

Enhanced Home Living Client & Caregiver Supports Pilot Edmonton Zone

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INTRO

One in 9 of newly admitted long-term care residents have similar needs as those cared for in the community. The barriers to remaining at home are difficulty navigating health systems, out-of-pocket costs, and inflexible homecare delivery.

PROGRAM

Four Edmonton Zone Continuing Care Home Living Teams (inner city, urban, suburban, rural)

- Enhanced support services for clients at risk of LTC admission and distressed caregivers
 - Respite and Instrumental Activities of Daily Living (IADLs)
 - Offer multiple service options (Meaningful to clients/families)
 - Increase service volume and intensity

2. Minimized administrative burden for clients and caregivers (Invoicing Option)

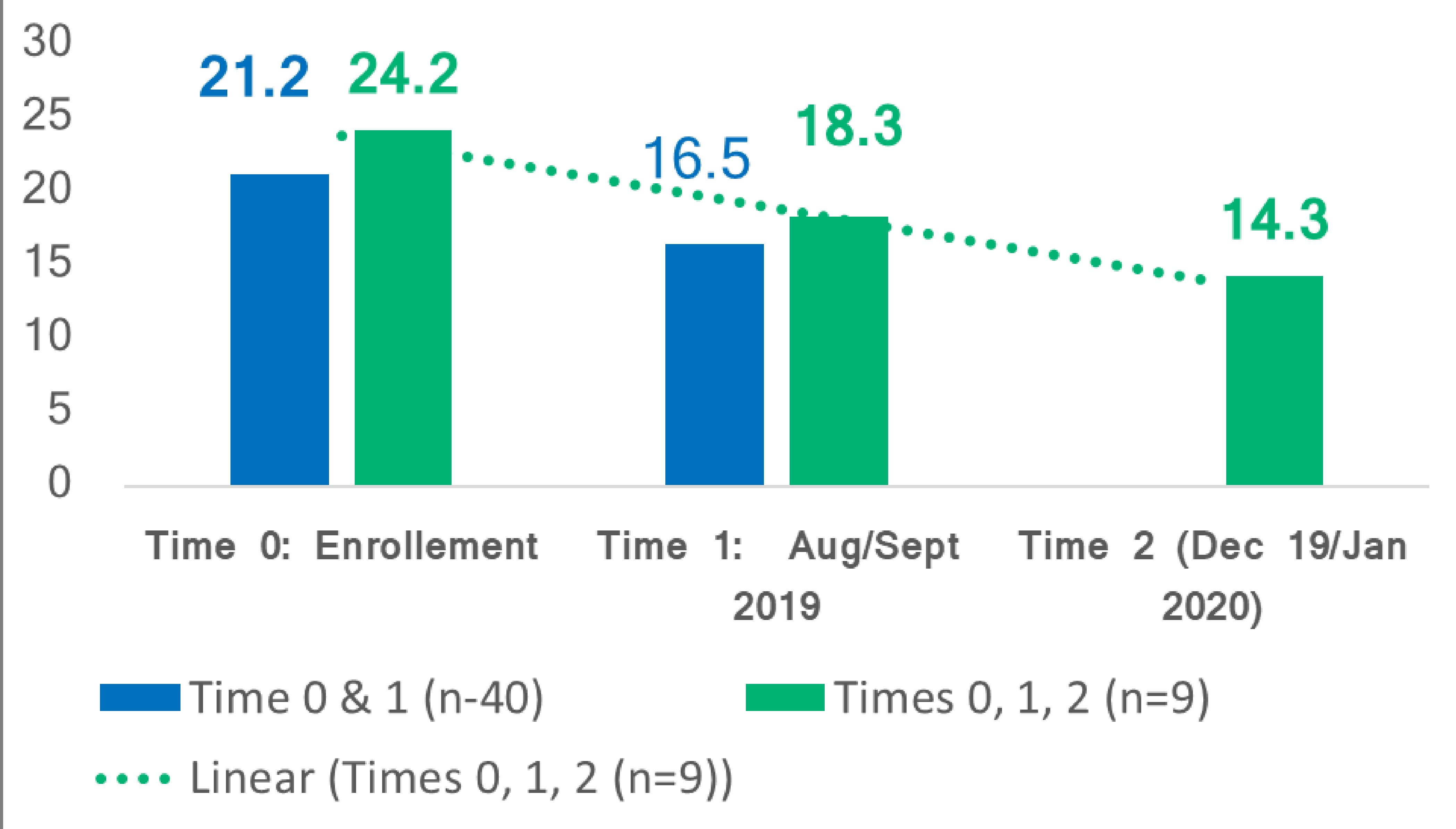
METHODS

We measured: 1) Outcomes--repeated measures of reduced FCG distress (Caregiver Risk Screen Baseline, 3, 6 months), clients at high risk of placement (High/very high MAPLe scores) remaining at home, 2) Process—homecare staff’s perceptions of program (group interviews); 3) Balance- Client/caregiver satisfaction (individual interviews) and health system savings (average annual costs pilot program versus designated supportive living).

Results

Decreased family caregiver distress (Clinically meaningful)

Caregiver Risk Screen Scores (Range 0-30)
Very high risk=23-30; high risk=17-22;



Remained Home

- 98% of Clients /Caregivers reported enhanced supports increased choice to stay in community homes.**
- 57/ 66 clients with MAPLe of 4 (high) or 5 (very high) remained in the community***

***Approximate savings for 57 clients who remain at home compared to Designated Supportive Living equates to \$486,210/year.**

Can Enhanced Home Care services

- Reduce family caregivers distress
- Give clients real choice to stay in their community homes?

PARTICIPANTS

79 clients/caregivers were enrolled from January to September 2019.

Conclusion

The Edmonton Zone Homecare Pilot program created a person-centered and caregiver-centered system of care that focused on assessing the needs of the caregiver as well as the client. It enabled homecare staff to personalize services to client/caregiver needs. It provided a cost benefit which is a primary consideration for health initiatives in times of fiscal restraint.

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