

# Prince Edward Island's Healthy Aging Strategy

February 2009



Department of Health

ONE ISLAND COMMUNITY

ONE ISLAND FUTURE



ONE ISLAND HEALTH SYSTEM

## Prince Edward Island's Healthy Aging Strategy

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## Foreward

### **The Prince Edward Island vision for improving health care for all islanders:**

Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The new system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.

The health care system in PEI has adopted a shared, overarching vision to guide its future development ... a shared vision that will set the foundation for the health system that Islanders expect and deserve, one that will improve health care for all Islanders.

This Government has consistently demonstrated a commitment to system improvement, both through actions to date and its decision to undertake a focused review of the health system to identify additional initiatives that should be considered.

Some actions to date include:

- review of long-term care facilities and decision to rebuild 5 primary facilities;
- establishment of the Palliative Home Care Drug Pilot Project;
- creation of an Office for Recruitment and Retention;
- establishment of a Family Medicine Residency Program;
- formulation of a Youth Addictions Strategy;
- investments in Infection Control strategies regarding antibiotic resistant bacteria;
- establishment of an accelerated nursing program.

Initiatives such as these are essential to the well-being of Islanders and provide a strong foundation for change that will be especially important as health leaders work to make the changes necessary to ensure an excellent health care system not only now, but for future generations of Islanders.

The following provides an update of the significant work completed to date by the Department of Health on improving the quality and access of seniors to health services, one of the key areas of focus identified in the recently released Corpus Sanchez International Report (CSI). It clearly demonstrates the commitment of the Department and this Government towards building an integrated continuum of care for seniors and our focus on improving the quality of these services. It includes new announcements on manor locations, the conversion of temporary manor beds to permanent manor beds in the private sector and the development of transitional beds at the QEH. It also demonstrates how the recent announcements of new services and initiatives in seniors care are important components of our integrated seniors health care strategy. In addition to the services within the Department of Health we continue to work closely with other Government Departments and our community partners to ensure that our services complement and reinforce the services they provide.



## HEALTHY AGING

Meeting the needs of Islanders in the most appropriate setting, by the most appropriate provider, in the most effective manner is a statement that could not be any more relevant than it is in the healthy aging dimension of health care. Providing our seniors with the care they need, whether it be improved as home care, facility based care, transitional care, palliative care or other forms of required care, is a priority of the Government of Prince Edward Island.



**As a Government we are committed to promoting and supporting healthy aging for the very citizens that defined our society so they are afforded the dignity and grace that they deserve as they age and their health care needs evolve.** We will respect Islanders rights to make their own choices about their care and strive to ensure the supports and appropriate levels of care are available when and where they are required. We will improve health care supports and services to seniors.

The strategy will assist in correcting imbalance between community and institutional care, aiming to improve integration of services for individuals and families. The ultimate objective is to support individuals to remain in their home in their community and live as independently as possible for as long as possible.

Consideration is being given to an expanded range of services as part of the Aging at Home Strategy. Such services include, but are not limited to:

- Supportive housing
- Day programs
- Home nursing and other professional services including rehab services
- Care coordination
- Respite care
- Home supports
- Caregiver support
- End of life care.

Consistent with Government's overall vision for health care, integration will be a key feature of a Healthy Aging Strategy – clients, caregivers, community, physicians, hospitals and primary care.

Home based care can be a cost-effective substitute for some types of residential services and, moreover, is an effective means to maintain individuals at an optimal level of functioning and prevent deterioration in health status. Targeted managed home and community care that is fully integrated into the continuum of care can help solve key health system problems while maintaining the health, well being and independence of individuals and care givers. Through continued development of home based care, the care and support provided to individuals, their family and care givers should increase. In addition, improved integration of services will contribute to the cost-effective utilization of the health system.

Government will work to collaborate with key stakeholders in strategy development.



## BACKGROUND

The health system in Prince Edward Island needs to adapt to change because health care is changing as the Island's population itself is changing. The population is aging and Islanders have a growing number of long-term illnesses, which will result in a greater need for health care services than at any other point in the Island's history. The province needs to take action now to ensure that it is ready to meet the future challenges of delivering health care on the Island. In order to be effective, the change needs to be not only in the system and the way it delivers services, but also in how Islanders manage their own health and the role they are willing to play in improving services. The government of Prince Edward Island and Island residents must work together to ensure that their health system will continue to meet the needs of the Island's residents and visitors well into the future.

There is an increasing prevalence of chronic disease in PEI as compared to the national average. For example PEI has a high prevalence of several types of cancer, diabetes, cardiovascular disease and arthritis. As this segment of the population ages, the pressure on health care costs will be significant.

As its population ages, Prince Edward Island will experience a large demographic shift leading to an increase in the number of seniors living in the province. It is projected that the proportion of the Island's population over the age of 75 will increase by 67% over the next 20 years, and double over the next 30 years. Coupled with this expected shift is that the complexity of care required by residents has increased and more persons are being admitted to long-term care with multiple health issues (such as a chronic illness combined with another impairment or limitation).



This demographic shift will create an expected increase in demand for health services and a need to focus on healthy aging strategies. Government recognizes that the provincial health system must prepare to address this demand, and it has committed to preparing the system to address this. If we stay on our current track in terms of our reliance on institutional and bed-based care, Government will need to add several hundred new long-term care beds to the system over the next 10 years.

PEI leads the country in terms of access to residential care for the elderly (9.2 % of the population over the age of 65 have access to either long-term care or community care beds). At the same time, the Home Care budget for PEI is less than half of the national average and the lowest in the country per capita for persons over 75 years of age. As a result, PEI relies more heavily on bed based acute and facility based care to provide continuing care services, resulting in many Islanders entering nursing homes before they might otherwise need to, or having to be admitted to acute care facilities to receive services that can be provided at home or on an outpatient basis in other parts of the country.



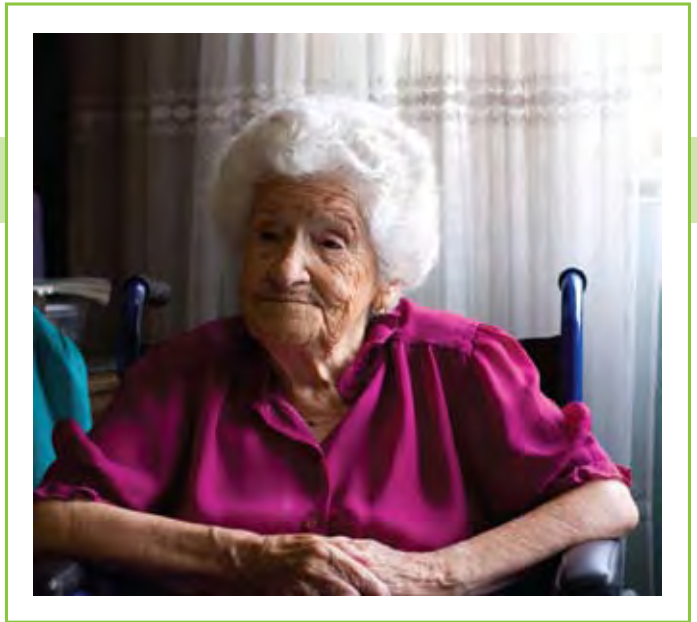
## STRATEGY

This Government's Healthy Aging Strategy is based on the observations and experiences of senior health care leaders and the direction is supported by the findings and recommendations of several reports and studies, including, the Ascent Strategy Report (Trends, Projections and Recommended Approaches to Delivery of Long-term Care in the Province of Prince Edward Island 2007 –

2017, March 2008, available on-line) and the Corpus Sanchez Report (An Integrated Health System Review in PEI A Call To Action: A Plan For Change, October 2008, available on line).

This Government fully supports a healthy aging strategy in Prince Edward Island and acknowledges that this health care issue deserves immediate and long-term solutions to meet the needs of PEI's population. These needs are forecast to increase in volume and complexity well into the future. Action is required now.

Government has taken (and is taking) action to improve the continuing care system in line with its overall vision of One Island Health System. These steps are outlined in this publication, and are supported by recommendations made in the Corpus Sanchez and Ascent reports.





## **Pillar 1: Manor Replacement**

There are 18 long-term care facilities in the province (nine public manors and nine licensed private nursing homes) with a total of 1013 beds. Many of the provincially owned public manors are in excess of 30 years old. There has been no significant action to replace or add manor beds in PEI since the 1980's. Reports have cited less than ideal conditions at several public manor sites in Prince Edward Island. This level of neglect is unacceptable.

Existing facilities are not designed to meet the present day needs of residents. Ability to provide the appropriate level of care to dementia patients is one clear example – over 80% of all residents in the manors currently experience some form of dementia. Another example of the need for service realignment is with the under 60 population (chronic complex care needs) who are presently housed in facilities side-by-side with the frail elderly.

In response to the need to provide the most up-to-date facilities and programming to those with Continuing Care needs, Government has committed to replacing five manors in the province at a projected cost of almost \$51 million.

Planning is underway to replace the following facilities over the next five years:

Prince Edward Home, Charlottetown  
Summerset Manor, Summerside  
Colville Manor, Souris  
Maplewood, Alberton  
Riverview Manor, Montague

Although Government would prefer to replace all five manors immediately, the current economic climate dictates that we take a measured and fiscally responsible approach to moving the replacement of the identified manors in PEI ahead as expediently as we can.

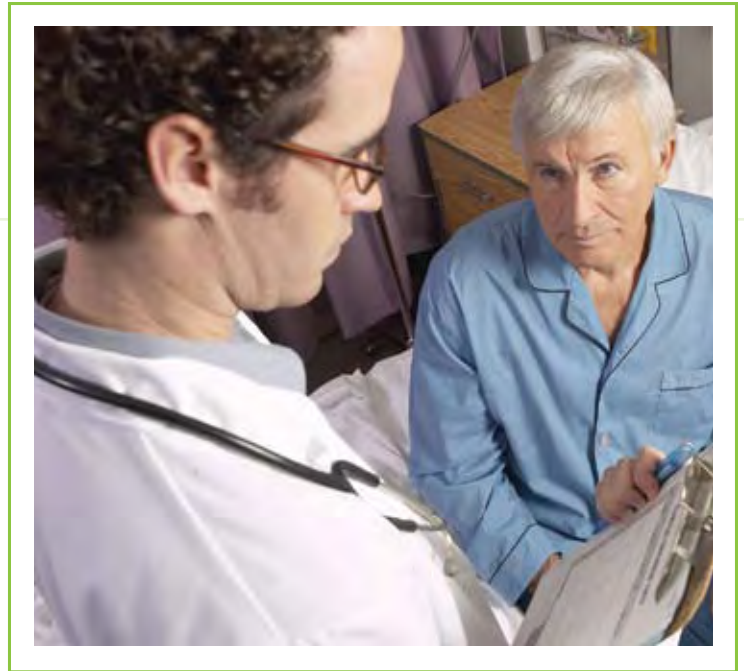
**Government is pleased to announce the location of the Summerset Manor. It will be constructed on land just north**

**of the Prince County Hospital off Roy Boates Avenue. Site selection for the new Prince Edward Home is also well underway and a subsequent announcement is expected very soon. Construction of the new Summerset Manor and the new Prince Edward Home is scheduled to commence spring 2010, with occupancy in fall 2011.** Functional planning for these manors is well underway and will ensure that the new facilities meet the health care needs of our seniors once their level of care requires that provided in a manor.

In addition, site selection is underway to replace the Colville Manor in Souris with a new manor expected to open in summer 2012. The process to replace Maplewood Manor in Alberton will commence in 2012/13 (planned opening date of fall 2014), and planning for the new Riverview Manor in Montague will commence in 2013/14 (planned opening date of summer 2016).

All new facilities will incorporate leading practices to ensure appropriate care for their residents.

Government has committed that all public facilities will be designed and operated by Government to ensure efficient use of taxpayers dollars. **Government announced the decision to forego the use of a P3 model for the construction of these new facilities during the release of the capital budget in the fall sitting of the Legislature.**



## **Pillar 2: Palliative Home Care Drug Pilot Project**

This Government recognizes its duty to treat all individuals, including those individuals in the final stages of life, with the respect and dignity they deserve. Planning and providing financially for palliative care is something that Islanders would prefer not to have to consider, but for many it is a sad, and often harsh, reality.

To ease this burden, Government instituted a Provincial Palliative Home Care Drug Program which provides drug coverage for pain and symptom management to those who wish to spend their last days in the location of their choice, including at home. The province has invested \$547,500 to cover the cost and delivery of this program.

The goal of this program is to provide the necessary drug coverage and care to make it possible for palliative patients to receive more of their health care at home, avoiding more expensive and uncomfortable hospital stays.

This program provides medications at a low cost to eligible clients, supplied through the patient's own retail pharmacy. The medications are intended to provide comfort and support at the end of life, and are used to treat pain and other symptoms in order to maintain quality of life. The program does not cover medications such as those used for chemotherapy.

The program is open to all residents of PEI who have chosen to receive home based Palliative Care, have agreed to be part of the Integrated Palliative Care Program, are in the end stages of their illnesses, have agreed that the focus of care will be palliative, do not have a private drug plan and do not reside in a long-term care facility.

Since the implementation of the program in fall 2008, 20 patients have registered and the total number of days patients have been able to remain at home is 621. The total number of days in hospital have been 155 and the number of days in a palliative care unit/designated palliative care bed have been 144. The age of the patients varies from pre-school age to age 82. The cost related to medications has been an average of \$10/day per patient. A small amount of equipment was made available for patients within this program and has proven to be important to allow those patients to remain at home. Equipment most in demand were ceiling lifts as well as oxygen concentrators.

**To date, this program has successfully enabled Islanders to receive care in the comfort of their own homes while improving system flow at a decreased net cost to the health care system – a win for all involved.**

### **Pillar 3:** Enhanced Home Care

As identified in CSI study and supported by senior health leaders, the current health care system relies too heavily on institutional-based care (either in hospitals or long-term care settings) when meeting health care needs. Investment is required in virtually all of the key cornerstones of the health care service, especially in home care.



PEI current per capita investment in home care is among the lowest in Canada. By national standards, PEI spends too high a proportion of its health care budget on hospital care and not nearly enough in home care. This represents a significant variance from the trends that have emerged nationally over the past 20 years. For example, hospitals now typically reflect less than 30 percent of spending in other provinces as investments in home care and community-based services have increased. Home care now sits at a national average of 4-6 percent with virtually all provinces recognizing that increases are required. We need to change the way services are delivered and maximize the use of our valuable health care providers to ensure that we deliver safer, sustainable, high quality care that Islanders need, expect and deserve.

Home care is considered a key pillar of the health system in most jurisdictions. More importantly, it should be a basic right of citizens to maintain as much independence, dignity and control over their lives as possible. A Healthy Aging Strategy with a strong emphasis on home care is a key enabler of this. This Government will provide supports to help people live as independently for as long as possible.

Government recognizes that home care in PEI has historically experienced significant shortfalls in funding and programming relative to the rest of the country. Government also recognizes that a robust home care system provides a strong basis for individuals to maintain as much independence and control as possible and ultimately leads to a reduced reliance on institutional long-term care, which is more costly to provide (an average cost of \$45,000 per year per long-term care bed) and often not the preferred choice of the individual.

Processes are underway to improve home care delivery in PEI. Work is in process to set investment targets, to define processes to distribute funding and to update and redefine services to reflect current population needs. Included in this plan will be an assessment of essential home care tools such as appropriate range of services, case management systems, models of care and intake processes.

Good planning and priority investments will prevent or delay admission to long-term care and provide needed supports to those awaiting admission to a long-term care facility. Further investment will focus on supporting the acute care system by decreasing hospital admissions and supporting earlier discharges.

In view of the need to enhance access to home care and to establish a solid foundation for future integration in the health system, **Government recently announced a 1.5 million dollar increase in the Home Care budget for the fiscal year 2009/10. This investment represents the first stage of a focused investment in home care – the process needs to be carefully managed and staged to ensure that other health care services are not negatively affected due to staffing requirements in all areas.**

#### **Pillar 4:** Expanded & Improved Long-term Care

As well as the findings around long-term care in the CSI report, the province undertook a review of long-term care – The Ascent Report. Both reports identified several challenges.

Above all, it is clear that the dedication and caring of many has sustained the system and provided quality care to seniors in the face of a number of significant and varied challenges. Despite the commitment of providers, there appears to be considerable variation in the quality of services being delivered. There is a pressing need for redesign in the delivery of long-term care services in Prince Edward Island.

There are 18 long-term care facilities in the province with a total of 1013 beds or approximately 110 beds per 1,000 people over the age of 75. This is one of the highest levels in the country and is inconsistent with emerging research and trends that call for less institutionalization of the elderly and increased access to and utilization of home care. Other provinces have recently updated their planning targets and have set targets ranging from 92 to 96 beds per 1,000 people over 75. While there is no exact science to setting a target, it is clear that historically we have relied heavily on bed-based care as a response to non-acute needs.

Increases in home care spending should reduce the system's reliance on residential (institutional) care as a first response, which would allow more people to be cared for in their homes.

Processes are underway to improve the delivery of long-term care. The Department of Health is working on a vision to ensure long-term care is being delivered with a uniform philosophy across the Island. Included in this work will be a confirmation of our long-term care bed care target, a refined or re-designed model of care, assessments of programming requirements for special needs populations, enhanced leadership and staff development, improved resident assessment processes and tools as well as a legislative review of the Act governing both public and private facilities.

Government is committed to enhancing services to those that require long-term care. While the goal is to be less reliant on institutional long-term care, Government also acknowledges that this will involve a period of transition as the benefits of an enhanced home care system (and other



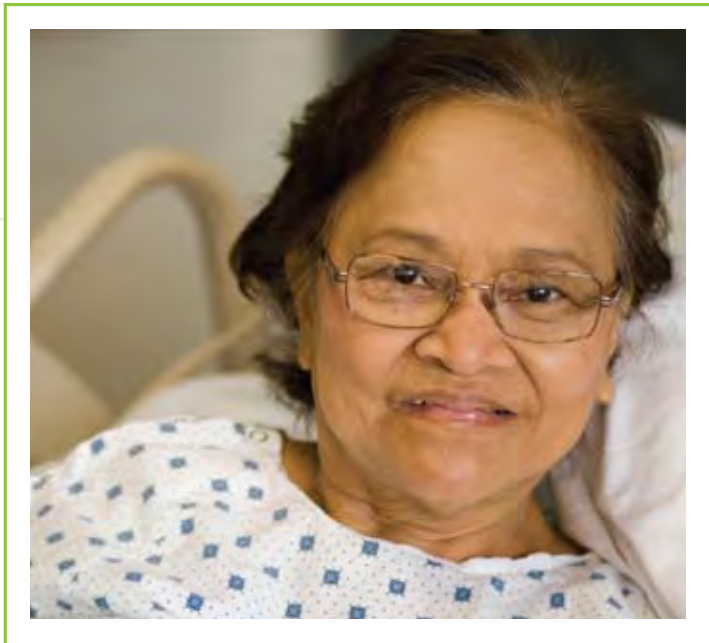
measures underway in the health system) take hold. In the interim, Government is committed to strengthening long-term care in areas that are currently under-serviced.

As a result, new investments have been made at Community Hospital (O'Leary) in long-term care whereby capacity will grow from 25 to 40 beds. **The addition of 15 long-term care beds to Community Hospital will bring long-term care capacity to a more consistent level with that in the rest of the province.**

This investment is one of a number of significant investments being made at Community Hospital that form part of Government's new vision for the health system. For example, the Hospital now serves as home to an Urgent Care Centre. Coming soon will be a new West Prince Regional Diabetes Program and addictions and mental health services enhancements. These services will be provided in the Beechwood Clinic, which is in the process of being relocated to Community Hospital.

Previous Governments have responded to demands in long-term care by issuing temporary licenses for long-term care beds in the private sector. The number of nursing home beds available to patients affects the health system's ability to manage on a day-to-day basis. Hospitals regularly care for a number of patients who are not acutely ill but are in hospital waiting for a bed to become available in a nursing home or alternative care arrangement.

To alleviate the backlogging of patients in the hospitals and to increase our capacity to provide long-term care, since 2002 a series of temporary licenses have been issued to provide more capacity in the long-term care system and to respond to bed demand pressures in acute care. Government recognizes that these beds offer much-needed capacity to enable the health system to manage the periodic fluctuations in demand that occur. As a result, Government has requested the approval of permanent licenses for these 44 temporary beds located throughout the province. This is the equivalent of adding a nursing home to the system.



## Pillar 5: Transitional Care

Like many hospitals in Canada today, Island hospitals are experiencing ongoing challenges surrounding patients who have been medically discharged and are now awaiting placement in an alternate care setting.

In the past, a long-term care resource for medically discharged patients was not always available in a timely fashion. In Queens County from 2006 to 2008, hospital patients waited an average of approximately 41 days for a long-term care bed (reaching a high of 96 days in April 2007), with an average of approximately eight placements per month. As a result, these patients occupied beds in the Queen Elizabeth Hospital that could have been used for acute medical patients.

To help ease this pressure, a 10 bed a transition unit is available at the QEH for medically-discharged patients awaiting alternate levels of care. The transitional care unit co-locates patients who have needs quite different from the larger acute care population and allows the QEH to structure the care team more appropriately to focus on these needs. This type of unit also provides for enough critical mass to allow for a different staffing model that could leverage less expensive resources in the form of licensed practical nurses and health care aides.

**The transition unit at the QEH is a temporary measure, and a longer-term option to create surge capacity to meet the needs of individuals requiring long-term care is being explored.**

Government has demonstrated its commitment to improving the continuing care system in the province. There are other initiatives that are either in progress or are being planned which will continue the transformation of the system and lead to improved continuing care.



## Key Enablers

Within the context of a clearly defined vision for Continuing Care, the following are seen as some of the key enablers to a properly integrated and effective continuing care system in the Province:

- Scope and breadth of services to be provided at home and in residential care facilities
- Models of Care
- Intake and Assessment Processes
- Links with Acute Care and Community based service providers
- Modernized Legislative Framework

Work is currently underway to clearly define these enablers and to ensure that the proper standards and procedures are in place to meet the overall objective of providing better and more timely care as close to home as possible.

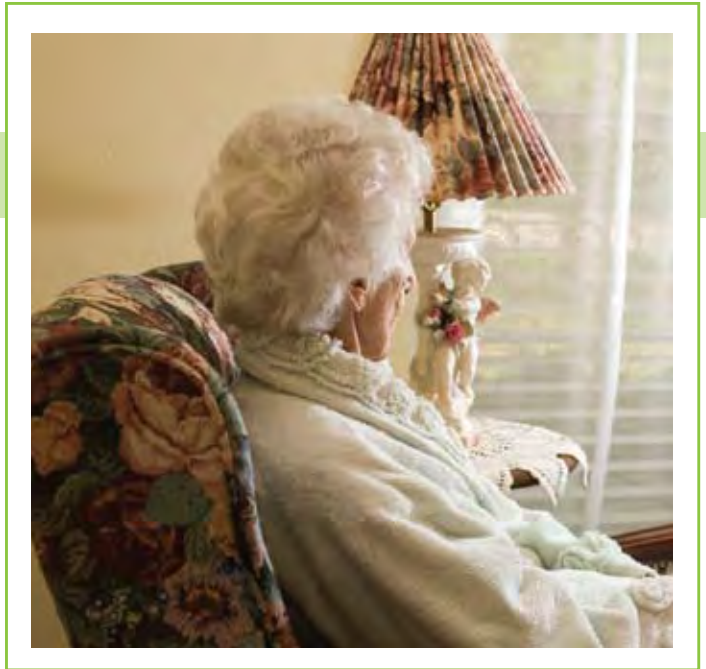
Government is working to make other changes that will ultimately improve services to those who need it most. Government's objective is to be less reliant on institutional long-term care, but we acknowledge that this will involve a period of transition as the benefits of an enhanced home care system (and other measures underway in the health system) take hold. Government will continue to work with our valuable private sector and community based partners to improve care for our seniors.



## Conclusion

A Healthy Aging Strategy is an important part of an integrated health care system. Government will improve facilities, incorporate leading practices from across the country and reduce our reliance on institutional and bed-based care and focus more on care provided in the community.

The Prince Edward Island Government is committed to a robust continuing care system – long-term care and aging at home – that ensures the proper infrastructure, levels of care and investment are provided to meet the needs of an evolving population. The guiding principles will be to provide the right services, at the right place, at the right time and to keep people in their homes or as close to home as possible. Government will foster a culture of care and respect regarding Islanders requiring continuing care.





*“Like so many other facets of our society, our potential strength in health care lies in meeting the challenge of working together. The long-range goal must be a health care system that embraces and integrates the services and programs which Islanders depend upon.*

*We will build a sustainable, integrated health care system, one that shifts emphasis and culture toward wellness and primary care, placing patients, the community as a whole and sustainability above all considerations.”*

*Speech From the Throne, Prince Edward Island, April 4th, 2008*



Department of Health