

Aging in Place A 'Continuum of Care'

Presented by David Munch - Executive Director, Finlandia Village Sudbury



Finlandia Village

sudburyn
suomalainen
lepokotiyhdistys



sudbury finnish
rest home society
incorporated



Finlandia Village



Key Facts

- 400+ residents on site
- 250 staff
- 99.7% Occupancy
- Accreditation Canada



Supported by: / Financé par :



Ontario

North East Local Health
Integration Network

Réseau local d'intégration
des services de santé
du Nord-Est

Finlandia Village



It all started with housing...

1985
Finlandia Koti
Apartments



1992
Palvelukoti
Apartments



1995
Rivitalo
Townhouses



2000
Hoivakoti Long
Term Care



2009
Majatalo Shared
Seniors



2012
Lepokoti
Assisted Living



LEPOKOTI AFFORDABLE SENIOR'S APARTMENT
KOPPELA WILLIAMS CENTER
SUDBURY, ONTARIO



Our MISSION



Vision 2017 & BEYOND

Founded and maintained in the Finnish tradition, we strive to provide quality aging in place (a continuum of care) for our multicultural community.

Our Values

Excellence

Finlandia Village is committed to excellence of care, to the highest moral standards of professional practice and organized management.

Autonomy

Finlandia Village respects the right of residents to choose and to have responsibility for the course of their lives.

Dignity

Finlandia Village respects the worth, uniqueness and story of every resident.

Kindness

Finlandia Village is committed to treating all residents in a kindly manner, to protect them from any possible harm or abuse.

Trust

Finlandia Village is committed towards building trust between residents and staff, amongst staff, between staff and administration.

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To be a recognized model of excellence as a seniors wellness community.

STRATEGIC DIRECTION

Strategic directions are the overarching statements that define the major themes and directions for our efforts over the next five years and are all of equal importance. In order to have the most significant impact locally, Finlandia Village needs to focus its organizational efforts on those areas of greatest strength.

1) QUALITY

Continuously improve our delivery of quality care.

We will enhance our client-centered services, ensuring safety, security and enjoyment of life for our residents and at home clients by continuously improving processes, performance and outcomes. Achieve excellence in resident safety, satisfaction and clinical outcomes using a continuous quality improvement and evidenced based approach to clinical practice.

2) OUR PEOPLE

Foster a culture that enables employees and volunteers to excel in the delivery of exceptional care.

To deliver exceptional care and service, we must ensure a supportive working environment in which staff and volunteers can be and do their best. We will support a leadership model that inspires teamwork and organizational excellence.

3) OUR SERVICE

Enhance and maintain ways to strengthen cognition and health, while maximizing individual autonomy and independence as our resident population ages.

Develop and implement a portfolio of innovative wellness, prevention, and care programs with a focus on aging, cognition and mental health.

4) OUR FINANCES

Develop and implement a sustainable business model.

Given the current and near-term economic climate we must secure additional sources of funding. Fundraising, donations, partnerships, and new government program funding will be investigated and accessed to support the short and long term needs of Finlandia Village.

5) COMMUNITY NEEDS

Enhance and expand Assisted Health Services to meet our Community's changing needs.

The composition of the Finnish and the Greater City of Sudbury community we have served for decades is changing. Our population of seniors and their diverse needs are growing. We will seek every opportunity to augment our array of services to help the elderly of our community maintain an independent lifestyle and stay at home as long as possible.

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My Life Before/After Story

My life before

- Live alone
- Health ailments
- Malnutrition
- End up in Acute care

My life after

- 3 meals per day
- Assistance with meds
- Security, personal care
- Services on site (Dr.)
- \$ Affordable rent & care



What we've done

- RN Emergency Room outreach program to LTC
- Medical Clinic, Doctor on site
- RPN Educational program
- Diversion of funding...Housing Affordability \$\$\$



RN Emergency Room Outreach LTC

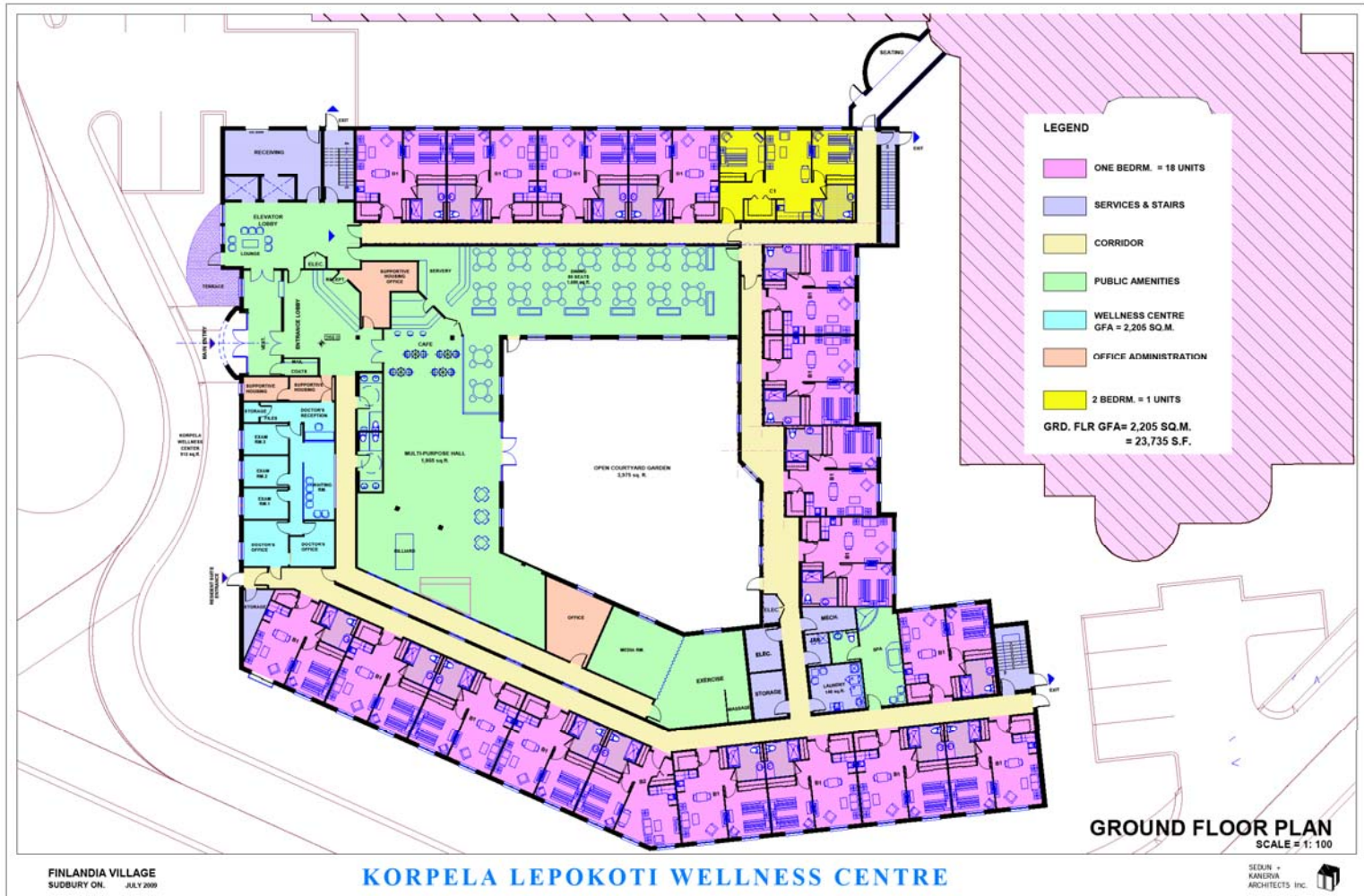
- Emergency Room (ER) RN is called to LTC home
- Over 50% of ER visits were diverted
- Triggered by Hospital ALC and Emergency Room wait time struggles
- Next steps are to bring to RN Outreach to Assisted Living



If you build it...the doctor will come



- Integrate space within capital project, approx. 1,500 sq.ft.
- “Shovel Ready”, architect ready with conceptual plans and a suitable Medical Clinic space “free space”
- Community support, fundraising with the community, Trillium & NOHFC funding



Funding Utilization

- Very economical model in comparison with LTC and Acute Care Hospital, estimates:
 - Hospital \$ 150,000 per resident year
 - Long Term Care \$ 80,000 per resident year
 - Assisted Living \$ 20,000 per resident year
- Utilization of Personal Support Workers (PSW) 24/7 with emergency on site access
- Client fees are charged for meal programs, cleaning/laundry and transportation.

RPN Educational Opportunities



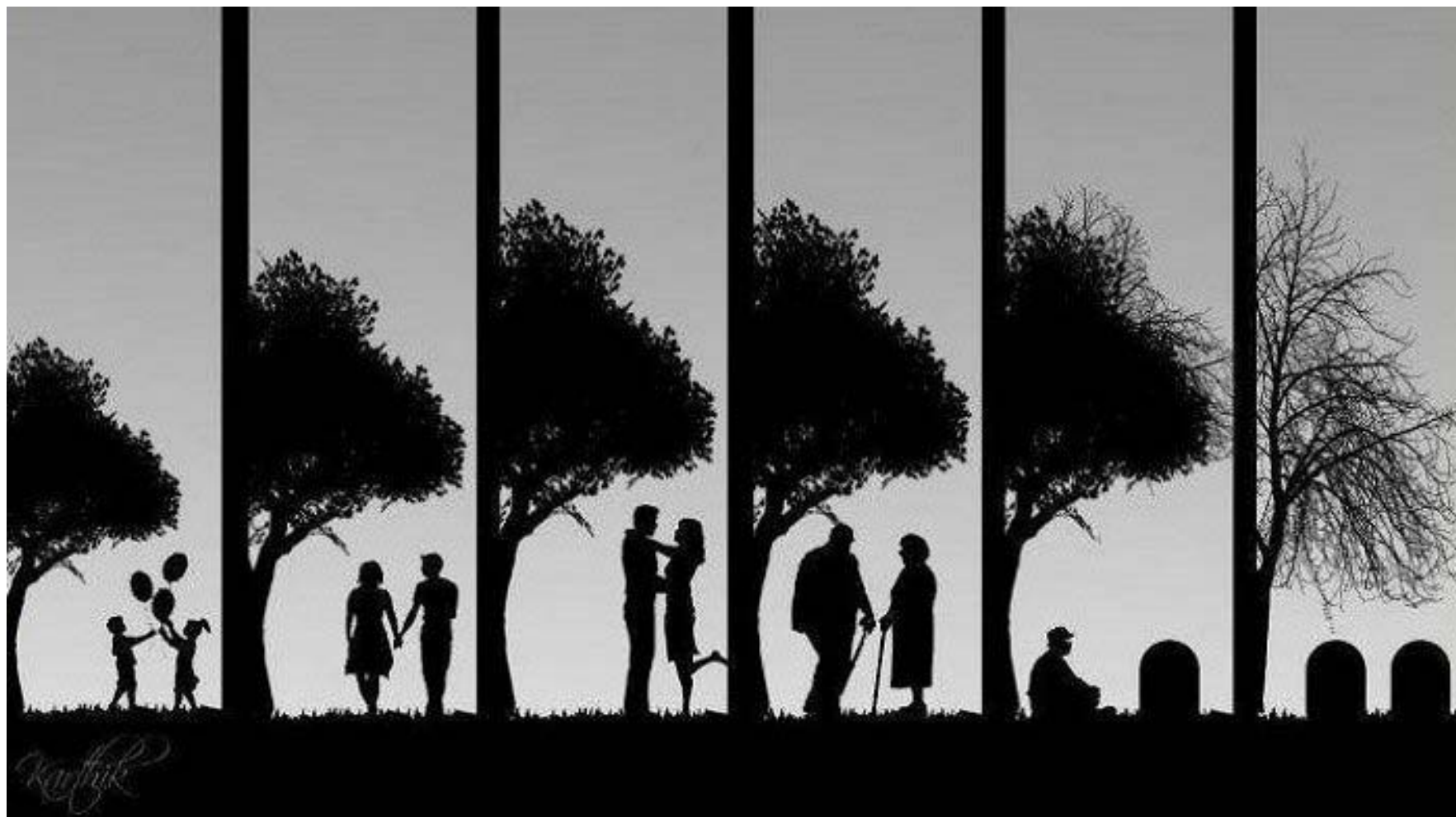
- Financial support for tuition and books
- Work schedule support for employee to work while going to school, work with unions
- Selection process of successful candidates (attendance, performance review,...)
- Retain workforce and lowering employee turnover

Impact and Evaluation

- Frail elderly with proper care and monitoring prevent admissions to ER and early admission to Acute Care & LTC facilities.
- ALC patients that qualify for Assisted Living can be more economically cared for as opposed to a hospital.
- Once the Assisted Living program can no longer care for client they transition to LTC facility. We see many residents reside in Assisted Living until they pass away by integrating with acute care.

Integration: Key Factors

1. “EDUCATION” - Diversion of resources from Acute Care to Assisted Living/Community Care, focus to lessen the strain on acute care.
2. “RETENTION” and training of staff. Without staff and/or properly trained staff, resources cannot be diverted from acute care.
3. “LEADERSHIP” from Acute Care, LHIN, CCAC and Community Care.



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Questions? Kiitos, Thank you!

