

Delta Seniors Planning Team

May 15, 2012

Tsawwassen Alliance Church Hall

Minutes

Co-Chair: Val Windsor

Recorder: Kay Dennison, Coordinator

Attendance: Gerry Bouman, Eric Hueber, Don Browning, Henry Jonker, Lynda Brummitt, Flo Mann, Lyn Walker, Kay Dennison, Mary Cooper, Cecelia Duncan, Donna Ellis, Liz Gibson, Angelica Wrobbel, Scott Broderick, Lindsay Eldridge, Heather King, Sharon Johnson, M. Kerry, Margaret Nielsen, Sepia Sharma, Jean Thompson, Margaret Toews, Val Windsor, George Winkelhorst, Sheila Rankin Zerr, Diane Young, Chris Colero, Warren Hughes, Laura Feldman, Maurice Newby.

Item	Discussion/Information	Action
Speaker	Speaker: Lynda Foley, Executive Director, Home Health and End of Life Care and Delta Hospital – Fraser Health Authority – “Home is Best” - see notes of her presentation at the end of the minutes	
1. Introductions	Val Windsor introduced Warren Hughes, Chair of Board of Directors, Deltassist Family and Community Services (sponsor agency for Delta Seniors Planning Team). Warren acknowledged another board member, Scott Broderick and staff member Lyn Walker. Warren announced that Deltassist is in the process of hiring a part-time Geriatric Counsellor. Val also acknowledged representatives of seniors service agencies who attended the meeting: Donna Ellis and Diane Young of Kin Village, Jean Thompson representing the Board of McKee Seniors Recreation Center, Scott Broderick, Deltassist Board member and Delta Seniors Advisory Committee member. Maurice Newby of SD Meals on Wheels. Jeannie Kanakos, Delta Councillor sent regrets.	
2. Approval of Agenda	Approved as circulated. Motion carried	Moved Lyn Walker Seconded Don Browning
3. Approval of	Approved as circulated. Motion carried	Moved Flo Mann

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Minutes		Seconded Sheila Zerr
4. Election of Co-chairs	Val Windsor and Joanne Van Snellenberg nominated and elected by acclamation	Moved Henry Jonker Seconded Flo Mann
5. Updates from action Teams	<p>5.1 Non Medical Services Action Team – Henry Jonker, Chair The focus for Action Team is elder abuse. World Elder Abuse Awareness Day is on June 15 and information tables will be available in the community on June 11 & 14. Volunteers needed to assist. An information table will also be set up at June 5 – at Kennedy Seniors Recreation Center June 5th during Seniors Week and in September at the McKee Seniors Recreation Centre at the Health Fair</p> <p>Working at putting together a list of service providers for seniors in Delta. Due to many issues facing Lesbian, Gay, Bisexual and Transgendered seniors the Action Team has recommended that a speaker be booked. Emergency Preparedness for Seniors: Speakers from Fire Dept, Delta Corp being arranged for the fall.</p> <p>The Delta Seniors Planning Team thanks Henry Jonker for his service and leadership to our committee. Today is Henry’s last day as he will be moving with his wife to Vancouver Island. We wish Henry all the best.</p> <p>5.2 Housing Action Team, co-chairs ML Burke & Barbara Bell report by Lynda Brummitt in their absence. The Action Team is following development and rezoning permit applications to Delta corporation. We are preparing a short presentation about seniors housing needs to take to appropriate hearings. The presentation will be based on survey results. Current applications include MK Lands, members have attended a round table with developer to exchange ideas, Southlands – new proposal has different housing options,</p>	Kay will make arrangements for LGBT speaker for one of the fall meetings

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	<p>many suitable for seniors (including one story bungalows). Former South Point Academy property is a senior's housing development – apartment units. Paterson Park – As requested by the Planning Team, Co-chairs sent a letter to council and letters to the editors of local papers about future use of this property for seniors housing.</p> <p>We are continuing to learn about housing options – ML presented information about co-housing and we are planning a field trip to Elim in Surrey – seniors housing on a life-lease basis).</p> <p>FYI – if interested in a small scale retirement co-op, there is a presentation on Saturday June 16th at 7:00 at Kin House in Ladner.</p> <p>Speaker for Action Team meeting – John Hopkins, Planner, Corporation of Delta, helped with Housing Task force report – we would like to have John give us an update on the progress of the housing recommendations adopted by Council.</p> <p>5.3 Transportation and Mobility Action Team, chair Joanne Van Snellenberg – report by Lynda Brummitt in her absence. Plans for the walkability survey and report are underway. Community meetings are being organized for each community. The meeting will include presentation by Sepia Sharma on importance of physical activity and fall prevention, followed by a discussion to identify the barriers to safe walking in each community. We will need a team of seniors with various levels of mobility to help with a survey of some of the walking spaces/problems identified from the community meetings. Lynda Brummitt and Kay Dennison met with the engineering department to discuss the project. The staff provided us with an update report which will be presented at next months meeting. They also offered their support if needed for our project.</p> <p>The report for this project will consist of photographs and short</p>	<p>Volunteers to help with the N. Delta event are needed,</p>

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	<p>reports to illustrate the problems and safety requirements for seniors to be able to walk in their community. Our first community is North Delta and the community meeting will be in June. Sign up sheets for those interested in helping with North Delta community meeting and survey will be out at the end of the meeting.</p> <p>Suggestion – Tsawwassen Go Green group would be a good connection to make – organizer is Carol Vignale.</p>	<p>sign up sheet available.</p>
<p>6. Follow up items</p>	<p>6.1 Name Change – due to another group in Delta having a similar name – Delta Seniors Planning Team. New slogan – a voice for seniors – motion carried.</p> <p>6.2 Volunteers for World Elder Abuse Awareness Day – June 15th.</p> <p>6.3 Volunteers for Seniors Week display at Kennedy Seniors Recreation Centre – June 5th – sign up sheet on table.</p> <p>6.4. Letter to Council/newspapers re Paterson Park – see note in Housing Action Team report.</p>	<p>Moved Henry Jonker Seconded Don Browning</p>
<p>7. Updates Regional Committee</p>	<p>7.1 Access Transit – Kay Dennison – no meeting to report on.</p> <p>7.2 Regional Seniors Planning Committee – Don Browning There is concern that seniors are not aware of the BC 211 information line, as it is not being used enough. Anyone can phone 2-1-1 and get information on services in the community.</p> <p>Drive Able program – new program to determine driving skills of people with medical problems that effect driving – many seniors not aware.</p> <p>Ombudsperson – Kim Carter has been reappointed for next 6 years. Don is on a regional committee preparing a response to the Ombudsperson report recommendation regarding a Seniors</p>	<p>Kay Dennison will arrange for fridge magnets to distribute in the community</p> <p>We will have speakers at our June meeting on Seniors Driving</p>

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	<p>Advocate.</p> <p>Don invited members who are interested in the regional committee to attend with him. He will provide the date of the next meeting for circulation to the general committee.</p>	
<p>8.New Business and Announcements</p>	<p>8.1 – Letter of support for reappointment of Ombudsperson, Kim Carter. Due to announcement earlier this month of her reappointment this letter is no longer required.</p> <p>8.2 Liz Gibson, Delta Parks and Recreation – brochures are available today for the events planned at Kennedy and McKee Seniors Recreation Centres for Seniors Week – starting June 4th.</p>	
<p>9. Meeting Adjourned</p>		
<p>Next Meeting</p>	<p>Tuesday, June 19, 2012 Ladner Christian Reformed Church 4594 – 54A Street 10:00 am to noon</p>	

Notes: Speaker: Lynda Foley, Executive Director, Home Health and End of Life Care and Delta Hospital – Fraser Health Authority – “Home is Best”

Fraser Health has adopted a “home is best philosophy” with supports for management of chronic disease among seniors. This approach is supported by research.

Consultations in community with seniors and caregivers – highlights:

- We want to stay in our homes, sleep in our own beds, eat at our own tables, and watch TV in our favourite chairs. And we’re willing to face some risks to do that.
- Home is the best place to recover, away from busy hospital, exposure to infection is less at home.

Current situation

The population bulge which is the boomer generation started retiring in 2011. 10 million people in the boomer generation in Canada. A new system is needed to provide support to seniors to ensure: Timely transitions to the right place for each person in care, in hospital, in home, or in convalescent care, assisted living or residential care.

Fraser Health

- 12 hospitals in the Fraser Health area, from Burnaby to the Fraser Canyon. Average 260 patient/days waiting for a different level of care while occupying acute care beds, most are seniors. Meanwhile Fraser Health needs beds for acutely ill patients. There are also 200 Emergency Room admissions/day waiting.
- Home support in convalescence addresses seniors' desire to go home, more timely flow of patients to the right care situation.
- Taking Action: Building more community services, design and deliver better supports. Include General Practitioner in the planning of care.

"Home is Best":

Longer hospital stays are harmful to seniors and result in decreased mobility, confusion, risk of infection. Most seniors want to live at home. Residential care should be the last result. Implementation of Home is Best will see a better flow to the system of care. The critically ill will get acute care beds needed and seniors will get the home supports needed to manage chronic conditions at home.

Home is the best place to recover and manage conditions, with appropriate supports. All strategies are patient centred. Shift in the way of thinking. LISTEN to seniors. When a senior is in acute care, it is not the best time mentally or physically to be doing an assessment for making life altering decisions about home or residential care. The goal of Home is Best is to determine the level of care that is needed. With supported care during convalescence, it is possible for seniors to remain in their homes, saving residential care beds for seniors who need a higher level of care.

HIGHLIGHTS OF HOME IS BEST

Seniors need to speak up and say they want to go home when hospitalized. This requires a change in the paternalist approach of medical staff and the integration of the hospital services and community support services in planning for discharge from hospital and follow up home supports and community support.

Goals for all: To improve smooth, timely movement of patients and clients to the right care by the right person at the right time. There will be a shift to home first, residential second. Seniors will be given the chance to live at home, do the assessment at home, where seniors are at their best. Residential care will be used for end of life care.

Organization change – a standard approach across the region regardless of the community where the patient lives – increased collaboration with acute/hospital programs and home support.

Patient Assessment and Transition to Home (PATH):

Currently in Fraser Health there are 260 patients waiting for levels of care that do not require an acute care bed. For the transition to home, FHA has 10 units (total 229 beds) for seniors. When preparing for discharge from the hospital, if a senior wants to go home, a hospital and community team will work with the seniors and their family to plan for convalescent care. Home support staff will be included in hospital rounds, they will be aware of the seniors needing home supports before they leave the hospital. Seniors will have an opportunity to meet the home support staff before they go home.

Coordinated Discharge – Goal: Smooth transition - what are the care needs to make the transition successful? Hospital staff and community program staff will work together, community staff will participate in hospital rounds. Hospital-to-home liaison is an important coordination role and eight new liaison staff hired by Fraser Health to facilitate the coordinated discharge.

Quick Response

Chronic illness: Has a trajectory- seniors may come to the Emergency Room (ER) for a flare up of a chronic disease. Examples: history of heart disease, lung disease (COPD) or diabetes. ER is geared for treating emergency (life and death), not chronic illness. In terms of emergency medicine and triage system used in the ER, responding to chronic illness is not the expertise of an ER doctor. It is the General Practitioner who has the expertise and patient history for providing primary care.

Pilot Project: 5 hospitals in the region are using the Quick Response Management system and 300 people have been kept out of hospital. The ER reconnects the senior with their General Practitioner or sends the senior home with support to manage the symptoms of the chronic disease. Home care staff works with the GP and the patient to make an informed decision about care. A Case Manager is assigned to each GP Practice. All changes for Quick Response are still in progress; Delta is a community not yet in the system. Surrey is the next community to come into the system. Benefits in the future for seniors are less ER visits and hospitalization.

Self Management skills for chronic illness: It is important that patients learn to manage chronic illness and it is an important component for Home is Best. It is important for seniors to be informed consumers. For example Chronic Obstructive Pulmonary Disease has a high incident in seniors (smoking, industrial work in past). These patients go to the hospital more often as loss of breath is very frightening. The Breathe Well at Home Program taught by home support workers give seniors the tools to better manage the disease – such as how to conserve energy, being aware of oxygen intake, proper use of medications, recognizing flare-ups, knowing when to call the doctor. The use of home support, GP and pharmacy has led to a 45% reduction in incidents, 28% reduction in hospital visits.

Growing of Home Care: Work in progress. Fraser Health Authority had 2 million hours of service last year. Staff, GP and patients are saying the changes are working in the communities change in service is occurring.

Q and A Session

Question: Repatriation of people that go to Vancouver Coastal hospital then come back to Fraser Health because they live in Ladner.

Answer: Delta services will be wrapped around the patient. Social worker from Van Coastal will talk to social worker in Delta to make sure services match needs of patient.

Question: With many years of nursing experience it is my experience that there are system changes but nothing really changes, not in the last 35 years.

Answer: Difference now- 80% increase in need makes the situation different. Today and in the future seniors will make up 25% of the population and demands will increase. One of the issues that need to change is that Home Health needs to come under the Health Act. Each province has an obligation to provide home care supports but the service is not protected under the Act.

Question: If I am discharged from hospital what can I expect?

Answer: No cost to patient as the model is under the Health Act. Seniors needs are assessed in hospital, including home supports. There is follow up when you are at home to make sure you get the support you need. The service will be assessed again after the patient is home.

BC Government is providing funding to spread CASI (Community Action for Seniors Independence) to all communities in BC and will pick up the secondary home supports. CASI is a program of volunteers able to assist with minor home repairs, driving, shopping etc. The program is funded by United Way and the B.C. government.

Question: Parents who are 80 years old are not always very realistic about their situation so how will the assessments be done to ensure all the information is available? What about the caregivers?

Answer: Assessment is now done in collaboration with family members. But we need to remember, seniors have the right to make decisions, even be at risk if that is their desire. The assessment does take into consideration the burden of care giving.

From the audience, an example was given of the system working: Sister in law had a leg amputated, lives in Maple Ridge. She didn't think she would be able to go home. Now with this new program they are working with her to get her back to Assisted Living, going back with supports.

Question: There is a need for more GP's in Delta.

Answer: This is a province wide issue. There is a provincial GP division that is responsible for community. They are looking at ways of attracting new GP's into the province and encourage medical students to select general practice as a speciality. In the mean time Nurse Practitioners are being used to address this issue. There is a pilot project in White Rock/South Surrey using nurse practitioners. Forty-five new Nurse Practitioners are being trained and will be entering the field – it is a work in progress.

Question: 1000 people a day are turning 65. But his doctor told him that it is hard to get GP's to enter family practises, many are practicing only at medical clinics.

Answer: A Clinic does not allow for building of relationship between doctor and patient. Recruitment is needed for GP. Many GP's are retiring and cannot sell their practices. Lynda Foley is working on a project to recruit GP's. There is also a nursing shortage with many nurses nearing retirement that the health authority is working on to address.

Question: What about services in rural areas?

Answer: In rural areas there is less of a problem as most people have a GP and doctors generally have an integrated family practise.

Question: Why is Delta last to get new model?

Answer: Delta GP's have been a little slower in organizing the GP division.

Question: Using expertise of doctors and medical practitioners from other countries needs to be addressed.

Answer: Need to address how immigrants can qualify to join the medical field. Need for succession planning. Changes needed in licensing and credential acknowledgments. Australia has a good model and it is being explored. But we need to keep in mind that doctors trained in other countries and coming to Canada has an impact on their home country too.

For more information on "Home is Best" -

http://www.fraserhealth.ca/your_care/home-and-community-care/home_is_best/