In 2017-18, 41,575 visits to Hamilton Health Sciences (HHS) emergency departments (ED) were by seniors aged 65+ years; 10,204 were by those aged 85+ years. Of those aged 65+ years, 39.2% were admitted. Of those aged 85+ years, 39.2% were admitted.

The Canadian Frailty Network estimates that 25% of people aged 65+ years and 50% of those aged 85+ years are “medically frail” suggesting that HHS cared for over 6,000 “frail” seniors.

Patients aged 65+ years account for 60% of HHS highest cost/risk patients. Many of these patients have 4 or more chronic conditions. Most come to hospital from home.

Patients seen by HHS’ Outreach Team typically have few social supports, low health literacy, low mood, functional and/or memory impairment, limited finances, and high hospital visits.

The Innovation

Patients aged 65+ years screened in ED as highest risk for frailty are referred to the Centralized Care and Transition Team (CCaTT), an interdisciplinary team with geriatric experience. CCaTT assesses mood, memory, function, social supports, medications, and develops evidence-based interventions and recommendations aligned with Ontario’s Assess & Restore Guidelines.

CCaTT refers the most vulnerable patients to HHS Outreach Team which uses the Ontario’s Health Links Model of Care and partners with patients in their homes to identify:

1. What is most concerning to them about their health
2. What is most important to them right now
3. What they hope to achieve

Goals are developed with patients and the Outreach Team collaborates with partners including primary care, geriatrics, home care, and community service organizations to initiate actions that will help patients achieve their goals.

Patient Testimonials

“Knowing I have someone to call will make me feel less anxious. I suffer from depression but have been feeling much better since having someone to help me when I have questions or need things. I get nervous and don’t know how to figure these things out on my own.” - Lila

“You are the only people I have to help me. I have no one else. I now get to all my appointments and when I need anything I know who to call as you always help me. It makes me feel good to have people I trust who check on me and get me the help I need.” - Betty

Mr. S. frequently visited hospital EDs for help and prescriptions to manage multiple health conditions including an acquired brain injury, seizures, diabetes, depression and chronic pain. He had no family doctor and few social supports. His only daughter lived out of town. Previously, Mr. S. stayed in local shelters but now resided in a rooming house. Unsafe housing conditions, very low income and restricted mobility all posed barriers for Mr. S. to achieve his health goals.

Mr. S. – “I’m most concerned about my pain and my weight loss...I don’t want to live with this pain anymore, I want to find a place to live where I feel safe and can get the help I need.”

Fewer ED visits: 40% (HW) & 39% (NNW)

Arranged System navigation

Change readiness

Falls

Geriatric

87% discharged to own home

Trauma

Re

Advance care plan created with patient & doctor.

Assisted patient to apply and move to affordable

What they hope to achieve

Fewer 30

Fewer admissions for ambulatory care sensitive

No access to primary

Provided reminders and accompaniment for medical

Patients

and

97%

Population

Proactive partnerships

obtained.

Facilitated specialty physician and clinic consults for

- Mobility challenges

- Referral completed to LHIN Home & Community Care

- Assisted with booking transportation when needed.

Food 

- Residents of rooming house residents “stole” food

- Food donations delivered on multiple occasions.

Mobility

- Walks “stolen” at shelter.

-完成了针对老年介护院的主观干预

Housing

- Theft (food, belongings), exposed to violent conflict in rooming house environment.

- Assisted patient to apply and move to affordable supportive housing with no st

- Donated furniture and household items obtained.

Income to

Income Supplement.

Security, Canadian Pension Plan and Guaranteed

Shared with patient’s daughter.

Accessibility needs

Limited finances.

- Cost to a barrier to using taxis.

- Assisted with completion of paper work for Old Age Security, Canadian Pension Plan and Guaranteed Income Supplement.

- Arranged free tax preparation through local MPP.

Transportation

- Mobility challenges making use of regular public transit difficult.

- Mobile challenges in making use of regular public transit difficult.

Cognition &

Health Literacy

- Only partial ability to teach back.

- Self-reported memory challenges.

- Screened cognitive (Mini-Cog/Clock). Shared results with family.

- Provided reminders and accomplishment for medical appointments when needed.

Institution to

Health needs

- No income support.

- Assisted with application for paper work for Old Age Security, Canadian Pension Plan and Guaranteed Income Supplement.

- Arranged free tax preparation through local MPP.

- Completed application for subsidized accessible transportation with door-to-door service.

- Assisted with booking transportation when needed.

Food & Nutrition

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