



Let's Keep You Home



Sleep in your own bed...

have a nap in your favourite chair...

eat at your own table



Fraser Health Home Health knows that home is the best place to be. With a bit of help, even with a chronic condition or age-related issues, you should be able to live on your own.

We can help you stay home by setting you up with the support you need to be independent for as long as possible.

Home is the best place to be...



fraserhealth

Better health.
Best in health care.

We know that most people want to live in their own homes for as long as possible. In fact, eight out of 10 Fraser Health seniors who are over age 85 live in their own homes.

The health care system is listening to the strong desire by seniors to live in their own home as long as possible. Fraser Health is developing more services in the community to help older adults stay healthy, stay out of hospital and stay at home.

On the following pages, we have provided some advice for you and your family to help you stay home as long as possible, or return home as soon as possible if a hospital stay becomes necessary.



Marjorie's Story

'Marjorie' is a lively 80-year-old with a history of rheumatoid arthritis who lived on her own with her pet cat. She has a community health worker from Fraser Health Home Health

come in once a week to help her as she is a bit unsteady in the shower and nervous about falling. One day she had a stroke at home. She had the Lifeline service and was able to call for help and an ambulance took her to the Emergency department of a nearby hospital. Her daughter 'Sara' was called and arrived right away.

The team of nurses and doctors and other health care professionals treated Marjorie in Emergency until she was stable. She then waited for a bed in the hospital. After two weeks of treatment, Marjorie was medically stable but the stroke had left her with the use of only one hand and arm.

Her daughter Sara wondered if Marjorie should go to a residential care facility. She worried about how her mother would be able to stay at home

alone. But Marjorie insisted she wanted to go home. Her care team knew she would need a lot of help to get around as well as to prepare meals. But they assured Sara that Marjorie could be cared for at home, where she wanted to be, so her daughter could respect her Mom's wishes with peace of mind.

Preparations began and the community team went into action. The community rehabilitation staff did a home assessment and recommended adaptive devices to help Marjorie get on and off the toilet and move safely throughout her home. Marjorie would also be attending an outpatient rehab program at her local hospital until she could attend the exercise program at the community centre.

Marjorie was discharged home after a two-week hospital stay. She was thrilled to be in her own home and see her cat again. A community health worker came to her house every day to assist her with the activities of daily living such as bathing, grooming and dressing. Sara saw to it that the freezer was stocked with microwaved "home cooked meals" purchased from a private company, fresh produce was delivered by a local supermarket weekly, and she arranged for a

housekeeper to clean twice a month. A Home Health case manager was assigned to Marjorie (and Sara) to coach them on how to manage Marjorie's chronic disease and support her care needs at home by accessing the necessary services as needed. The case manager was also able to adjust the level of support provided by the community health worker as Marjorie recovered and her care needs changed.



Marjorie was able to live at home for two more years until she could no longer manage safely. She was assessed at home for

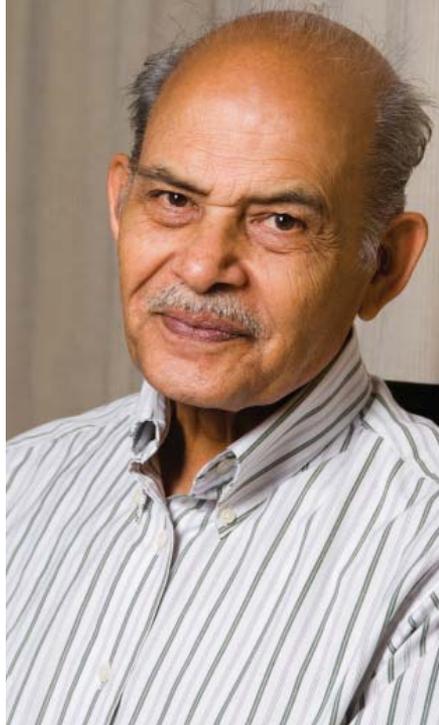
publicly funded residential care and her daughter helped to move Marjorie and then to sell her home and belongings according to plans they had made together.

What kind of support is available from Fraser Health?

- Regular visits by a community health worker to provide personal care such as assistance with bathing, toileting, grooming, or dressing and helping you manage your medications, if necessary
- Assistance with caring for post-surgery wounds by a nurse, either at home or in a community clinic
- Visits by a community health worker to give a breather to family members who may be providing some of your care



- Referral to a day program in the community, where a variety of activities take place in a group setting
- Continuing rehabilitation through short-term in-home physiotherapy or occupational therapy, or outpatient services, or referral to private clinics in the community
- Assessment by a Home Health occupational or physical therapist with recommendations for equipment and/or exercises to help you perform everyday tasks like toileting, bathing, grooming or getting about your home
- Referral to the Red Cross equipment loan program to borrow a bath seat, walker, wheelchair or other necessary equipment for a short time if you can't afford to rent from a private vendor



Other sources of support

What kind of support is available from your family/friends and local community organizations (non-profit and private)?

- Meal programs such as Meals on Wheels, frozen meal delivery programs
- Subscription to Lifeline, a personal emergency response system with help available at the push of a button
- Your pharmacy can ‘blister-pack’ your medications to make it easier for you to know which pills to take each day
- Visits from local support networks of family, friends and neighbours to check that you gather your mail daily or help you clear snow from a sidewalk. We all have a role to play as a caring community
- Private housekeeping services (can be found in the Yellow Pages, on the Internet or bulletin boards at local seniors’ centres)

If you feel you need additional supports to stay healthy at home, or if your medical condition changes, call your doctor’s office or call 8-1-1. Also, let your case manager know as soon as possible as he or she may adjust your services to help you through a rough patch.



How much do Home Health care services cost?

Depending on your income, there may be a charge for home support services supplied by Fraser Health or one of its affiliated agencies.

There are no charges for professional services such as nursing, case management, occupational therapy, or physiotherapy provided by Fraser Health.

Home support, which refers to care of a person's intimate needs such as bathing, dressing and grooming, may be provided on either a short term, or long term basis:

- **Short-Term Care** services provide home support when there is a time-limited need for it – for example, after emergency hip surgery to help with personal care, or when a client is at end of life. There is no charge for this service. If your care needs become chronic and require ongoing home support, you will need long-term care service.
- **Long-Term Care** services provide home support for clients with ongoing care needs and may be



subject to a charge. Client costs are based on client/spousal income and calculated as a per-day-of-service Home Support rate. Some clients with high charges may choose to purchase home support

care privately as it can cost less than paying the assessed Home Support rate. Low-income clients will pay a small amount or nothing. If a client has a temporary situation which poses a serious financial hardship, Fraser Health has a process whereby a client (with their case manager's help) can apply to be considered for a temporary rate reduction.



If you need to visit the hospital

If you feel you need to visit the Emergency Department, you may meet with a Home Health team member called a Quick Response Case Manager. His or her job is to help you to return home with the supports you need, after the doctor has seen you and determined that you will recover from your illness more safely at home. The Quick Response Case Manager will check in on you over the next two weeks to make sure your health is improving and will connect you with other members of the Home Health team such as community health workers or physiotherapists if you need them.

But sometimes you cannot avoid being admitted to hospital for treatment. When you are admitted, the health care team will work with you and your family to begin planning for your discharge. They will be checking your progress every day and will provide an estimated date of discharge.

We know that the longer a senior stays in a hospital bed, the more likely it is that he or she may:

- lose the ability to walk as well as before
- fall in the unfamiliar setting
- lose the ability to think as well as before

- lose general muscle tone, strength and energy
- acquire an infection

Therefore, your goal should be to go home as soon as your health care team assures you that the acute phase of your illness is over. Regaining your strength and energy may take longer, especially if you are a senior with chronic conditions.

Sometimes you may need to be sure your health care team and your family understand that you *do* want to return home. Ask your health care team about plans to discharge you, and when you can go home. Let your nurse know that you want to go home to recover. You know what you can manage and how being at home to recover as

fully as possible is best for you.

Depending on why you were admitted to hospital in the first place, you may be unable to regain your previous level of function. But that doesn't mean that you can't go home. Your health care team in



the hospital will teach you what you need to know about any new medications, exercises or anything you need to do so you can be as self-sufficient as possible.

You may first need to spend some time in a rehabilitation or convalescent care unit to regain a bit more function before you return home. You will plan with your health care team how to address your ongoing medical and rehabilitation needs either in another hospital unit, or at home.

Our Home Health Liaisons or Quick Response Case Managers in the hospital will work with you to ensure that you have the supports you need to continue to live at home.

Once at home, your local Home Health office will check in with you by phone within the week. A Home Health professional will be assigned to help you and your family to manage your care so you can live as independently as possible.



If your care needs are long term, you may be assigned a Home Health Case Manager who will help to link you with other community or Home Health services as required and can adjust your level of support if your condition changes.

If your care needs change and ultimately can't be managed at home, then your case manager can determine if you qualify for publicly funded assisted living or residential care services – and then can help you through the application process. There is a daily charge for users of these services and the amount is determined based on your income.

Based on our experience, family members who try to manage all of their loved one's needs without assistance from community support services can easily become exhausted and unable to provide further care. *If caregivers receive assistance, they can often extend the time that they can provide support to their loved one. The longer they can do that, the longer their loved one is able to stay at home.* Care provided by family members is important, but it is not a substitute for formal supports in the home. We encourage you to consider purchasing outside help, such as housekeeping services, and not rely 100% on your family. This supports them to stay healthy while they help you stay at home.

Waiting at home for residential care assessment

Why is waiting at home better than waiting in hospital?

- Reduces the risk of falling in an unfamiliar setting or losing muscle strength or mobility due to spending time in a hospital bed
- Lowers the risk of acquiring an infection
- Gives you more time to recover from your hospitalization and ensures you are in the best frame of mind to make major life decisions, such as moving to residential care. These are decisions you do not want to regret by making them when you're not feeling your best
- Gives you time to put your affairs in order such as making plans to sell your home or distribute your belongings after you move, if that's what is right for you

Important: Do not change your living arrangements (such as selling your home or giving up your rental apartment) until you have been offered, accepted, and moved to an assisted living or residential care vacancy.

The day arrives: Going home from hospital

From the day you are admitted to the hospital we will work with you and your family to begin planning for your discharge. All members of the health care team play a role. They will be checking your progress every day and provide an estimated discharge date.

You may be discharged at any time of the day or early evening. Hospital staff will try to give your family as much notice as possible of your projected discharge date. As soon as your physician writes the discharge order, please call your family and pack your belongings. We are not able to delay discharge times as we must immediately prepare your bed for another patient.

If family or friends are unable to take you home that day, some other options, which involve cost, include: taxis; HandyDart; private driving services; Medivan (in some areas only; wheelchair accessible: 1-877-222-2031).

If you are unable to contact these services yourself, please ask a member of your family or a care aide on the unit to help.

Welcome back home: What now?

1. **Reconnect with your neighbours and friends** so they can support you at home as much as they are able, in both big and small ways
2. If you were registered with Home Health and had a Case Manager before going into hospital, **reconnect** with him or her
3. **Follow up with your family doctor**, by appointment or by telephone, about your recent hospitalization and your needs now that you are home
4. **Take all your current medications** to your next appointment with your doctor, along with any directions you received from the hospital at the time of discharge
5. **Inform your pharmacist** of your most recent medication list
6. **Call your doctor's office or dial 8-1-1** to speak to a Registered Nurse if you experience any new symptoms or recurrence of the problems that sent you to the hospital
7. **Be patient** with yourself as you slowly regain your strength and mobility
8. **Enjoy sleeping in your own bed again!**

Ongoing care

If you need nursing or rehabilitation care after discharge from the hospital, this will be arranged by the hospital staff and they will let you know they have made the referral. Nursing care is generally provided in a community clinic although the nurse can visit clients in their home if they are not well enough to get out to the clinic. If you have not received a phone call from Home Health within one week of returning home please contact the Home Health Unit in your area. Numbers are listed below.

At any point, if your condition changes and you are concerned, contact your family physician, or call HealthLinkBC at 8-1-1 and speak to a Registered Nurse.

Abbotsford

103-34194 Marshall Rd
Ph: 604-556-5000

Agassiz

7243 Pioneer Avenue
Ph: 604-793-7160

Burnaby

400-4946 Canada Way
Ph: 604-918-7447

Chilliwack

45470 Menholm Rd.
Ph: 604-702-4800

Hope

1275A - 7th Avenue
Ph: 604-860-7747

Langley

101-20651 - 56 Avenue
Ph: 604-532-6500



Maple Ridge

400-11762 Laity Street

Ph: 604-476-7100

Mission

2nd Floor

7298 Hurd Street

Ph: 604-814-5520

Newton

1009-7495 132 Street

Ph: 604-572-5340

New West

218-610 6th Street

Ph: 604-777-6700

South Delta/Ladner

4470 Clarence Taylor Cres.,

Delta

Ph: 604-952-3552

Surrey and North Delta

Gateway Station Tower

1500-13401 108 Avenue

Surrey

Ph: 604-953-4950

Tri-Cities

6 - 2601 Lougheed Hwy.

Coquitlam

Ph: 604-777-7300

White Rock

15476 Vine Street

Ph: 604-541-6800

“Home is the best place to be to manage a chronic condition, recover from an acute illness or injury, and live out final days. The health care system is listening to the strong desire by seniors to live in their own home as long as possible.”



www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca