COACH Program – Caring for Older Adults in Community and at Home

www.healthpei.ca/COACH

What is COACH?

A partnership between Geriatric, Home Care, and Primary Care Programs:

- An integrated interdisciplinary expert team, supporting the most frail and their family/friend caregivers, with a goal of improving care
- Builds capacity within the health care system across the continuum
- Provides direct client care at home on a timely basis
- Predicts and prevents (or proactively manages) health crises when they occur and ideally decreases the need for emergency services or admission to hospital
- Encourages advanced care planning and maximizing community supports
- Geriatric Nurse Practitioner plays a key role, acting as the interconnecting 'glue'* between various sectors of the health care system

Why COACH:

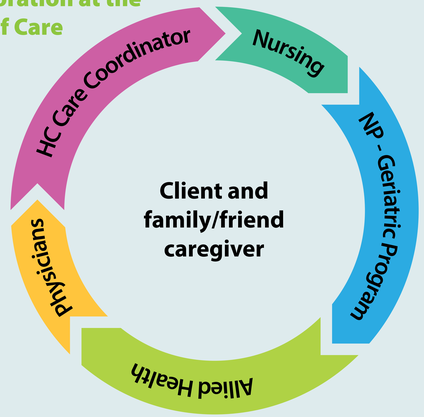
Improve access to care for frail seniors with complex needs through collaboration, with the objectives of:

- supporting seniors to remain at home longer and to return home earlier from acute care, optimizing existing resources across the partner programs
- reducing duplication and repetition for seniors, and family/friend caregivers through sharing of information between partner programs
- increasing awareness of complex geriatric syndromes and importance of expertise in management

"I have truly enjoyed working with the COACH team. The varied perspectives and expertise of the team members are tremendously helpful in caring for my frail elderly patients, allowing them to enjoy prolonged independence and to successfully age in place."

Dr. Matthew Kutcher

Collaboration at the Point of Care



Caregiver/ Family Impact

"Personally, my family would not have had the time it did with my father at home, if not for the Home Care Services program, the COACH program and the Provincial Geriatric Program. These programs apply a priceless positive effect on the families they serve and the majority of this impact is due directly from the staff which represent each program. All of the staff were outstanding in the services they provided.

They are a credit to their professions. Their experience, knowledge and compassion make them experts at the large challenges, but it is truly their skill, empathy and kindness with the little things, that makes them exceptional.

Their positive impact has been priceless and I would suspect their fiscal benefits to the yearly budget, versus the alternative of full care, are a price well worth the investment. As we both know, the further a dollar goes, the more help can be given with the dollars remaining. My family is thankful beyond measure for them".

Murray, son of COACH Participant

Outcome Measures and Benefits

From Pilot:

- Inpatient admissions decreased by two thirds
- Emergency Department visits decreased by one third
- Primary Care Visits halved (average appointments/month)

Since Inception:

- Average Length of Stay (LOS) in Long Term Care (LTC) for COACH clients who transition to LTC is .65 years. The current average LOS stay in LTC in PEI is 2.6 years; which is an average decrease of 1.95 years/client
- 80 COACH clients on caseload 2015-May 2018
- 54% of clients remain on caseload, 20% remain on Home Care, 26% were discharged (deceased, LTC)

Next Steps

- Provincial roll-out to final site (Fall 2018)
- Continue to demonstrate need for expansion of COACH program and additional Home Care services (i.e. Home Support, OT/PT, Nursing)
- Partnership with Mobile Integrated Health Services for after hours response (2018/19)
- Development of COACH Program materials in both official languages
- Strengthening relationships with, and providing education to key stakeholders
- Continue to work with key stakeholders to formalize real time notification of admissions to emergency departments and acute care, for proactive management

COACH
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Health PEI
One Island Health System

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* Reference Prasad S1, Dunn W, Hillier LM, McAiney CA, Warren R, Rutherford P. Rural geriatric glue: a nurse practitioner-led model of care for enhancing primary care for frail older adults within an ecosystem approach. J Am Geriatr Soc. 2014 Sep;62(9):1772-80. doi: 10.1111/jgs.12982.