



Central West Community Care Access Centre (CCAC) Home Independence Program (HIP)

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Background and Rationale

- As the population ages, the demand for community services is on the rise.
- Evidence based practice supports a restorative care approach. Restorative care in the home increases a patient's overall functional ability which in turn reduces long term dependence on healthcare resources.
- In 2011, the Central West Community Care Access Centre developed the Home Independence Program (HIP) to address the needs of moderately-impaired patients and build their independent functioning in their home.



A Shift in Mindset Compared to Traditional Home Care

- The Central West CCAC's Home Independence Program is a shift in mindset for patients, Care Coordinators and service providers.
- Shifting from a maintenance-type "do for" model to an enabling "do with" model of restorative care
- Optimizing the patient's ability to take care of themselves and keep themselves at a higher level of functioning



Description of HIP Model

- Short-term home based early intervention program targeted to older adults requiring assistance with Activities of Daily Living
- Rehab Program based upon a “Restorative Care Approach”
- The approach aims to help patients regain skills and confidence, attain and maintain independence with and reduce the amount of assistance they will require in the future
- Create sustainable levels of function for as long as possible



Description of HIP Model

- An inter-professional team approach
- Preventative care to reduce the risk of deterioration and/or reduce the likelihood of institutionalization
- Multi-dimensional comprehensive assessment
- Goal-oriented care planning involving patient input
- Targeted evidence-based interventions and protocols
- Time-limited services (60-90 days)

Standardized Central West CCAC Home Independence Program Protocols

Standardized protocols that focus on four specific areas:

- Exercise protocols
- Falls prevention
- Dressing and grooming
- Bathing





Program Results

n=180

Patients who participated in the Home Independence Program experienced:

- Increased mobility*
- Reduced falls*
- Decreased Emergency Department(ED) visits*
- Increased sense of wellbeing and independence**

*statistical significance

**statistical analysis not applied; survey based

- 56% discharges within targeted 60 days
 - 82% discharges within 90 days
- Admit mean Timed Up and Go (TUG) score: 27.7 seconds
- Discharge mean TUG score: 18.5 seconds
 - Statistically significant improvement
 - ≤ 20 seconds = good mobility
- 47% of HIP patients reported fall within 2 months prior to HIP
- 6% of HIP patients reported fall within 2 months after
- 71% of patients were discharged with goals met
- 14% of patients were discharged with goals not met

- 15% were still active on services after 90 days
- Patients readmitted after discharge from HIP (out of 180):
 - 0-30 days – 6
 - 30-60 days – 5
 - 60-90 days – 4
 - 90+ days – 8
 - Total 23 at reduced level of service requirement
- Upon admission, 40% of patients identified their health as good or excellent. Upon discharge, 78% of patients identified their health as good, very good or excellent



Patient Follow-Up Survey

- I have been able to be independent because of HIP – 85%
 - Believes will remain independent because of HIP – 82%
- I rely less on family & friends to deal with my health problems because of HIP – 81%
- As a result of HIP my ability to perform Activities of Daily Living (ADLs) – 87%
- As a result of HIP program my ability to care for myself has improved – 90%
- Recommend the HIP Program – 97%
- Satisfied with the HIP Program – 97%

Value for Money

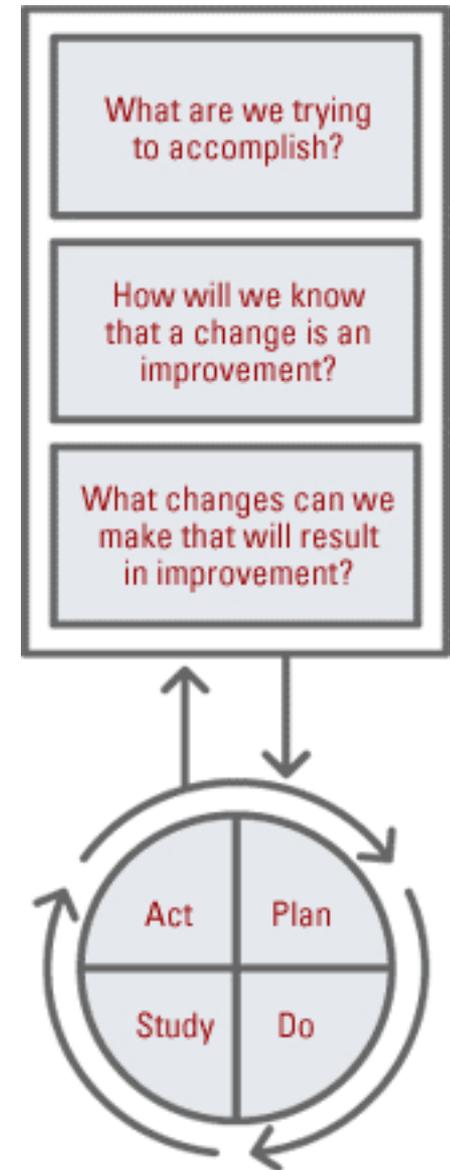


- The HIP program targets low acuity, moderately impaired individuals living the community.
- Determination of impairment level is through RAI score and clinical judgement
- Historically these individuals used an average of 5 – 7 PSW visits a week to help with Activities of Daily Living.

Traditional Model	Home Independence Program
PSW visits indefinitely	12 week inter-professional model of intervention
~ \$7,800 per annum	~ \$1050 per session

Roll-Out of Central West CCAC's Home Independence Program

- Phase 1: 3 sub-geographies
- Phase 2: 2 additional sub-geographies
 - 4 month space between phase launches
- A commitment was made to revise the program on an ongoing basis, as necessary, using the Institute of Healthcare Improvement (IHI) PDSA model and an evaluation of the program



- The Home Independence Program has been fully implemented in all of the communities serviced by Central West CCAC.
- Other CCACs across Ontario have started to adopt and implement the program.
- A modified version of this program was adopted by the Ministry of Health in Manitoba as a point of entry care model for specific community patient populations.



Take Away Messages

- Using a restorative care approach and optimizing a patients' ability to take care of themselves and keep themselves at a higher level of functioning reduces the burden of care on caregivers and fosters a greater sense of independence and wellbeing.
- The Home Independence Program ensures our patients are supported early and at the first sign of decline within the aging process. The program prevents/slows further deterioration of functional ability.
- This time-limited, goal oriented program supports the "Value for Money" proposition by effectively and efficiently using health care resources to achieve the best possible, and sustainable, patient outcomes.

Next Steps

- The Central West CCAC is continuing to evolve the Home Independence Program based on feedback from patients, families and other community members:
 - Age of eligibility was lowered to 65 at request of community members and has now been removed altogether
- Stronger linkages are being explored with acute care based programs and falls prevention strategies
- Central West CCAC recently received a generous infusion of funds from the Central West LHIN to run this program over three years.
- The Central West CCAC is currently seeking an academic research partner who could help us apply a greater degree of rigor to evaluation of the program. **Anyone interested???**





TO LEARN MORE

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