

# Home At Last

Project Team: HAL Network  
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## Goals & Objectives :

- Ensure safe, efficient discharges from hospital to home
- Enhancing client access to ongoing community supports
- Client follow up to help identify those "at risk"
- Improve bed flow and timeliness of discharge to reduce LOS with possible reduction of ALC days/hours

## Successes to Date:

- Home at Last (HAL) Network developed Terms of Reference and Best Practices
- Creation of Network Video highlighting the HAL program  
<http://www.youtube.com/watch?v=llGwN2qDYns>
- Continued above average LHIN wide CSS sector satisfaction survey results from clients and caregivers
- Client Testimony: *"..your program is fantastic, couldn't ask for better care and attention from all areas...the Attendant couldn't have been better and then all the follow ups and additional assistance are just wonderful. I told my family not to worry about me, I am being well taken care of..."*

**Brief description of the project:** Trained attendants assist clients to settle safely from hospital to home. Program services include transportation, home safety assessment, errands, homemaking, personal support and a complimentary MOW. Follow up ensures clients are safe and connected to appropriate community supports. Program extends to provide support to elderly or "at risk" caregivers.

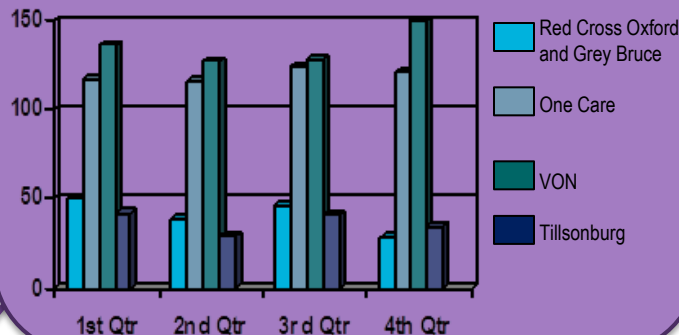
## Target Population:

Adults over the age of 55 or those younger with chronic health issues are eligible for HAL. We also connect with HAL programs outside the SW to facilitate clients coming home to the SW LHIN area through shared discharges.

## Quick Stats:

HAL Network served over 1320 clients in 2011-12 up from 692 clients in 2010-11

Graph shows clients served 2011-12



## Lessons Learned

- Ongoing staff education, marketing and promotion has been essential to success
- Program required adaptation to fit reality of hospital environment i.e. many discharges are same day

## Next Steps:

- Alignment with Home First to support patients to return home
- Use of Health Partner Gateway (HPG) portal to send referrals to community partners

## Challenges:

- Opportunities for future collaboration with Health Care Providers are needed to ensure HAL is utilized, understood and successful
- Last minute discharges
- Geographic areas experienced different rates of program growth
- High Cost of transportation for Rural programs and out of town discharges

## How eHealth enables the Project:

Now receiving referrals through the HPG from CCAC