British Columbia Ministry of Health Patients as Partners Initiative Stories of Engagement

Future of Seniors’ Care Co-Designed by Seniors

Subject: Kelowna Seniors Health and Wellness Centre
Interview Date: March 1, 2017
Health Authority: Interior Health
Service Area: Services for seniors
Topic: Re-design of primary care for seniors

What was the issue?
One of the priorities for Central Okanagan is addressing the care of seniors with complex medical conditions. As the population ages, there is a greater need for experienced and specialized health-care providers and increased access to geriatricians. To provide quality care for seniors, establishing continuity of care and consistency of health-care providers is key.

Fast Facts
- **Spectrum:** Collaborate
- **Number of Stakeholders:** 400
- **Type of Stakeholders:** Seniors with Complex Medical Conditions and Family Caregivers
- **Families Involved:** Yes
- **Ministry Priority:** Improve services for seniors with complex medical conditions
- **Health Outcomes:** The Kelowna Seniors Health and Wellness Centre opened in December of 2016, and even though it is early for tracking performance indicators, there have already been reports of improved patient experience, reduced costs, and improved access to health-care. The goal of the long-term project is to achieve success in all aspects of the Triple Aim.

Shortage of specialized providers and system inefficiencies often leaves seniors unable to establish a relationship with a single care provider with the background and knowledge about the patient’s medical history, family situation and a comprehensive view of the patient’s condition and changes in their health.
The Ministry of Health and Division of Family Practice set out to revision seniors’ care in the community. The development of a Seniors Health and Wellness Centre became the project objective. Interior Health received the funding from the Ministry of Health for the project, and the action committee picked three areas to first focus on.

**What was the engagement?**
From the beginning, patient and family caregivers were involved as part of the local action team. Engagement involved questionnaires, small group meetings, focus groups, large group forums and a town hall forum. Interviews were conducted with patients, health-care providers, acute care and residential care staff, non-profit staff, physicians and health authority staff. Input received informed the plan, with the feedback incorporated into every step of the action committee. The patients on the action committee witnessed two important messages: 1. the input and goals were unified no matter how diverse or different the engagement format was; 2. health-care professionals considered the well-being of their patients as their ultimate priority.

The community envisioned seniors’ care as a one-stop place for care and information, as well as striving to avoid unnecessary traveling between places to receive care.

One of the patient partners on the committee has a chronic disease, elderly parents and has been impacted by the realities of care for seniors in Kelowna. Seeing different care providers, having to repeat the story over and over, and seeing caregivers getting burned out were all the realities that the patient partner has personally experienced in the health-care journey of her parents. The patient partner hopes that the presence of a case manager who can be a patient’s spokesperson will alleviate this issue. Although initially overwhelming, she has become more comfortable in her role on the action committee.

The action committee met once a week. The first proposal they worked although close to submission to the Ministry of Health, was recognized by the action committee to be lacking the big picture (such as the inclusion of a the laboratory, a mobile team, outreach to community non-government organizations, outpatient clinics, and a one-stop-shop for information) as was originally mandated by the wide engagement with stakeholders. This is where Karen, a patient partner, played a pivotal role. She frequently reminded the group to step back and look at the original mandate which was to develop a broad overarching plan and not be restricted to what was easily accomplished in the short term. Having two key patient and family caregiver representatives sitting at the planning table was a valuable addition to the action committee.
What was the outcome?
The project resulted in the new Seniors Health & Wellness Centre in Kelowna. The centre has one geriatrician working once a week, and family physicians with interest in geriatric care working five and a half days a week. The family physicians work with the geriatrician to provide continuity of care. The goal for the Seniors Health & Wellness Centre is to have all the information about a patient directed to one case manager, who is ideally involved right at the beginning of the patient’s journey. Through this project, Interior Health aims to reduce the number of handovers of care between case managers and eliminate the issue of senior patients meeting new care teams during their care journey.

The centre opened in December 2016 and the continued work of the action committee involves reviewing the connections being established with case managers, and identifying successes, outcomes and future expectations.

With regards to Triple Aim outcomes, improved provider and patient satisfaction is already being reported. Other project outcomes include having patients staying home longer, increased satisfaction of referred patients, ability to do geriatric assessments, occupational therapy assessments, short-term interventions with physiotherapy, decreased falls and medication reviews. Ultimately, the goal is to have a physician and a pharmacist working together with a team of specialists to improve care and increase the well-being of patients.

Thinking back on the project, Dr. Gayle Klammer has one recommendation for any team looking to undertake a similar project: “Start engaging early, and don’t think of engaging patient partners and family caregivers at the table only as a checkbox that needs to be ticked. Think of them as valuable participants in the conversation and give them an opportunity to feel like valued contributors at the table.”

How can you get involved with health-care engagements?
Contact: Interior Health (www.interiorhealth.ca/AboutUs/ContactUs/Pages/default.aspx)