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What Will We Talk About?



The Perfect Storm



Storm Damage



Eye of the Storm



The Umbrella



Winds of Change



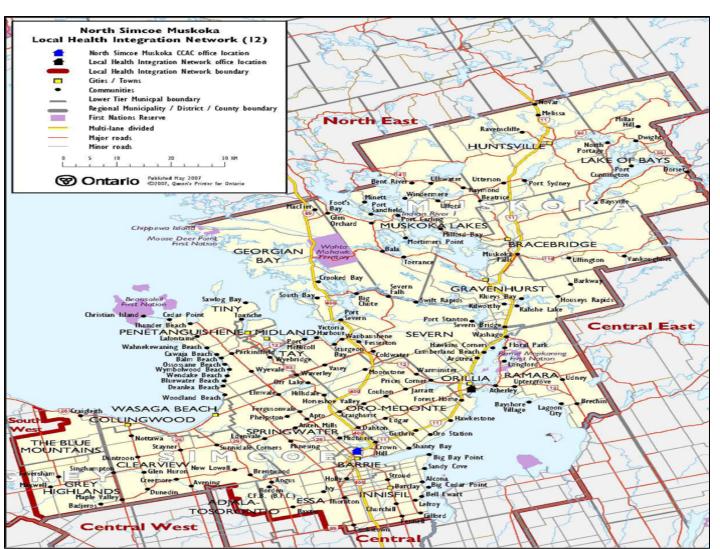
Weather Watch



 The simultaneous occurrence of events which, taken individually, would be far less powerful than the result of their chance combination

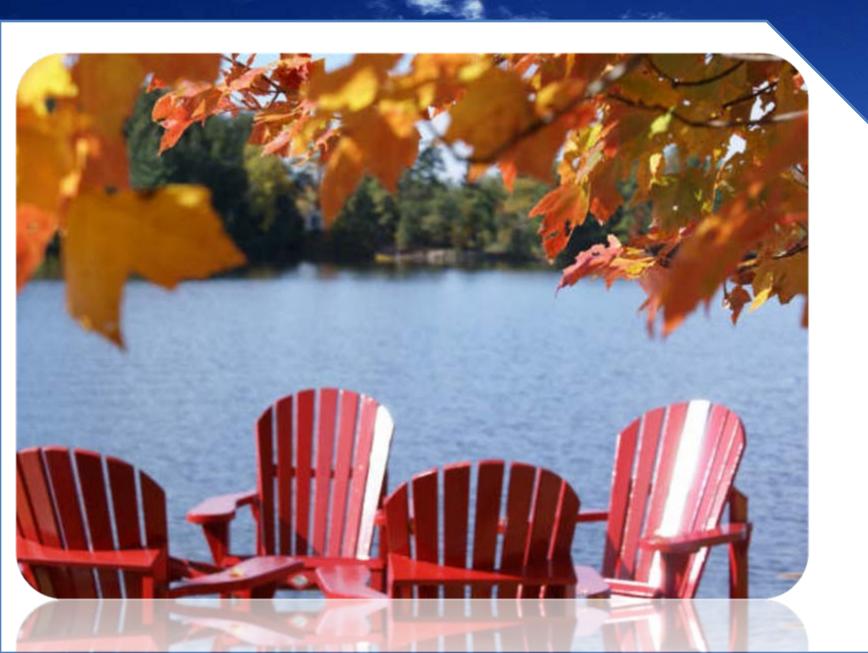


North Simcoe Muskoka

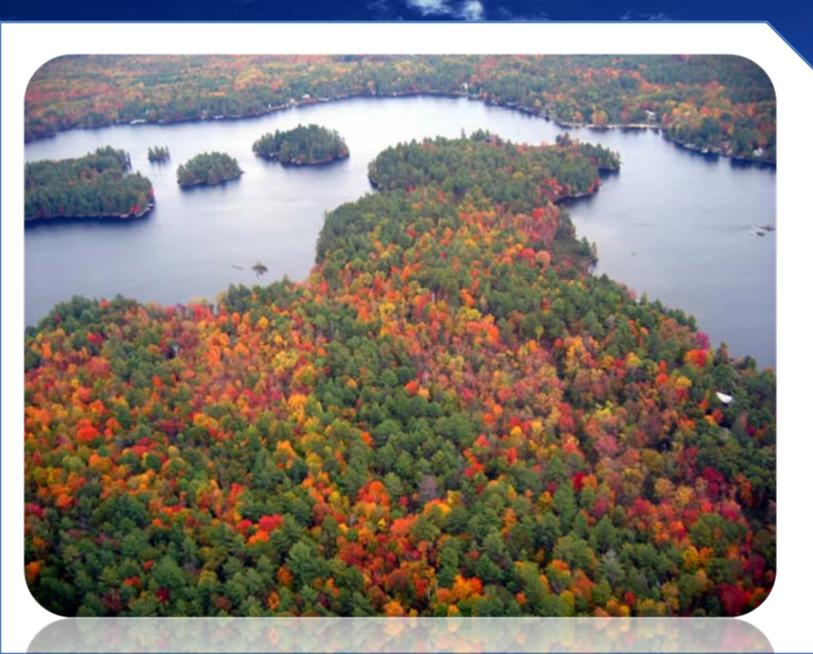




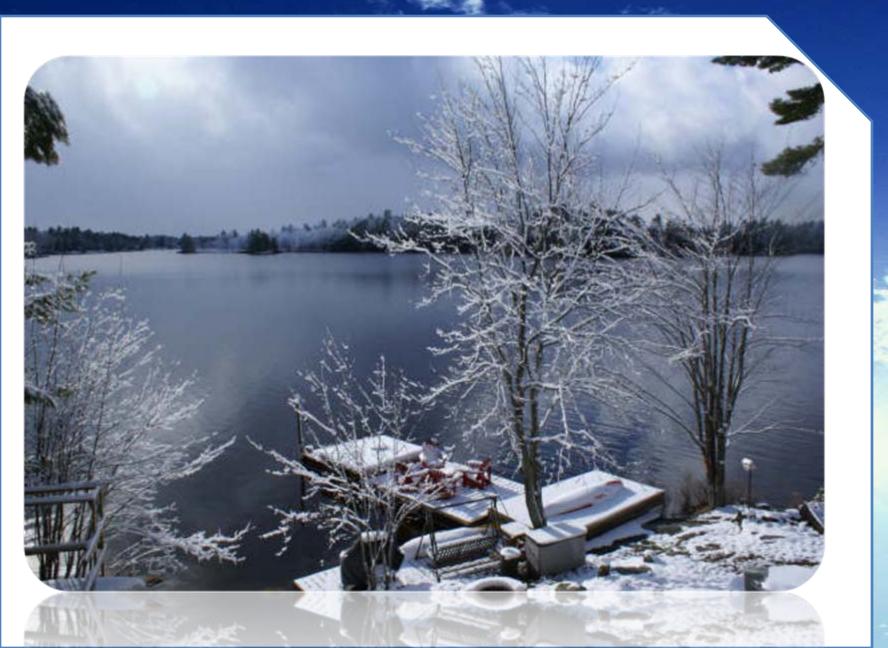


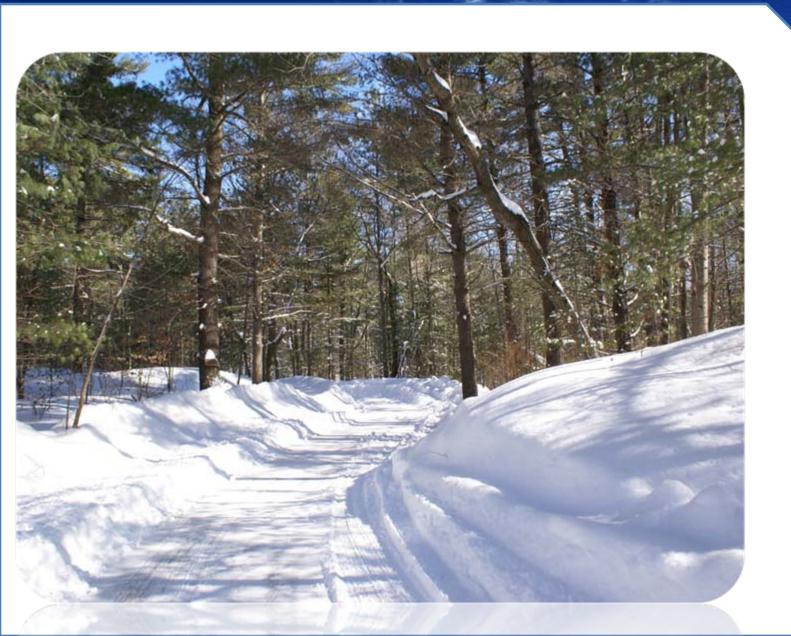


Re-ACT











Re-ACT

- Demographics
 - Aging Baby Boomers living longer
 - Retiring earlier + sedentary lifestyle
 - 70% living with chronic disease
- Healthcare resources
 - Fiscal 'constraint'
 - Shortage of Human Health Resources
- Political pressures
 - Quality of life
 - Accessible healthcare

- ↑Advanced Technology
- †Broader Cellular Coverage
- Consumer Desires
 - more involved in own care
 - remain at home ALAP
 - decrease caregiver burden

Storm Damage



Storm Damage

- Talls and other home safety issues
- ↑ Complications from CD
- Thomecare wait lists
- Congestion in the ED
- ↑ Hospitalizations & LOS
- ALC beds
- ↑ LTCH bed shortage
- _ Lack of Assisted Living Facilities

Eye of the Storm

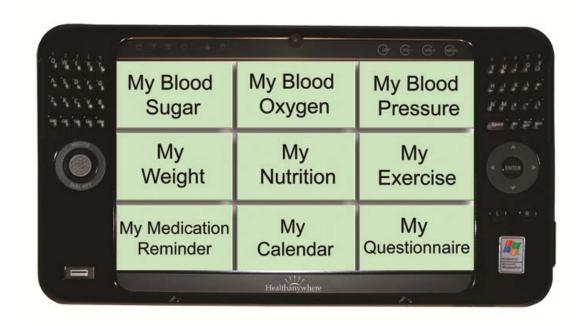


Eye of the Storm

- MOHLTC becomes aware of deteriorating health stats within NSM
- MOHLTC: Aging at Home Strategy
- NSM implements 18 initiatives
- Re-ACT launches
 - Remote Access to Care Technology



Patient Technology



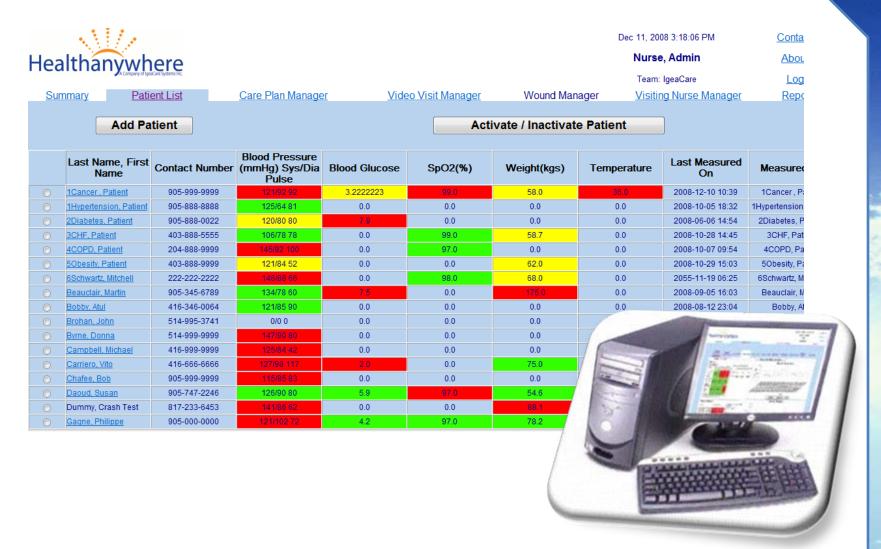








Healthcare Professional Technology



Re-ACT Program



Bringing independence, safety and a better quality of life to individuals living and aging at home with chronic health problems. Healthcare Professional Services

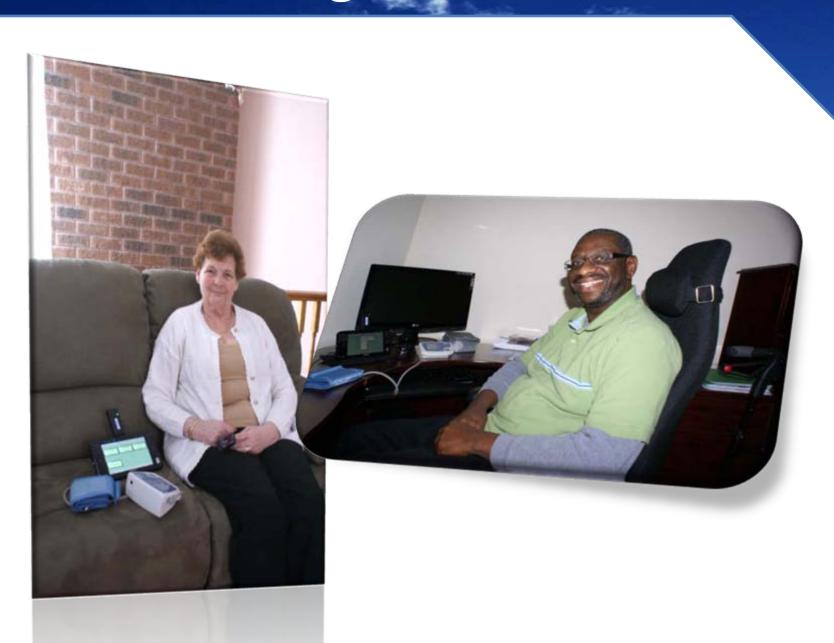
Criteria for Admission

- Reside in NSM
- Have one or more chronic health problems
- Be an older adult >55 years of age
- Be cognizant or live with someone who is

Admission:

- We Care Comprehensive Nursing Assessment
 - Environmental Assessment
 - Numerical Falls Risk Assessment
- Personal Health Profile
 - Level of CDM
 - Frailty Scale
- Learning Packages

Winds of Change



Re-ACT

Winds of Change

- 72 year old female
- Hx of congestive heart failure and diabetes
- Frequent long admissions to hospital
- Vital signs decline over weekend -> We Care nurse sent her to ED
- In ED, given IV Lasix over a course of several hours and returned home the same day
- **Re-ACT success:** recognized warning signs, appropriate referral to ED, crisis avoided, no hospital admission, returned home stable
- "I credit Re-ACT for catching the problem early and saving me a long hospitalization."

Winds of Change

- 75 year old Metis male
- Hx of long standing diabetes, COPD, obesity-non-compliant with diet restrictions, non-compliant to O2 use, smokes & is inactive
- Pt incorporates Re-ACT into his daily routine
- Pt became acutely aware that his blood oxygen was below the norm
- We Care nurse sent pt to physician
- Pt Rx stop smoking, use O2 continuously and referral made for sleep apnea testing
- **Re-ACT success:** pt became aware of health status through Re-ACT, pt now using C-Pap machine during the night, quit smoking, uses O2 on a continuous basis and soon to see a DEC
- "I take pride in taking my readings and I like to see that my oxygen is where it should be."

Winds of Change

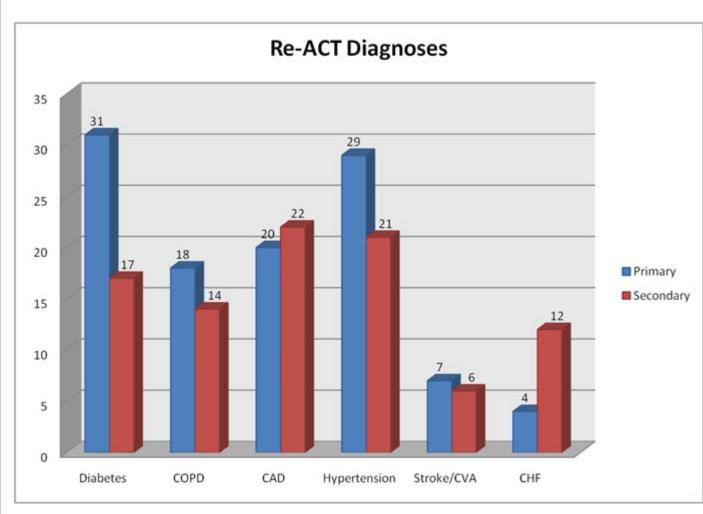
- A couple sharing Re-ACT
- Wife has Hx of resp distress, previous 2 month admission to hospital for pneumonia with poor recovery, CCAC visiting nurse 2x per week for vital signs measurements
- Re-ACT success: when O2 levels decrease antibiotics are started to avoid pneumonia, CCAC visiting nurse has been discharged
- "I feel better knowing that someone is watching."
- Husband Hx of brain surgery for Ca, resulting stroke after surgery, heart dz, Parkingson's dz and diabetes
- Re-ACT success: decreasing caregivers stress and therefore decreasing caregiver burnout

Winds of Change

For the Jan - March Quarter:

- 0 clients admitted to hospital compared to 10 prior
- 0 unnecessary visits to the ED compared to 11 prior
- 1 risk incident (fainted) compared to 3 near misses and 11 falls
- 3 necessary visits to Family Physician thus identifying problems earlier than before
- 3 necessary visits to ED, thus avoiding lengthy hospitalization; several catches "just in time" avoiding unnecessary hospitalizations and preventing complications
- 21 phone calls related to change in VS avoiding Dr, ED or Hosp visits
- 98% satisfied with program
- 8 issues of equipment problems related to poor connectivity
 - Re-established in timely manner

Winds of Change



OtherSecondary Diagnoses:

Arthritis - 21

Angina – 7

Atrial Fib. - 4

M.I. - 4

Asthma - 5

Pul. Fibrosis – 3

Pul. Stenosis - 1

PVD-4

Renal Failure - 4

Parkinsons – 2

Depression – 3

Anxiety Disorder -1

Dementia – 3

Diverticulitis – 4

Cancer - 2

Lupus – 2

Fibromyalgia – 1

Gout – 1

Liver Cirrhosis - 1

ABI -1

Hypothyroid –1

Colitis -1

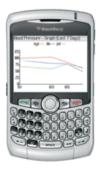
G.I. Bleed - 1

Weather Watch



Weather Watch

- Pro-ACT LTC Nurse Led Outreach
- · Health On The Go Mobile Kiosk
- All NSM CCAC patients requiring vital signs management referred to Re-ACT
- Re-ACT extending to other CCACs
- Re-ACT extending to other provinces
- Government changing payer models to include telemonitoring and equipment
- Insurance companies assisting in telemonitoring costs









Discussion



Re-ACT

Successful Partnership





North Simcoe Muskoka
Community Care Access Centre

CASC Centre d'accès aux soins communautaires de Simcoe Nord Muskoka



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