

## Southlake marks first anniversary of new approach to senior care

As our population ages, more and more seniors are opting to age in place, and stay in the home they love as long as they can. Here, Southlake Health's Acute Care of the Elderly Unit (ACE) is marking its first anniversary of helping seniors do just that.

Southlake's ACE is celebrating a full year of community success, serving more than 750 senior patients and clients, and improving their level of function by the time they're set to head home.

Groundwork for the ACE was first laid in 2022 when the Newmarket-based hospital launched its Senior Care Strategy. Until then, Southlake didn't have a specific blueprint to care for the senior population, but the Strategy proved to be a game-changer both for the hospital and the communities it serves.

"We know that the population is aging, but more specifically we know that if we look at those individuals living with frailty, we're expecting those numbers to increase by 52 per cent and 105 per cent respectively," says Jennie Popplow, Southlake's Director of Senior Care. "We know there is going to be more of these patients coming through the doors and we know that they require, especially when they have frailty added on top, an additional level of care. We wanted to look at what was a model we could use to really target this type of population."

ACE units are not new as a concept, with the ACE at Toronto's Mount Sinai Hospital providing something of a template. It was new, however, for northern York Region and South Simcoe.

Before the launch, the study looked at the local 65+ demographic, modelled the types of patients that might need such an ACE, potential length of stay, and "discharge destinations," a particularly important statistic given the growing desire for people to stay in the homes they love as long as they can.

"Ultimately, that's what led us to our admission criteria, which is actually patients being admitted need to be over the age of 75," says Popplow of the 23-bed unit. "They need to have two or more of what we call 'geriatric giants' and must have the potential to return to the community. That's where our specialists come in to really help return people to where they want to age."

While they predicted the average age of those admitted to the ACE to be those in the neighbourhood of 75, the reality proved quite different.

In their first year, they found ACE patients have an average age of 85 "with the vast majority of them coming out of the ACE "maintaining or improving their level of function."

"Their day-to-day ability to get up and moving and doing those day-to-day tasks," says Popplow. "Typically in the hospital you wouldn't see that level of function. We often see, especially in these older adults, patients coming in, they spend time in bed, they start to deteriorate, and as a result they either can't go home right away, they have to go to another place to continue their rehab, or ultimately, they can't go home at all. So, 95 per cent of our patients over the past year have either maintained or improved their function, which was what we were hoping, what we were expecting, and we also see that 87 per cent of our patients return directly to their admitting location in the community "that could be home, a retirement home "the only exclusion we have is long-term care.

"It means our patients are getting the care they need, getting well, staying well on the unit, and getting home as soon as possible with the supports they need. I think we were surprised about the age, but we haven't been terribly surprised that our patients are doing well and going back to the places we were expecting them to go."

As the ACE enters its second year of serving the community, they're doing so content that their "criteria is working, we're getting the right patients, and the skill mix of staff that we have on the unit is working."

?What sets us apart from a regular unit is the number of allied health that we have; we have occupational therapists, physiotherapists, rehab assistants, rec therapists, social workers, speech language therapists, dieticians, and they are all what really wrap around our patients to get them home, as well as the nursing staff has additional geriatric training,? says Popplow.

?What we want to take into Year Two is that everyone we bring on board gets that same level of dedicated training. Like paediatrics is not just little adults, geriatric care is not just older adults, although we often refer to them that way. They come with their own complexities and they need to be seen as a specialty. From the perspective of what the ACE will look like going forward, it will look very much the same. The model is set, but really it will be around reenforcing and ensuring that we continue to go back to those geriatric learnings that we're able to continue to apply, and that that doesn't go by the wayside as we move forward.?

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