

Home at Last!



# Aging at Home Symposium

June 22, 2009

# What is Home-at-Last (“HAL”)?

- HAL is funded by the Toronto Central LHIN, under Ontario’s Aging at Home strategy (HAL launched in summer 2008)
- HAL provides a transition home for frail elderly patients discharged from hospital without immediate family supports, and connects them with a local community support services agency (CSS).
- HAL is a collaboration among 7 Toronto hospitals, the Toronto Central CCAC, and 9 Toronto area CSS agencies.
- Clients of HAL receive free assistance and transportation home upon discharge from hospital, free assistance at home from a Personal Support Worker (PSW), 3 free Meals on Wheels, and follow-up by a case manager from their local community agency.



## Acknowledging the outstanding cross-sectoral membership of HAL

### **Community Support Service Agencies**

Community Care East York

Mid Toronto Community Services

Neighbourhood Link

SPRINT

Storefront Humber

St. Clair West Services for Seniors

St. Christopher House (*Lead Agency*)

West Toronto Support Services

Woodgreen Community Services

### **Hospitals**

Mount Sinai Hospital

St. Joseph's Heath Centre

Sunnybrook Health Sciences Centre

UHN Toronto General Hospital

UHN Toronto Western Hospital

St. Michael's Hospital

Toronto East General Hospital

### **CCAC**

Toronto Central CCAC



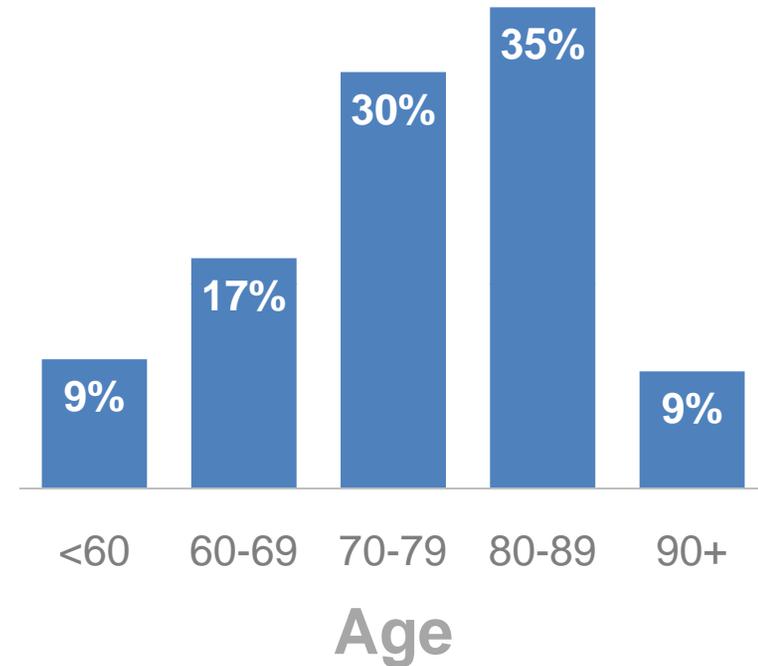
# Highlights of HAL Activity in 2008/09

- HAL was implemented in 7 Toronto hospitals (inpatient and surgical units) including 3 Emergency Departments (ED).
- A total of **489 clients** (inpatient and ED) were referred to the program in 2008/09.
- Over **400 front-line health professionals** across multiple disciplines and sectors were educated about the program.



# Who are HAL clients?

- Most are over 70 years old (right)
- Two-thirds of clients demonstrate moderate-to-severe functional decline
- Three-quarters of clients live alone



# Perspectives from HAL Partners

## From the Hospitals

- Patients love it, team leaders feel very confident using HAL, Doctors interested!!
- Community organizations as main drivers of the project - totally novel
- New initiatives in the hospital are always challenging - MANY competing demands/priorities

## From the TC CCAC

- A true client-centred partnership transitioning clients between hospital and community
- Supports clients with basic needs, preventing a return to hospital
- Helps clients better navigate next time, once they know services in their community

## From the CSS agencies

- Links with hard to reach seniors
- Building relationships and learnings with other sectors



# HAL has had a positive impact on the system

- **Prevents delays in discharge:** If client does not have the necessary family supports, HAL provides critical services to enable safe discharge.
- **Promotes cross-sectoral service integration:** HAL links three very distinct sectors to integrate and coordinate care across the continuum.
- **Supports reduction in Alternate Level of Care (ALC) days and Average Length of Stay:** HAL provides supports which are known to contribute to the reduction of these indicators.
- **Improves hospital bed capacity:** It is perceived that HAL assists in freeing inpatient beds faster, allowing ED patients to be admitted sooner.



# Lessons learned from HAL's cross-sectoral integration experience

- Cross-sectoral initiatives are a wonderful concept in theory. In reality, execution of is complex and requires a deep understanding of the processes and culture of each sector.
- Governance structures that include each sector and respond to ongoing concerns help maintain engagement.
- A clear description of benefits and incentives (to encourage cross-sectoral collaboration is critical to success.
- Success requires more than simply participation – it requires accountability and buy-in from all sectors (from every level of staff – management and frontline).



# What could have worked better – i.e. recommendations moving forward

- **Good Information Technology**
  - Good information technology solutions are critical to managing referrals, tracking progress and conducting program evaluations based on reliable data.
- **Front-line Engagement**
  - Internal “Champions” and ongoing education of frontline staff (particularly in hospitals) are the critical bridge between planning and commitment from senior leadership and achieving program targets.
- **Empowering Clients**
  - Self-referral is an important option for clients and caregivers, helps drive program volumes, and helps ensure ongoing awareness of the program among hospital staff.

