

Fewer seniors stuck in hospital: LHIN

Programs to help elderly get back on their feet working, officials say

BY PAULINE TAM, OTTAWA CITIZEN AUGUST 11, 2011

For the first time in years, fewer Eastern Ontario seniors are being stranded in hospital while they wait for nursing-home beds - a sign, health officials say, that recently launched programs aimed at getting the elderly back on their feet appear to be working.

If the trend continues, Eastern Ontarians could finally start to see less hospital overcrowding, fewer cancelled surgeries and shorter waiting lists for nursing homes, officials say.

New figures from Eastern Ontario's health authority show that since the eldercare programs were introduced last fall, nearly four out of 10 seniors languishing in hospitals did not end up going to nursing homes.

Instead, half of them returned safely to their homes or retirement residences with intensive in-home services arranged by the region's homecare agency.

The other half were transferred to geriatric rehabilitation programs, often within the same hospital, where they could regain some of their physical and mental strength before contemplating a return to their homes.

"We are seeing results," said Alex Munter, chief executive of the Champlain Local Health Integration Network, Eastern Ontario's health authority.

"We are seeing a shift that is providing seniors with more options, better options and allowing them to be able to go home."

Even though the results are based on only eight months of data, they mark a dramatic change from last October, when the programs were first launched.

Of the 324 seniors stranded in the region's hospitals that month, nearly 95 (29 per cent) were destined for nursing homes.

Another equal number of seniors, 91 (28 per cent) were either discharged with homecare services, or referred for rehabilitation.

By May, however, the number of elderly patients going to long-term care had dropped sharply - by 12 percentage points.

That month, of the 361 seniors stuck in hospital beds, only 60 (17 per cent) were considered candidates for nursing homes. Another 139 (38 per cent) either returned home with support, or were sent to rehabilitation programs.

Another 36 per cent were either discharged home with no support needed, or referred to supervised housing, convalescent care, complex continuing care or palliative care. The remaining nine per cent died while in hospital.

At the heart of the new eldercare programs is a philosophy focused on getting frail seniors back on their feet and living as independently as possible so that they are not admitted prematurely to nursing homes.

Among the recently introduced eldercare programs are 108 "restorative-care" beds at The Ottawa Hospital, Queensway Carleton Hospital, Montfort Hospital and Cornwall Community Hospital.

The beds are designed to provide elderly patients with the physical and occupational therapy to regain as much of their mobility and function as possible, allowing them a greater chance of returning home.

Another flagship program is the \$3.1-million "home first" service run by the Champlain Community Care Access Centre, the region's home-care agency.

Under the program, elderly patients discharged from hospital are offered enhanced nursing or therapy in their own homes as well as up to 360 hours of personal support services during the first two months after discharge. Each client is followed closely by a home-care case manager, who adjusts services for as long as they're needed.

A third program, which costs \$5 million annually, provides a 24-hour on-call service to seniors needing urgent personal support, homemaking or extra in-home support.

The programs address what health officials say can be a premature decision by older people to move into nursing homes.

They also ease the pressure imposed by hospitals on elderly patients and their families to grab the first available nursing-home beds.

A recent report by the Champlain LHIN bemoaned how hospitals in this region are too quick to label their elderly patients candidates for nursing homes. Many are left for months to weaken until the only apparent solution is to send them to one.

The result is hospitals crammed with elderly patients who don't need to be there and long waiting lists for nursing-home beds. The gridlock leads to cancelled surgeries, bad shortages and long emergency-room waits.

For seniors, unnecessarily long hospital stays result in rapid physical decline, a loss of independence and a greater risk of contracting hospital-borne infections.

The situation is particularly bad in Eastern Ontario, which has the longest nursing-home waits and the fastest-growing population of seniors in the province.

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