Care Innovations for Older Persons Across Rural Canada

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The “Rural” Effect...

- The Greater Mobility of Some is Promoting the Greater Isolation of Others...

- Small, Declining Populations do NOT Support Service and Health Care Economies of Scale...

- Distance Matters

- As Long as We Look at Rural Problems with Urban Solutions we will miss the Opportunities that Exist...

- Increasing Diversity Needs to Be Acknowledged.
Untapping the Hidden Workforce

- Mid-Range Professionals Have Wider-Scopes of Practice that Are Not Utilized in Urban Settings
  - Nurses, Paramedics and Pharmacists
- Paramedics are becoming Increasingly Recognized as a 24/7 Resource that can be better utilized to provide enhanced primary, emergency and preventative care.
- Community Health Workers can be trained to Support the Delivery of Geriatric Care.
Community Paramedicine

- A Mobile, Available, Highly-Skilled and Able Human Resource

- Emerging CP Models Across Rural Canada
  - Extended Primary Care (Long and Briar Island, Nova Scotia)
  - Preventative Home Visits for High-Risk Users (Renfrew County, Ontario)
  - Remote Health Monitoring and Chronic Disease Management Support (Several Ontario Communities)

- Improving Preventative and Continuity of Care and Resulting in Decreased ED Visits + Hospitalizations.
Seniors' 911 calls cut in half by weekly paramedics visits

Deep River, Ont. paramedics do weekly checks on local seniors


Deep River, Ont. paramedic Chris Day regularly stops by Wilt McCarthy’s home to do a basic health check. (Serge Brunet/CBC)

Several years ago, paramedics in Deep River, Ont., came to the realization that most of their 911 emergency calls were coming from seniors living alone. And so they decided to do something about it.

Five years later, they have managed to cut the number of 911 calls from, say, 50 per week to about 24 per week.
Geriatric Outreach Models of Care

- Geriatricians and Geriatric Psychiatrists are in Short Supply and Largely Urban Bound
- Traditional Fly-In Models Can be Somewhat Useful
- Enhanced Outreach Models Should...
  - Incorporate Active Community Engagement
  - Integrate with Local Care Systems
  - Build Capacity and Leadership of Local Care Providers
  - Employ High-Risk Screening Principles and Methods and Provide Home and Environmental Assessments
  - Provide Direct Specialist Involvement with Longitudinal Care and Support
  - Deliver Culturally Safe and Appropriate Care
Bringing Integrated Geriatric Care to the James Bay Coastal Communities
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What Defines our Highest Users?

- Polymorbidity
- Functional Impairments
- Social Frailty
Care and Services Need to Consider our Highest Users

- Technology Can be Leveraged to Care and Support
- Elder-Friendly Housing and Transportation Matters to Support Ageing in Place
- Realistic Expectations Need to Be Set and then Met.
- We Need to Work with Capacity We Have and Develop the Resources that Make Sense.
Thank You

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