SFMH
ST. FRANCIS MEMORIAL HOSPITAL
HOUSE CALLS

Home First initiative aims to let elderly make long-term care decisions from comfort of their home

Following a successful implementation in other parts of the province including the Pembroke and Renfrew areas locally, a new initiative - known as Home First - is being expanded to the Barry's Bay area. Through this new initiative, health-care partners in the Barry's Bay area are coordinating efforts so that elderly patients can go home from hospital with support once their treatment has ended, instead of waiting in a hospital bed for long-term care.

Partners in the Home First initiative aim to provide the support services needed so these elderly patients can go home and make life-changing decisions with their families from the comfort of home. With the support of all partners including: local physicians, the Champlain LHIN, St. Francis Memorial Hospital (SFMH), the Champlain Community Care Access Centre (CCAC), and local Community Support Service agencies (CSS) working together to change our approach to caring for patients who are at risk. The approach will help prevent people from remaining in the hospital for extended and unnecessary lengths of stay.

These patients are known as alternate level of care (ALC) patients and pose a significant challenge for hospitals across Ontario. Acute-care hospitals are not the ideal location for these patients because hospitals do not have the social programming, common dining rooms and activities of a retirement or long-term care home, and patients' conditions sometimes deteriorate over long periods in an acute-care hospital due to lack of activity. They are also at higher risk of hospital-acquired infections. The ALC patients no longer require hospital care but until now had no other alternative.

"The hospital is the right place to be when you are sick, but home is a better place to be when you are no longer sick," says Joan Kuiack, Director of Patient Care Services at SFMH. "There are risks to a patient remaining in the hospital when they don't need to be there. These risks include contracting infectious diseases, physical and mental deterioration and social isolation."

"The opportunity to reduce SFMH's Alternate Level of Care patients by meeting their health-care needs in their own homes is a win-win situation for everyone, " says SFMH COO Jeremy Stevenson. "The provincial government is redistributing health care dollars and reducing monies to hospitals while increasing funds for community healthcare. Not only will these patients now receive care that maintains optimal health, it allows our hospital to better provide the health services it is mandated to do."

This new Home First approach involves a holistic, compassionate and community-based approach to caring for ALC patients, most of whom are frail and elderly. Patients who once had no option other than to wait in a hospital bed for their next care destination will now be able to be safely supported at home through enhanced health and support services provided by the CCAC and CSS agencies. People will now be able to make important decisions about their health needs and living arrangements in the comfort of their own home with appropriate supports.

To be eligible for the Home First program, a patient must be medically stable, be able to manager his/her own care or have a caregiver to help and she/he must have a safe home environment.

"Using this approach, case managers use their system navigation skills and the range of community programs and services to facilitate hospital patients' safe return home where people can take the time to make important and life-changing decisions." says Gilles Lanteigne, CEO of the Champlain CCAC. "Home is the better environment to plan for a significant change such as moving into long-term care."

Home first is having a positive effect on patients and the health care system. It is estimated that each day patients are supported at home by CCAC's community support services, as opposed to hospitals, saves the healthcare system $634 per patient day.

"The Home First initiative is a fantastic mechanism for identifying frail seniors who need help with the every-day instrumental tasks that typically (in the aftermath of a health crisis) push the elderly and their family caregivers over the edge and out of their home. The CSS agencies work in partnership with the family to provide the much-needed practical help with meals and home upkeep that enable people to keep living at home longer," says Joanne King, CSS spokesperson.

Janet Lynch, Medical Unit Care Facilitator and RN Karen Wagner meet with CCAC Care Co-ordinator Mary Jean Martin to discuss plans to help patients transition from the hospital back to their homes through the Home First initiative.