Nucleus Mobile
Supports for Daily Living for Seniors

Partner in the Regional Mississauga Halton LHIN
Supports for Daily Living Program

Presented at OCSA
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by Carole Beauvais

The History of Nucleus

- Founded in **1983** by a small group of individuals with spinal cord injuries who were granted funding to support 24hr Attendant Care Services
- **1999** –Attendant Outreach services
- **2009** - Supports for Daily Living' (SDL) program (Assisted Living Services for High Risk Seniors policy).
- **2010** - in-home respite services for caregivers

Our Mission:

To support adults to live independently at home by providing caring and dependable service.

Our Vision: More people can live well at home with appropriate support.

Independent Living Philosophy

Nucleus embraces and has adapted the fundamental concepts of the Independent Living Philosophy

- ✓The right to live with dignity in their chosen community
- ✓The right to participate in all aspects of their life
- ✓The right to maintain control and make decisions about their life through directing Care, including the right to risk.

MH LHIN Supports for Daily Living for Seniors

Regional service delivery model that targets high risk seniors with complex needs (MAPLe score >3) who are able to continue living in their own homes

Frequent, urgent and intense personal supports available throughout a 24-hour period (~ 1.5 hours/day)

Personal care and light housekeeping (ADLs and iADLs)

Able to direct own service/care (or through SDM)

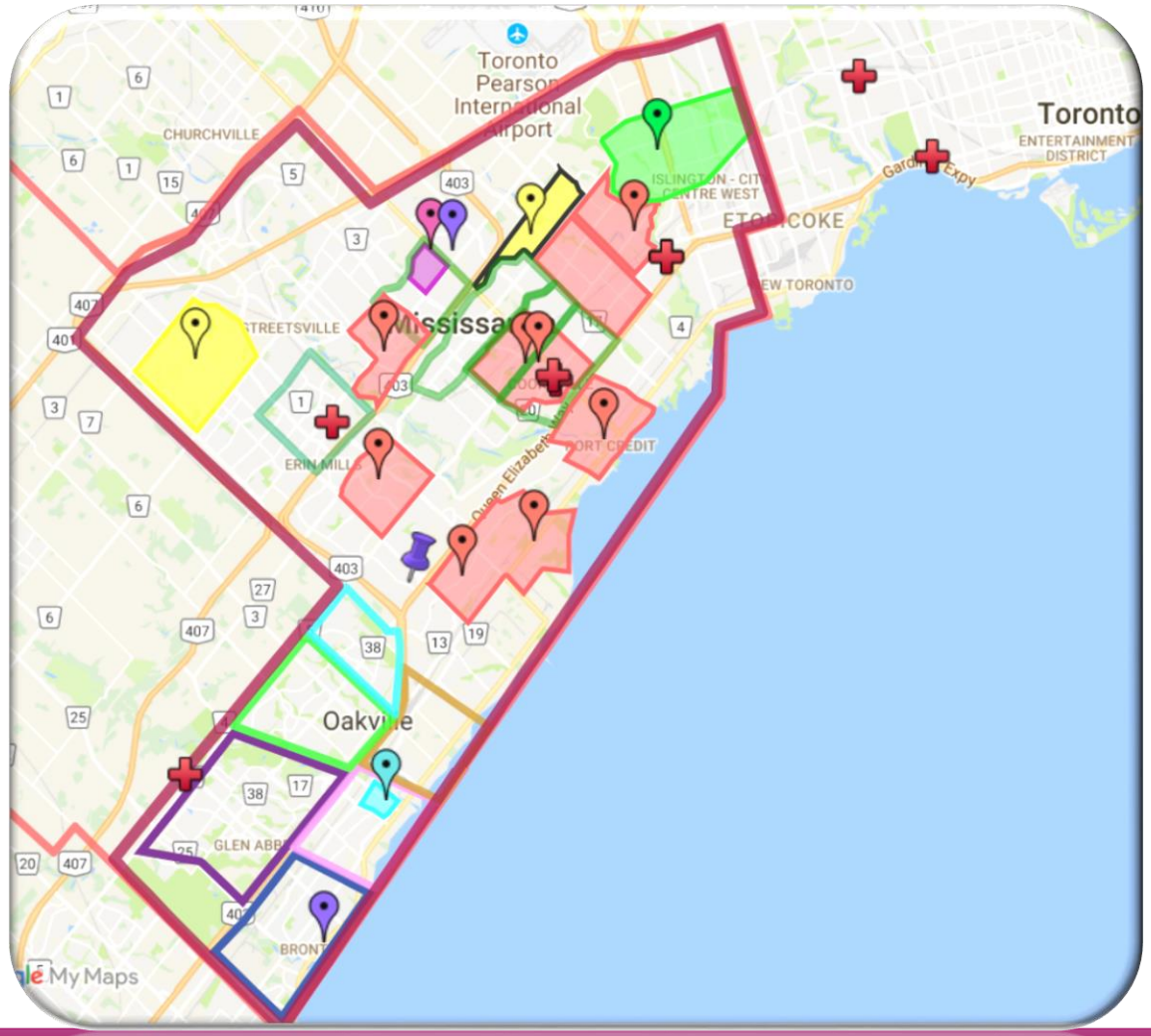
Able to be left alone between visits (SDL is not constant supervision)

Medically stable or able to have their medical needs met by professionals in the community

Nucleus SDL Mobile's transitional program ensures continued flow to SDL services by providing SDL supports to the highest priority seniors during a period of stabilization.

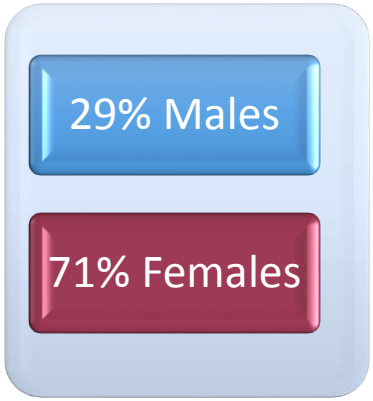
SDL Mobile
MH LHIN Regional Program Partners

	Peel Senior Link
	March of Dimes
	VON
	Oakville Senior Citizens Residence
	Forum Italia
	Yee Hong - Mississauga
	Region of Halton
	Nucleus Mobile



Sample Profile of SDL Mobile Consumers

GENDER



AGE

Under 65	0%
65-75	20%
> 75	80%

CHESS 0	7%
CHESS 1	21%
CHESS 2	34%
CHESS 3	26%
CHESS 4	12%
CHESS 5	0%

CHESS Score indicates level of client's frailty and stability of health condition

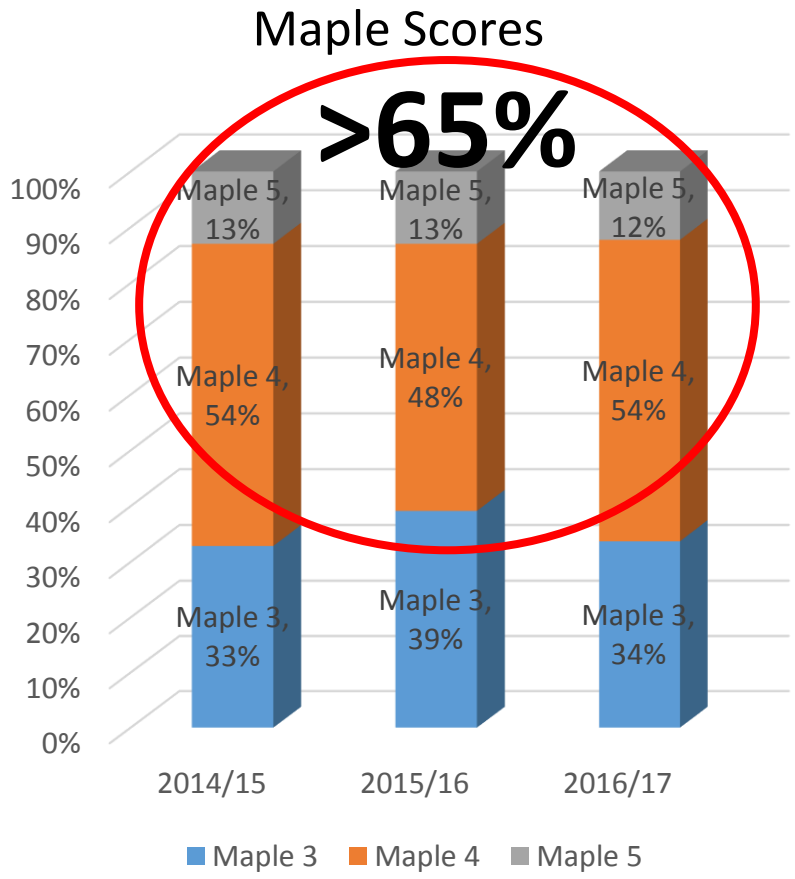
TOP HEALTH CONDITIONS

Dementia, Alzheimer's, Osteoporosis, Arthritis, Heart Conditions, Diabetes, Incontinence

MAPLE Score indicates level of supports needed

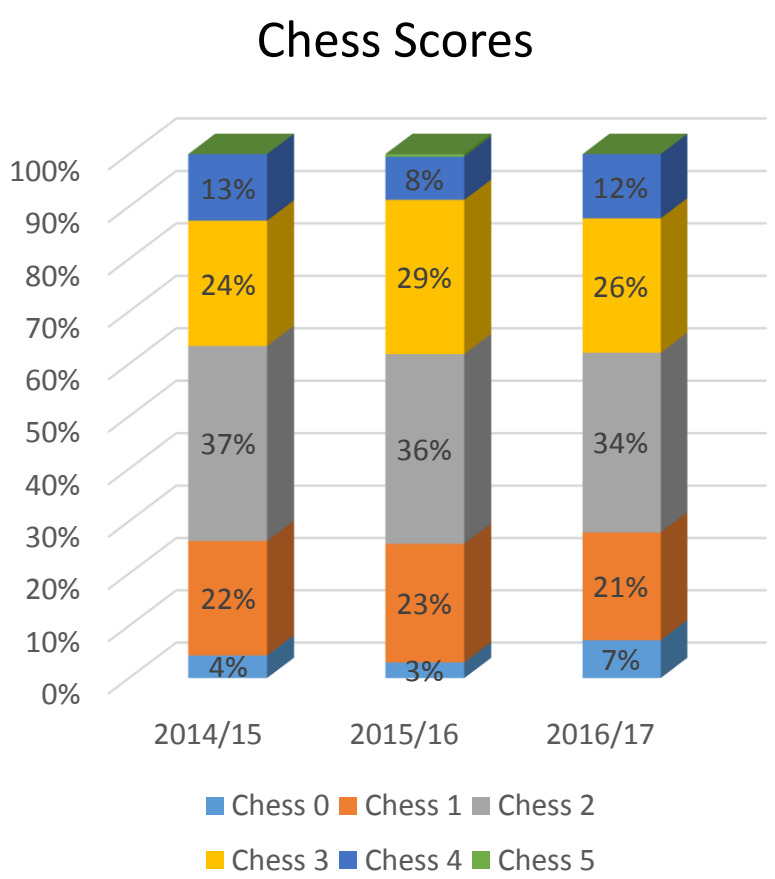
MAPLE 1	**0%**
MAPLE 2	0%
MAPLE 3	34%
MAPLE 4	54%
MAPLE 5	12%

Interai-CHA at Admission



MAPLE Score indicates level of supports needed

Average MAPLe Score = 3.77

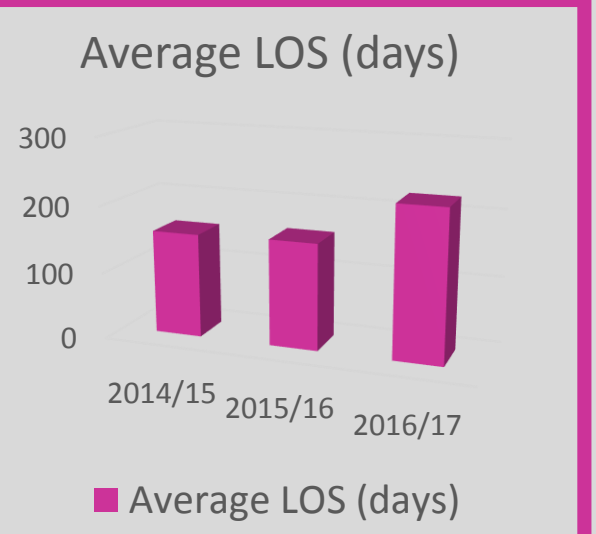


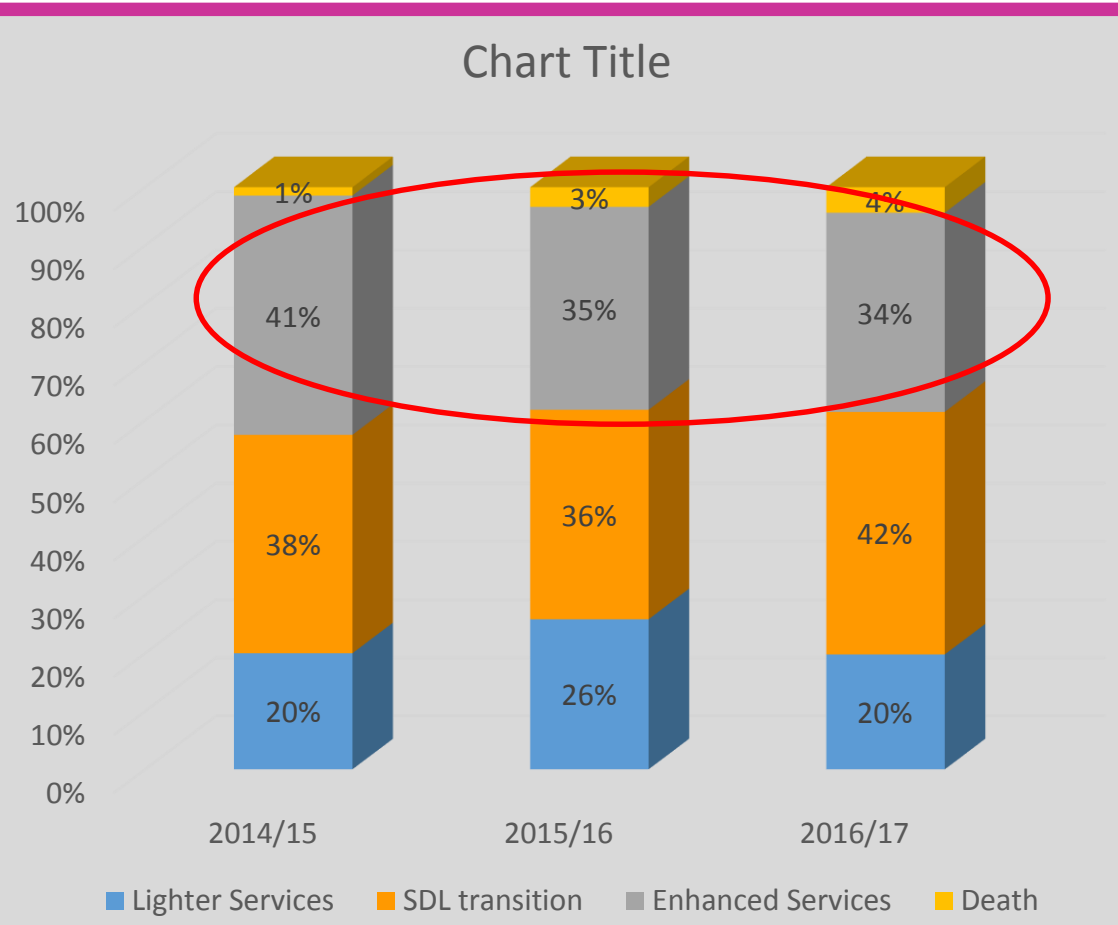
CHESS Score indicates level of frailty and stability of health condition

Average CHESS Score = 2.19

Discharge/Transition from SDL Mobile

- No longer need SDL
- Transition to another SDL provider
- Needs exceed SDL
- Death





Outcomes of SDL

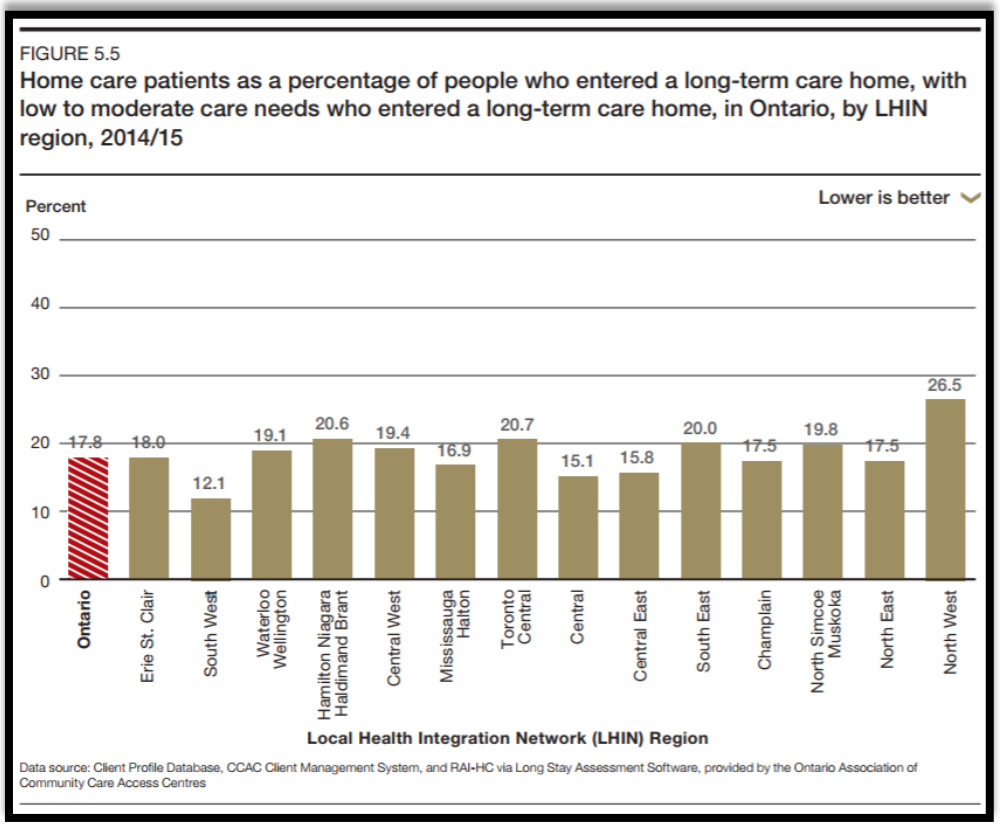
Admission MAPLe vs *Latest* MAPLe showed marginal reduction ~2.3% *(n=688)*

- Indicates how much help a person needs with activities of daily living
- *Probability of admission to LTC* is 9X greater in individuals with highest priority level vs those with the lowest priority score
- High MAPLe is also predictor of *caregiver stress*

(Source: http://www.interrai.org)

Change in MAPLe (admission CHA vs last CHA)*	MAPLe 3 on admission *(n=262)*	MAPLe 4 on admission *(n=344)*	MAPLe 5 on admission *(n=82)*
No change	77%	72%	60%
Improved	3%	★ 23%	★ 40%
Declined	20%	5%	--
Average time	284 days		

What we know…

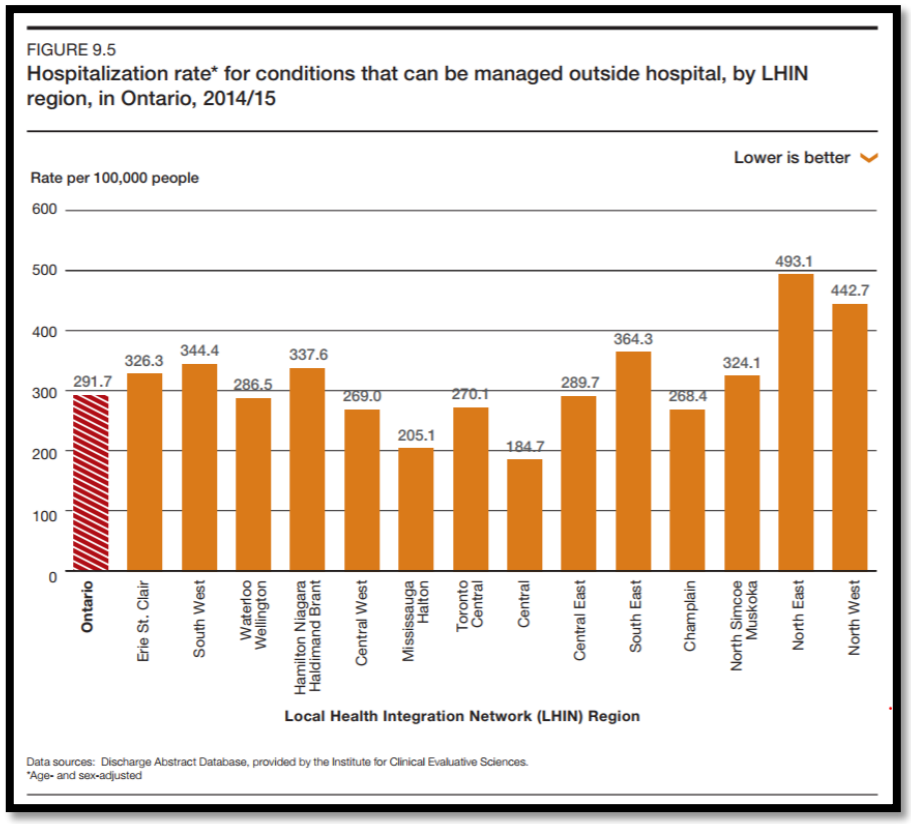


People "with low to moderate care needs can usually remain at home with some support" (p. 58).

"Studies suggest most people who require ongoing care for significant health issues prefer to receive it in their own homes (p. 58)"

Source: Measuring Up: A yearly report on how Ontario's health system is performing (2016). Health Quality Ontario.

What we know…



"For some conditions, hospitalization can be avoided if patients receive appropriate care in the community" … "managing health conditions before they become serious enough for someone to need to be hospitalized is better for the patient but also for the system…" (p. 112).

Source: Measuring Up: A yearly report on how Ontario's health system is performing (2016). Health Quality Ontario.

Challenges & Opportunities

Challenge	Opportunity
Maple 4 and 5 at highest risk of progressing to LTC	SDL maintains/improves level of functioning
Trajectory of SDL population: Declining health status; increase in care/service needs; increase in complexity of health status ALC levels are high/LTC beds in short supply	SDL model can be enhanced: • increase support with ADLs/iADLS • integrate professional services and primary care • build health links capacity
Caregiver stress / burnout	Coordinate/integrate respite services Caregiver support strategies

SUPPORTS FOR DAILY LIVING

Nucleus Independent Living

Thank you!