
For Information

REPORT TITLE: **Advancing Seniors' Care at the Region of Peel**

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To share key learnings from Denmark, a world leader in seniors' care, and highlight how Seniors Services Development plans to implement innovation at the Seniors Health and Wellness Village at Peel Manor to advance seniors' care to support aging in place.

REPORT HIGHLIGHTS

- The Region of Peel continues to experience an accelerated rate of growth among individuals aged 65 and older. The needs of an older population are creating increasing pressures on the seniors' services and acute care sectors due to the growing complexity of their needs including an increased prevalence in dementia.
- With the increased complexity in Peel's aging population, it is important to adapt the way services are provided in a comprehensive and collaborative manner to address the non-medical aspects of care to focus on health promotion and prevention.
- The Region is adapting an iterative enhanced integrated care model focusing on a coordinated wrap-around approach to care for complex clients to scale and spread in future seniors' healthcare developments beyond the Seniors Health and Wellness Village at Peel Manor.
- The Denmark health system exemplifies an effective model of seniors' care that are being adapted by the Region of Peel.

DISCUSSION

1. Background

The Region of Peel, much like other jurisdictions across Ontario and beyond, continues to experience a demographic shift where seniors (individuals aged 65 and older) are the fastest growing age group in the population. It is expected that by 2041, one in five residents in Peel will be over the age of 65. In addition to this, accelerated growth is expected among the oldest seniors in Peel, with the proportion of residents 85 years and older anticipated to grow from one (1) per cent to 3.8 per cent between 2011 and 2041.

As seniors are living longer, their needs and expectations for community and health services increase and become more complex, creating increasing pressures on the seniors' services and acute care sectors. Peel can look to world leaders in the provision of seniors' care to advance seniors' care now and for the future.

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In November 2022, the Ministry of Foreign Affairs of Denmark and Denmark Health Authority hosted the 2022 Eldercare Tour where the Commissioner of Health, the Director of Seniors Services Development and the Senior Medical Director attended as part of a delegation to observe exemplary healthcare culture and practices in the Denmark health system.

2. Key Learnings from the Danish Home and Community Care Model

a) Paradigm shift in the delivery of care

Denmark emphasizes a culture for senior citizens that focuses on upstream activities to optimize current functioning and prevent further decline. They have demonstrated that receiving health services can shift from late to early intervention, decline to rehabilitation, care to prevention and senior burden to senior strength. Investing in and building on current health so seniors can maintain a life within the community in their own homes is pivotal in their outlook to enable healthy aging.

b) Senior citizens as active participants in their care

Senior citizens, who are consistently referred to as solely “citizens” across health sectors, are active contributors to their health. With the partnership from their care providers, comprehensive decisions about their care are made to best meet their needs. Active inclusion of individuals in the decisions about their care through choice and access to their medical records enables ownership of one’s health and health outcomes.

c) Increased focus on primary care

Every citizen can access a family physician as primary care is a valued and comparably remunerated specialization. The involvement of healthcare practitioners at earlier stages of care is essential to ensure senior citizens can navigate the health system more effectively. Their increased presence in community settings allows them to address the complexities of senior citizens’ health concerns and connect them to the appropriate supports to manage their health at home. Having the right supports early to allow for early detection and prevention minimizes the burden of health decline in acute care settings such as hospitals.

d) Innovative assistive technology

- i)** Community nursing staff receive training and tools, such as a GERI Toolbox that is used in the home that contains equipment to enable clinical assessments including bladder scans and blood test analyses. This allows early detection of insipient disease and blood sampling so that hospital admissions can be avoided.
- ii)** The innovation of the Wellness Nordic Relax®Chair is state-of-the-art sensory stimulation technology. This assistive technology is used as a non-pharmacological aid to calm individuals presenting with restless, externalizing behaviour, as is seen in some individuals with dementia.

e) Strategic initiatives to build capacity for the future

- i) Student recruitment.** In response to the increasing number of senior citizens and the potential for increased complexity in their care, efforts to showcase careers to support an aging population is a key area of focus to sustain quality service.

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Students of all ages, from primary school to adults, are exposed to professions in geriatric healthcare. In high school, they spend up to a week at healthcare colleges, where they are presented with academic, social, and practical challenges that are commonly faced in today's healthcare system.

- ii) **Digitally enabled society.** Across all levels of the Denmark health system, technology has enabled continuous, comprehensive, and collaborative care. All referrals and laboratory tests are digital. Patients access their health data directly through an electronic patient portal and shared medication records (SMRs) are available between hospitals, General Practitioners, municipalities, and pharmacies. They have modernized and transformed the delivery of care through the investment and use of technology at the national, regional, and local levels of healthcare.

3. Application of the Denmark model within the Region of Peel

The Region of Peel must adapt how health services are provided to consider its aging population. An integrated, collaborative system approach must be taken even within the constraints Ontario's health system infrastructure currently poses.

The Region operates various health services that enable seniors in Peel to live in their homes longer, focusing on health promotion and prevention tactics that enhance the quality of their health and the health of their caregivers. Services include in-person, and virtual adult day services that with the support of council has added FTE this year as well as the addition of two more FTE as part of the 2024 budget to expand access to virtual programming for those on the waitlist or are unable to physically attend in-person programs. There is also social work support, caregiver support and education, overnight respite care, neurobehavioural support, and community paramedicine that support clients to age in place.

The Region is adapting an iterative enhanced integrated care model focusing on a coordinated wrap-around approach to care for complex clients to scale and spread in future seniors' healthcare developments beyond the Seniors Health and Wellness Village at Peel Manor. The model leverages a variety of government, hospital, and community-based service providers to provide comprehensive health services that enable seniors to preserve and support their life in the community. An iterative pilot of this model of care, in collaboration with community health care providers, has launched at the current Peel Manor and will be scaled up once the Region receives sustainable funding from Ontario Health to operate the new Integrated Care Clinic opening in the Seniors Health and Wellness Village at Peel Manor. To date, the Region has not received any capital or operational funding from the province despite years of advocacy initiatives.

Staff have been meeting with internal partners in Human Services to discuss opportunities for collaboration to bring community support services to where seniors live in congregate settings such as our owned and operated seniors buildings.

Staff have been meeting with local Community Colleges to discuss health human resource needs and training, and necessary curricular support changes to provide exemplary emotion-based, comprehensive care for community-based seniors now and in the future.

Peel's adult day services have invested in innovative assistive technologies from Denmark, such as the Wellness Nordic Relax@Chair. The introduction of clinical assessment capabilities provided by the GERI Toolbox is being explored for future use by community paramedics.

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4. Regional considerations

Although the Region of Peel can adapt key learnings from Denmark, it is essential to note that their advanced social context enhances their healthcare system. The Danish welfare system provides free and equal access to numerous services for its citizens free of charge, including education at all levels. Additionally, national, regional, and local governments fund different aspects of health care. For example, responsibility for other primary healthcare services, including elderly care, lies with the municipalities. The synergistic efforts of all levels of the Danish government have successfully transformed the health system over the last two decades to an upstream, preventive approach that values and invests in community care over acute care.

Adapting international best practices in seniors' care within Ontario's health ecosystem is challenging. Despite these, Peel continues to advocate regarding international exemplars of seniors' care for what is possible with politicians and Ontario Health Teams, to innovate, and partner in standing-up demonstration projects that can be successful with ongoing sustainable funding. The Region of Peel can positively impact health outcomes for seniors, improve their care experience and that of their caregivers and health providers, and reduce health system costs by shifting focus to community care and decreasing demand for acute, alternate, and long-term care.

CONCLUSION

The increasing numbers and complexity, including dementia, of Peel's older population demand adaptation of the way seniors' services are provided. The Region continues to develop comprehensive and collaborative partnerships to develop coordinated, community-based integrated care for seniors to support aging-in-place starting with the Seniors Health and Wellness Village at Peel Manor.



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