Greater Grand Sudbury

November 4, 2008

Mathilde Gravelle Bazinet
Chair
North East
Local Health Integration Network
555 Oak Street
North Bay ON

Dear Mrs. Gravelle Bazinet:

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Re: Aging at Home Strategy

With the current stress on our health care system we can appreciate the role of the Local Health Integration Network whose commitment is to ensure that funding dedicated to health care be streamlined to services that will make a significant impact on the quality of life of all living in the North East. As a member of the Mayor and Council's Advisory Panel on Seniors' Issue we too have a role, and that is to strongly advocate on behalf of seniors in the City of Greater Sudbury.

We recognize that one of the most significant impacts on the delivery of our health care system is due in part to a rapidly aging population, and more specifically, related to seniors with more complex care issues and the ability to no longer stay independent in their homes due to limited resources. We understand that the intent of the Aging at Home strategy is to provide resources to seniors that will allow them to age with dignity in their own homes. The funding for these "resources" is truly appreciated however the outcome and results of the Aging at Home funding will not have immediate impact as some of these initiatives that will require short and long term strategies, and will take time to effectively make an impact on the population they are directed to.

Therefore we, the Mayor and Council's Advisory Panel on Seniors' Issues hope that the strategies, that have been recognized by the NE-LHIN's as priorities through the Aging at Home Strategy, will receive a firm ongoing financial commitment and that none of the projects/proposals are only being considered for one time funding. Unfortunately history has it that in a time of crisis the Ministry is quick to implement much needed services, but it is also quick in cutting back on the funding leaving many community service providers to either cut back or eliminate their services. This leaves many seniors and their caregivers in a lurch. Knowing that the demographics only dictate that we are an aging community, we are encouraging the North East Local Health Integration Network to commit to sustainable funding for all of the projects approved.

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As a group of committed individuals, our purpose is to ensure that seniors in our City of Greater Sudbury are able to access the care and services they so deserve. We kindly ask the North East Local Health Integration Network to not only collaborate with service providers but to continue to seek the advice of seniors when it comes to matters that will have and make a significant impact in their lives. We would be pleased in the future to assist and participate in any public input sessions or in any collaborate event organized by the North East Local Health Integration Network.

Sincerely,

Anadel Hastie
Co-Chair
Mayor and Council's Advisory Panel
on Seniors Issues

Ted Callaghan, Councillor
Co-Chair
Mayor and Council's
on Seniors Issues

Critical Response to ALC Crisis
-Options Matrix-

	Short Term (up to 6 months)	Long Term (6 months and longer)
Low Cost	✓ Wrap Around programming of $555,000 has been approved for Transitional Support Fund and implemented Nov 2008 ✓ 24 Transitional care beds at HRSHR has been approved and funding provided ✓ Regional Geriatric Program operating out of the Pioneer Manor (IE: Falls Prevention program) ✓ The 32 of 64 Complex Continuing Care bed increase at SJCCC ✓ Current ALC patients demographics and care requirements to determine most appropriate placement ☐ Patient care prioritizing for the 5 Longest stay hard-to-serve patients ☐ Geriatric Nurse for the Emergency Dept ☐ Seniors Prevention program with positions in the ER to divert patients from the ER (estimated $187k/year) - Strategy #4, ALC Task Force Report, Dec 2007 ☐ HRSHR physician & LTC physician discussion/intervention to prevent transfer to Emergency Dept – high intensity needs funding ☐ Complete repatriation agreements with other hospitals ☐ Follow-up mechanisms with NECCAC for patients identified at risk (ISAR tool). Also highlighted as a Seniors Prevention program - Strategy #3, ALC Task Force Report, Dec 2007 ☐ Nursing Outreach Program (IE: through HRSRH) ☐ Supportive housing model providing care in private homes (Pembroke model) which would involve a community call for involvement. Also identified under Strategy #7, ALC Task Force Report, Dec 2007 ☐ Improve linkages with retirement homes ☐ Increasing availability of Homemakers Services to frail elderly (IE: homemaker, snow shoveling) ☐ Public education program for Seniors (IE: Seniors Information Line, health promotion and prevention programs) ☐ Increasing availability of respite care for caregivers ☐ Additional caregiver support and counseling (estimated $90k/year) and additional respite (estimated $60k/year) - Strategy #1, ALC Task Force Report, Dec 2007 ☐ Outreach, supportive housing and respite for physically disabled –Strategy #6, ALC Task Force Report, Dec 2007 ☐ Dialysis escort –Strategy #13, ALC Task Force Report, Dec 2007	☐ Single point of access through the NECCAC ☐ Advocate for continued investment in the Aging at Home Strategy – LHIN funding distribution with Sudbury having 13% of the ALC population and receiving 6% of the funding ☐ Utilization Strategy for LTC which would also include a continuum of service to be addressed ☐ Professional Retention and Training Fund for health care providers ☐ Human Resources projections for the North East to address current and future professional services shortages (IE: PSW, RPN, RN, OT, physiotherapists and physicians). Integrated health service plan with would include an employee retention program ☐ Enhancements to LTC staffing to support medically and behaviorally complex individuals in LTC homes rather than in hospitals – Strategy #12, ALC Task Force Report, Dec 2007 ☐ Investigate the potential alternative use of existing health service infrastructure –Strategy #15, ALC Task Force Report, Dec 2007

	Short Term (up to 6 months)	Long Term (6 months and longer)
High Cost	☐ Retirement Home vacancies and private home supports o Bridge funding between LTC rates and retirement home care rates o Service funding options via Homemakers and Domiciliary hostels (80% provincial /20% municipality) o MOHLTC subsidy for care ☐ Increase non-urgent patient transportation services – requires MOHLTC funding increase ☐ Funding for ALC patients at the Memorial site which would provide high capacity on an interim measure and to operate without LTC standards ☐ Consider a Not For Profit Retirement Home ☐ Conduct needs based assessments for community service requirements ☐ Programming to assist in maintaining independence through IADL activities (IE: housecleaning, snow removal, yard work, etc) and ADL activities (IE: community transportation to medical appointments, shopping, ADP and assistance). Onetime start up costs estimated at $10k and base funding for ADL/IADL estimated $600k/year - Strategy #2, ALC Task Force Report, Dec 2007 ☐ Development of 40 seniors Interim beds unit (estimated $2M/year) plus one-time start up costs - Strategy #5, ALC Task Force Report, Dec 2007	☐ Permanent funding for Interim LTC capacity (IE: at Finlandia and Pioneer Manor) ☐ Building on community LTC capacity and other supportive housing options ☐ Advocate for increased number of LTC beds ☐ Advocate for additional supportive housing services ☐ Advocate expanding CMHC's the Residential Rehabilitation Assistance program and the Home Adaptations for Seniors Independence program ☐ 128 LTC beds to be built ☐ Social Housing - Rent Geared to Income means tested housing ☐ Behavior Support Team (estimated $400k/yr) – also identified under Strategy #10, ALC Task Force Report, Dec 2007 ☐ Behavior Support 15-20 bed unit (estimated $1.7M/yr plus capital start up) – also identified under Strategy #11, ALC Task Force Report, Dec 2007 ☐ Mental health supportive housing (estimated $500k/yr) – Strategy #9, ALC Task Force Report, Dec 2007 ☑ Acquired Brain Injury (ABI) supportive Housing in a congregate care environment (estimated $950k capital start up and $997k/yr operating) –Strategy #8, ALC Task Force Report, Dec 2007 ☐ Chronic care ventilator unit (estimated $756k/yr) – Strategy #14, ALC Task Force Report, Dec 2007