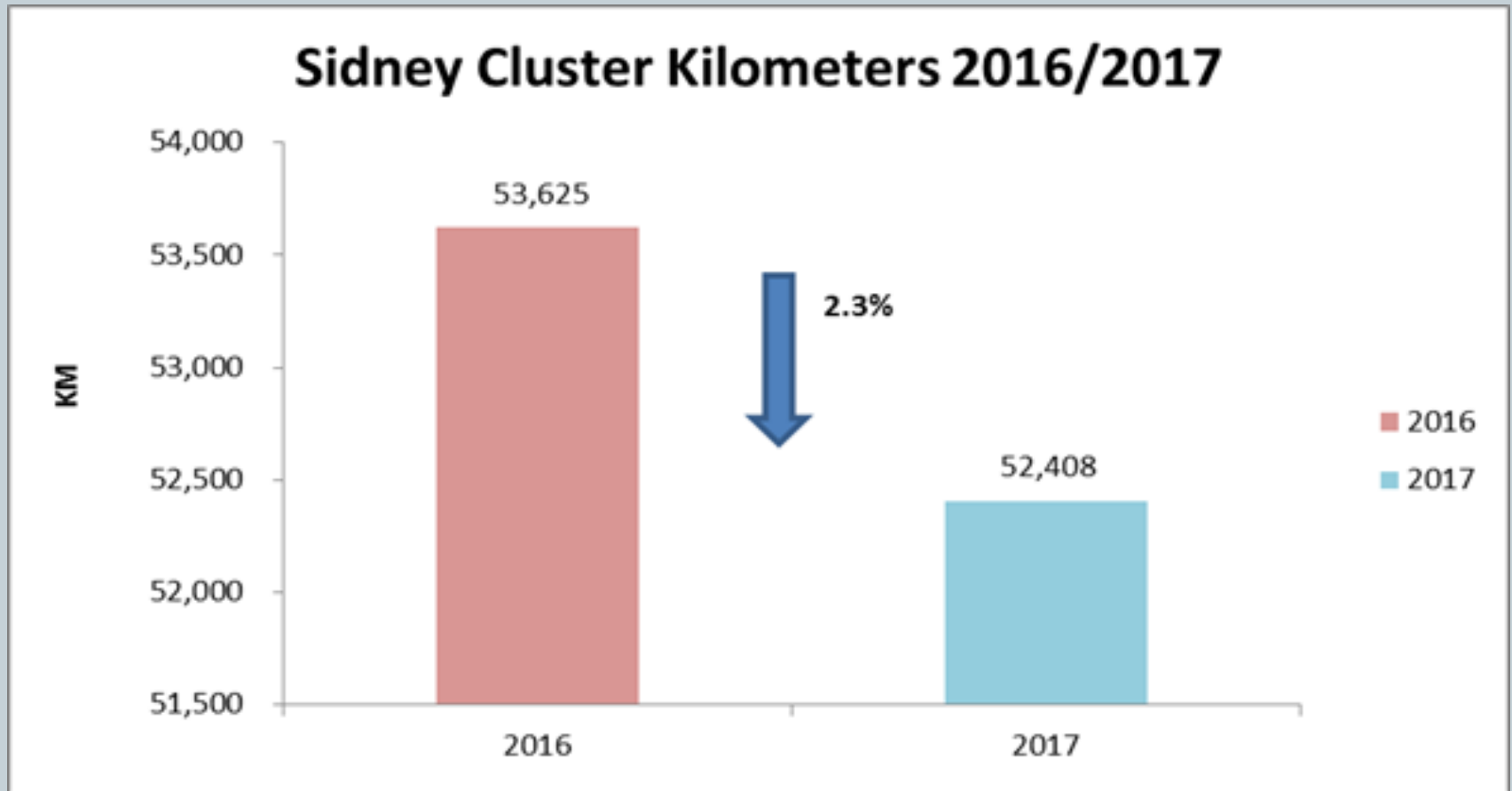
### James Bay/Sidney Cluster Sick Hours 2016-2018



# Outcomes



## Mileage Costs



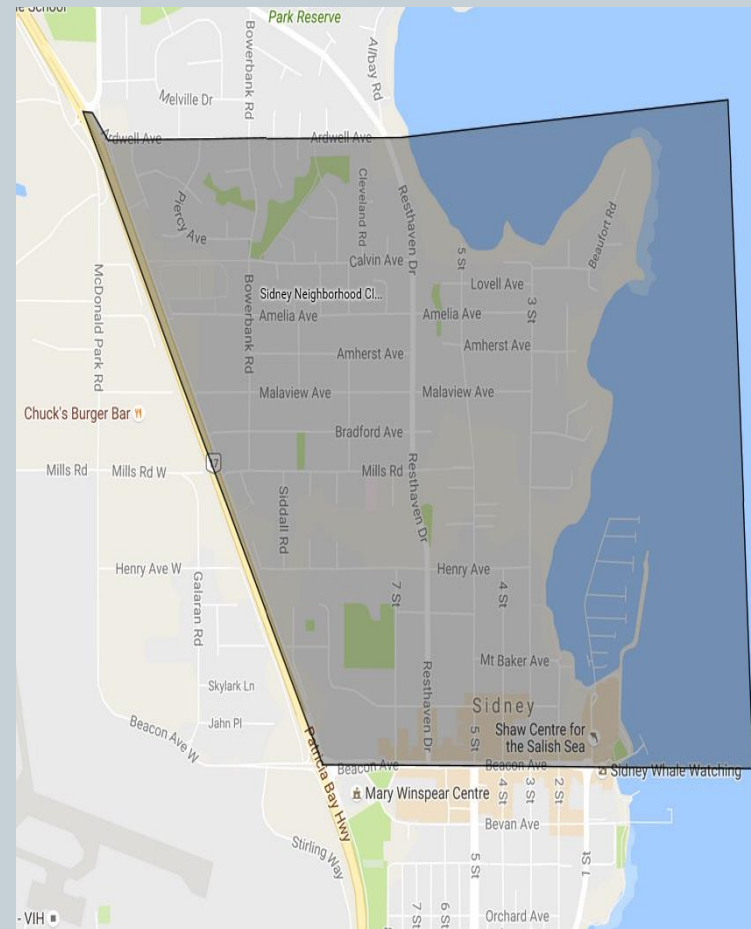


# Sidney Neighbourhood Care



## Sidney Neighbourhood

- # of clients = 42
- # of CHWs = 21
- Ratio of CHW to Client = 2.18
- Continuity of Ratio = 100%





# Sidney Neighbourhood Care

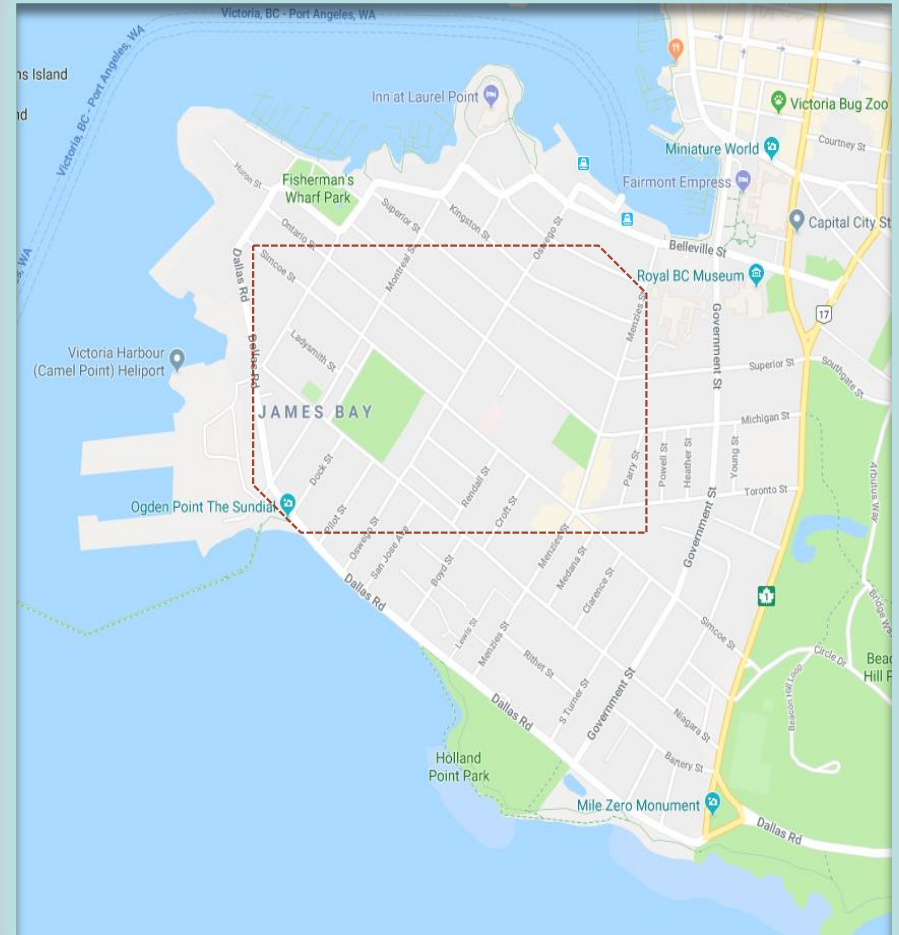




# James Bay Neighbourhood Care

## James Bay Neighbourhood

- # of clients = 119
- # of CHWs = 46
- Ratio of CHW to Client = 2.55
- Continuity of Ratio = 100%



# James Bay Neighbourhood Care





# James Bay Neighbourhood Care



# What's in it for a CHW?



## “What I Like About the Neighbourhood Cluster”

- Increased interaction with colleagues
- Increased interaction with clients
- Share experiences, challenges and successes
- Decreased travel time pressures
- Huddles = team work

*“I Feel Part  
of my  
Community”*





# What's in it for a CHW?



- Delivering care is structured around meeting client needs, not the length of the visit time
- Empowerment to make decisions on how to meet your client needs
- Empowerment to arrange schedules



# What's in it for a Scheduler?



## “What I Like About the Neighbourhood Cluster”

I like having a team of CHWs working in the same community.

Seeing relationships develop with team members.

Team Work and even sharing of workloads.



# What's in it for a Scheduler?



Client complaints about continuity and schedule changes have diminished.

New clients coming onto service already seem to be aware of the community scheduling in their community, and have become used to seeing the team members working in their community (Beacon T-Shirts).

“Scheduling is challenging but with the co-operation being displayed by this community of clients and team members, *I have become a part of this community.*”



# What's in it for the Nurse?



## “What I Like About the Neighbourhood Cluster”

Teamwork of inter-disciplinary team.

Independence for CHWs on how they schedule client care with support through an interdisciplinary huddle.

Improve client continuity.



# What's in it for the Nurse?



## **“What I Like About the Neighbourhood Cluster”**

Improved travel time; decreased stress of driving.

Daily Huddles = communication between all team members (schedulers, LPNs & CHWs).

“I have learned that the CHWs know the clients best”.

# Recognized by Accreditation Canada



“The organization has initiated the “cluster care” to provide home care services in a geographic location as a community. The changes have allowed staff to have more flexibility when providing individualist client care needs.”

“The staff are empowered to have a flexible work schedule.”

“The organization has implemented daily huddles for the “cluster care team” which has improved communication among team members. The organization may consider using team huddles for other home support teams.”

# Transitioning to the Neighbourhood



# The Learning Curve - CHW



*Change does not come easy to team members and clients alike.*

Attitude is everything!

Give things time to "sync."

Co-workers are a valuable resource  
(i.e. personalized tips and strategies).

Care times are more of an approximate time.

Learn how to organize our communication.

Not a fit for all CHWs: had to change CHWs who knew some of the clients in the Neighbourhood.



# The Learning Curve - Scheduler



*Change does not come easy to team members and clients alike.*

Team members struggled to grasp the new flexibility that was being given to them within their schedules.

Team members were now working shifts which often had small gaps to be filled by giving extra time/attention to one of their clients they felt needed a little extra care (death in family, client feeling alone and team member went back to socialize).

Team members struggled to understand that a staff member could independently make a decision to revisit a client.

Existing clients had difficulty with moving away from structured visits in time duration to a care-focused service time: “Coming provide your care” vs “1 hour visit”.

Change was not easy for team members and clients – orientations; home visits; printed information – all assisted in educating the clients and team members.



# The Learning Curve - LPN



*Change does not come easy to team members and clients alike.*

Nurses went to visit each client and explain new model of care; takes consistency of everyone involved to share the same message. Required a lot of messaging, not just one or two conversations.

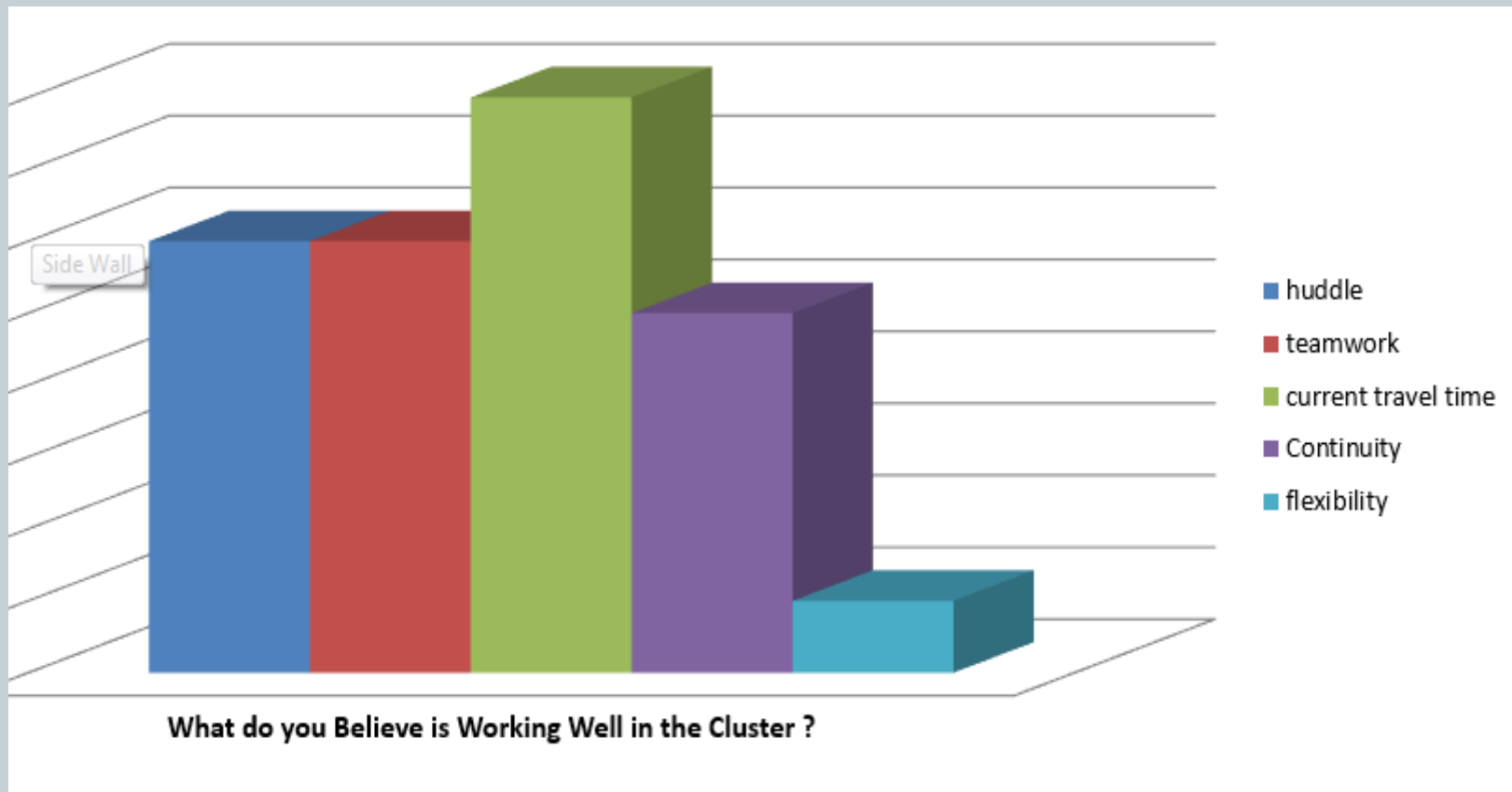
Commitment to being present at huddle times.

Handing over “schedule oversight” to the CHW.

# Satisfaction – CHW survey



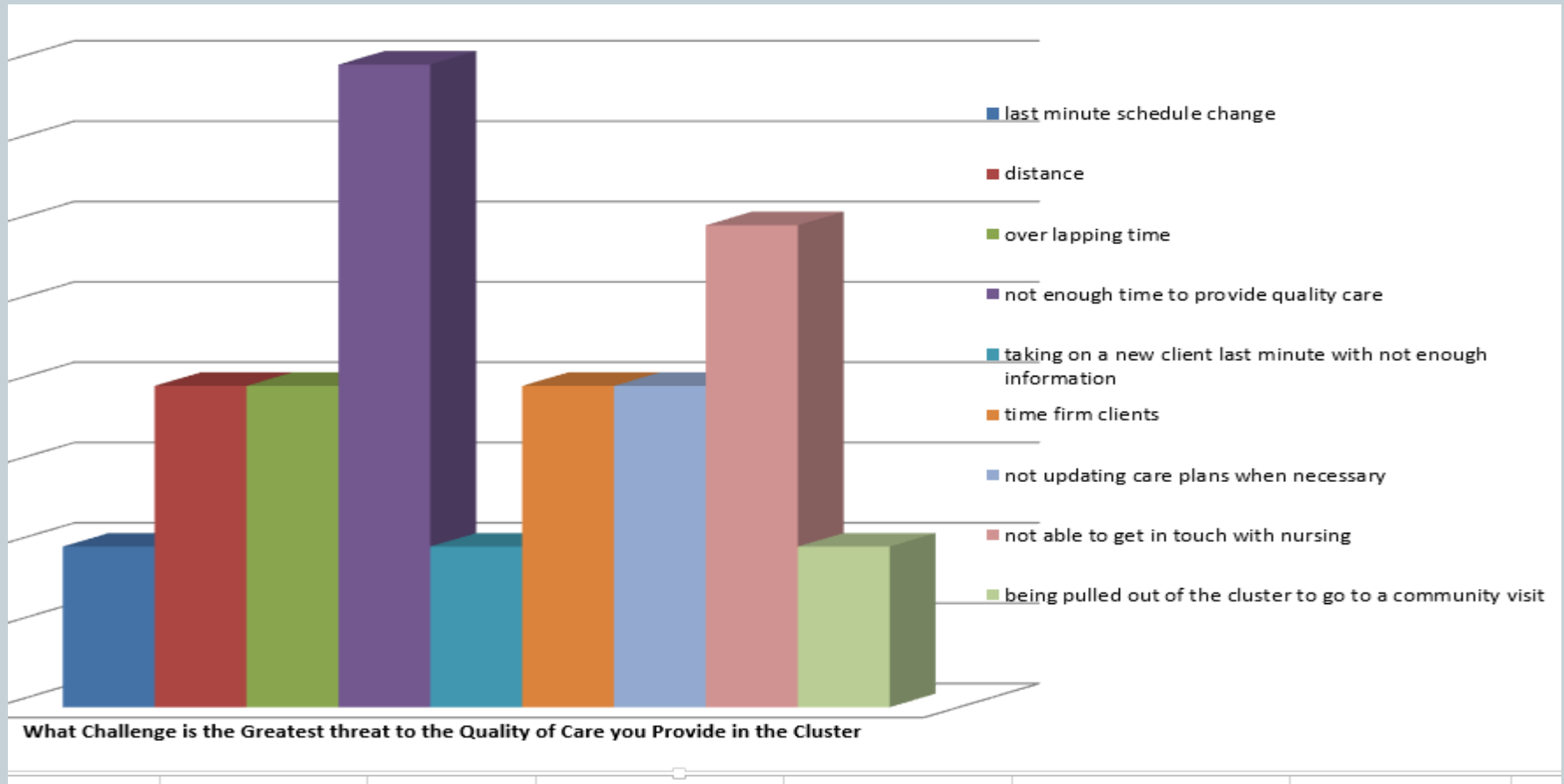
What do you feel works well in the Neighbourhood Model?



# Satisfaction – CHW survey



What is the greatest threat to change the success of the Model?



# Client Satisfaction



“Things are much better since the cluster has started – CHWs have more time to spend with me and “seem less stressed.”

“When I first started home care services, I was getting a different workers. Now I have just one.”

“I have the same workers every time and find them very helpful.”

## Example: Client Audits

3) Do you see the same home support workers throughout the week?

**Always (5)**      **Most of the time (10)**      **Sometimes (2)**      **Rarely or never**

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4) Have you noticed an improvement in seeing the same home support worker over the last year?

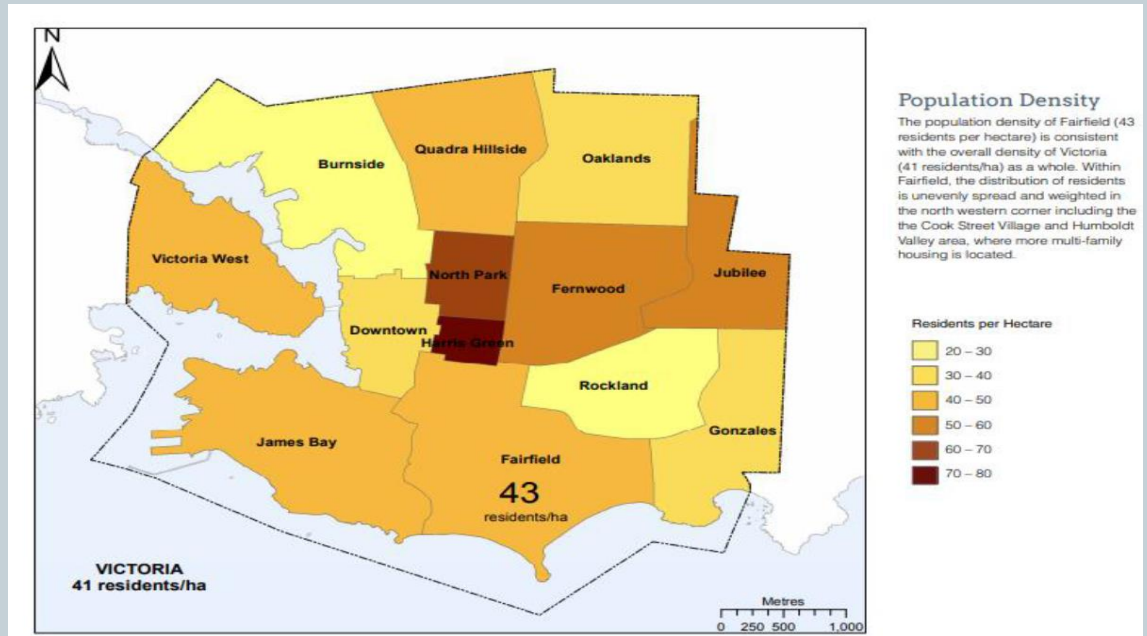
**Always (3)**      **Most of the time (11)**      **Sometimes (3)**      **Rarely or never**

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# Next Steps – Partnership & Expansion



Partner with University of Victoria on research  
Partner with Other Not-For-Profits (i.e. YMCA)  
Expansion into the next Neighbourhood







**THANK-YOU!**



# Questions?

