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

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• 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 protocols that focus on four specific areas:

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

- 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
Patient Outcomes

- 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%
The HIP program targets low acuity, moderately impaired individuals living in 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.

<table>
<thead>
<tr>
<th>Traditional Model</th>
<th>Home Independence Program</th>
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<tbody>
<tr>
<td>PSW visits indefinitely</td>
<td>12 week inter-professional model of intervention</td>
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<tr>
<td>~ $7,800 per annum</td>
<td>~ $1050 per session</td>
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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???
Please Contact:

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