



Lakeland Community Integration and Wellness Model

Overview

The following is a summary of the preliminary short and long term strategic plans for Lakeland Long Term Care, Parry Sound. It is important to emphasize that this material is for discussion purposes only at this time. Although many of these initiatives have been discussed with the Lakeland's CEO and Board, the feasibility, impact and ramifications have not been fully investigated.

Lakeland is a 110 bed nursing home attached to the West Parry Sound Health Centre, 90 beds are licensed under the Ministry of Health and Long Term Care. The other 20 beds are ELDCAP funded and considered patients of the West Parry Sound Health Centre. A service agreement has been struck between WPSHC and Lakeland to care for those patients.

WPSHC has 54 acute care beds, 16 Complex Continuing Care beds , an active outpatient physiotherapy department and a day hospital. The Health Centre also manages six Nursing Stations located throughout the West Parry Sound Region. In essence, the acute care, complex continuing care, Lakeland and the Nursing Stations work independent of each other. Seniors entering the system at any one of these points are not known by the other facilities within the sector.

The challenges of the present system is the lack of coordination of services when a senior enters the system. The continuity and consistency in care and treatment is at the discretion of the attending physician, who may not be completely versed in available supports to assist proper placement.

Proposal

To create a full continuum of care consisting of the following components:

- Regional Geriatric Wellness Clinic
- Acute Care

- Complex Continuing Care
- Supportive Housing
- Convalescent Care
- Behaviour Management
- Nursing Home
- Rehabilitative Services

The premise of the Community Integration and Wellness Model is to coordinate the full gambit of services available to seniors based on a Wellness Model - “Right Person - Right Place - Right Service- Right Time”. The creation of a Geriatric Wellness Clinic is paramount to coordinate and link all services and supports within the region beyond the traditional health care model. The Regional Clinic would be a “one stop shopping” approach that will assist seniors to remain in the most appropriate living environment with the most appropriate supports.

Without this support, a pigeon-holing occurs. Individuals are locked into one setting (i.e. Complex Continuing Care or Nursing Home) and not examined to determine if a more appropriate living environment with the right supports would suffice. Creating a system with this type of flow-through ensures appropriate placement when there is improvement in the individual’s condition, opening beds for those in greater need.

Lakeland is the most appropriate lead for this project. The relationship between the acute care and complex continuing care units, and Lakeland’s proposed internal changes and its development a Supportive Housing Complex position Lakeland to be the primary driver for this project.

Supportive Housing

Presently, Parry Sound does not have a dedicated seniors’ apartment complex and has a limited number of retirement home.

Overview:

- Complex would provide full service opportunities
- Accommodations price range:
 - Basic Accommodation at \$1500/month, with potential financial subsidy for those with limited income, which includes bachelor type apartment small private room, kitchenette/living room combination with 4 piece bath)
 - Luxury Accommodation at \$4000/month, which includes a suite bedroom, den or second bedroom, kitchenette/dinette/living room combination.
 - Fee includes organized activity program, one meal per day (main meal), basic monthly housekeeping, physiotherapy (as required), weekly medication preparation (unit dose), assistance with bath, 24 hour emergency assistance call system (versus badge)
- Additional fee for service – monthly package or on an as needed basis (comprehensive nursing care, additional housekeeping, laundry service, etc.)
- Ground floor of the complex would house offices which would include:

- Geriatric Wellness Clinic
- Physiotherapist with ADP assessment
- W/C accessible dentist
- Bulk pharmacy (health centre based, pouch/blister pack dispensing system)
- Counselor
- Physician (geriatrician)
- Learning Centre (classroom and video teleconferencing)
- Complex must be able to maintain a balanced budget and carry its own financing costs
- Would be attached to Lakeland, with laundry, maintenance and meal preparation supplied by the WPSHC (similar to the arrangement between WPSHC and Lakeland), and Lakeland providing staffing, intake and administration support.
- The complex would take advantage of the Versus Resident Tracking System (plans are underway to trial the system at Lakeland) which would provide residents of the complex with an emergency call system that would communicate to Lakeland directly and also a resident tracking, to monitor the more confused resident

Geriatric Wellness Clinic

Seniors require a navigator to ensure access to all available resources beyond the traditional health care model. The six Nursing Stations (which are unique to the province) provide health care accessibility for seniors regardless of where they live within the region. Coordinating the Nursing Stations with the Geriatric Wellness Clinic provides the ability to choreograph support services regardless of where the senior lives.

Overview:

- Staffed by a Geriatric Nurse Practitioner, Registered Nurse, Social Worker, and an OT/PT, with consultation from a Pharmacist, Financial Advisor or Accountant, Counselor, etc. The role of this team is to act as an advocate, counselor and educator for any senior who enters the system.
- “One stop shopping” for elders and/or their family to identify the service, supports and information on how to cope with changing medical, physical, social, economic and psychological issues experienced by the senior.
- The clinic would be notified as soon as a senior enters the system (whether from nursing station, acute care, emergency department, complex continuing care, supportive housing, nursing home, etc.). A comprehensive assessment would be conducted by the team to determine the full scope of needs:
 - Financial – taking advantage of all tax incentives and ensuring that all potential grants and financial incentives are utilized by the individual
 - Health teaching needs – ensuring the senior and/or their family have the necessary information about the physical, psychological, social and financial changes that have or may occur. Providing a resource library which includes pamphlets, brochures, books and website links.
 - Home renovation consultation – identify the needs to renovate the home to meet the physical or mental limitations, and to address any safety

- concerns. Refer reputable contractors to conduct the work, access financial incentives and coordinate discounts with local suppliers.
- Medication review – to ensure both prescription and over-the-counter medication is appropriate for the individual and establish a safe medication dispensing system
- Rehabilitative – define specific physical rehabilitation as well as wellness strategies to ensure the senior maintains optimal functioning.
- Dietary – review and make recommendations on dietary requirements, with related health teaching
- Counseling – assist both the senior and their family to understand and address the emotional, psychological and social impact that may result from the changes experienced
- Consultation – refer to specialized agencies as needed i.e. Penetanguishene Mental Health, Community Mental Health, Addiction, Alzheimer’s Society, Diabetes Society, CNIB, and other service groups
- Transportation – coordinate transportation needs with local services and agencies
- Liaison – provide seniors and their families with:
 - Web page listing of all services within the Parry Sound region, including appropriate contacts, costs, wait times, etc.
 - Direct access to the clinic to answer any questions that may arise
- Coordination with the six Nursing Stations located throughout the region to follow up on any senior referred by the WPSHC emergency department, physician offices and other agencies (i.e. Community Mental Health).
- Assess residents at Lakeland who have shown improvement to determine whether the resident can be supported within the community and coordinate the necessary supports in conjunction with the local Nursing Station
- Provide consultation to local services, agencies and facilities on how to adapt to meet the needs of the senior population i.e. change font size of brochure, alter voice mail procedure, adapt service to senior needs, etc.
- Selling features:
 - addresses the Aging in Place Strategy
 - offset some of the pressure from physician shortages
 - decrease acute care wait times
 - decrease LTC wait list
 - ensure appropriate placement

Complex Continuing Care

The existing 16 beds in the WPSHC presently houses long term care patients. The intention is to convert this unit into a short stay unit (maximum of 6 months). The goal is to stabilize or rehabilitate the patient with the intention to move them back to their home (supported by the local Nursing Stations and the Regional Geriatric Wellness Clinic) or to Lakeland for extended rehabilitation.

Lakeland Long Term Care

With the development of the Supportive Housing Complex, Lakeland would create two specialized units: Enhanced Care (convalescent care) and Behaviour Management

1) Enhanced Care Units

Lakeland would convert one of its units to a convalescent unit. The purpose of the unit would be to:

- Provide extended rehabilitation (beyond the six months offered by the Complex Continuing Care Unit) for seniors who have the potential of moving back to the community, with family or be admitted to the Supportive Housing Complex
- Stabilize the clients condition (i.e. brittle diabetic, episodes of acute congestive heart failure, etc.) in order for the individual to return to the community, with family or be admitted to the Supportive Housing Complex
- These services would be coordinated with the Geriatric Clinic so that planning for relocation is conducted well in advance of the discharge. This would also allow the Geriatric Clinic to admit individuals to this unit for more comprehensive assessment and/or rehabilitation.

2) Behaviour Management Initiative

Presently Lakeland has a 20 bed secured dementia special needs unit. The staff of this unit are presently being certified as Behaviour Management Specialists with steps being taken to create a specific best practice Behaviour Management Care modality. The unit is presently supported by the Penetanguishene Mental Health Centre, with monthly clinics conducted by Dr. Cameron, Psychogeriatrician and his team.

The intention is to provide a short stay assessment component to this unit. The short stay assessment beds would assess the client, providing specific support to the primary caregiver, with the intention that the client would be returned to their home or admitted to the Supportive Housing Complex. The assessment team on this unit would work in conjunction with PMH clinic and the Geriatric Wellness Clinic. The assessment would focus on:

- Medication Review – right drug, right person
- Physical Assessment - to rule out any conditions that may contribute to their confusion
- Behavioral Assessment – making recommendations on ways to address and stabilize
- Consultation and training to families and primary caregivers

Summary

The new older population (those 60 to 75 years old) will not only be increasing dramatically in numbers, but will also demand a level of service that is not presently offered in our health care system. It is time to view health care and social services as a single entity with the focus to keep the senior in the right place with the right supports.

The new senior and their family will demand it. If our system does not adapt our traditional methods and services it will be overwhelmed and become ineffectual. The Lakeland Community Integration and Wellness Model is an ideal pilot site to determine how best to coordinate these services through an exciting and dynamic Wellness Model.

There is an urgency for this initiative. The existing and expanding wait lists for long term care placement and the acute care wait times, along with the increasing risks to seniors in need waiting in the community requires immediate steps to decrease the pressures experienced. This project ideally meets the Aging in Place and Alternate Level of Care strategies proposed by the province.