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Nursing Home WITHOUT WALLS | Foyer de soins SANS MUR

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Promising Practices: Nursing Home Without Walls (NHWW)

The following promising practice was prepared following interviews with Nursing Home Without Walls (NHWW) in New Brunswick during the summer of 2023. Healthcare Excellence Canada (HEC) would like to formally acknowledge the generosity of the New Brunswick Department of Social Development, Université de Moncton, Lamèque NHWW site, Inkerman NHWW site, Paquetville NHWW site, and Port Elgin NHWW site in sharing their skills, knowledge, expertise and experiences to form this promising practice.

About Healthcare Excellence Canada

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HEC focuses on improving care of older adults, bringing care closer to home and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

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Model description

The Nursing Home Without Walls (NHWW) program was created by Suzanne Dupuis-Blanchard RN PhD, a researcher at the Université de Moncton. The overarching goal of this program is to promote healthy aging at home by ensuring that older adults and their care partners can age in place with access to appropriate knowledge, supports and services. This ultimately enables older adults to live at home longer (for example, by supporting more appropriate admission to long-term care, or LTC, homes) and reduces avoidable emergency department visits.

The four objectives of an NHWW are as follows:

1. Ensure that older adults and their families have access to appropriate services and information related to aging in place.
2. Provide social health initiatives to counter social isolation and loneliness experienced by older adults and their care partners.
3. Increase knowledge on health-related issues important to aging in place and healthy aging for older adults and their care partners.
4. Empower the local community to respond to the needs of an aging population.

The NHWW program was implemented in four pilot nursing home sites in the province of New Brunswick in 2019. The nursing homes provided the physical space and administrative oversight to support NHWW staff and operations, as well as trusted knowledge of the local community, community resources and aging.

NHWW programs have three core elements:

1. They directly serve older adults and families who are living in the community based on their identified health and social needs (for example, through a needs assessment process).
2. They leverage the knowledge, infrastructure and resources of a nursing home and people and organizations within the community.
3. They address challenges related to aging in place, such as social isolation and access to services.

Within these core elements, NHWW program components are intended to be flexible and community based. As a result, program offerings are identified that will best meet the needs of the older adults in a specific community. This avoids duplicating services and leverages the unique features of the nursing home and the community.

The core elements of the NHWW programs offered by pilot sites to date include the following:

- **Navigating aging in place services**

- Providing general information about federal, provincial and local services as well as individualized information for clients and care partners about services that many benefit them.
- Navigation, accompaniment and follow-up to support access to identified beneficial services.

- **Interactive community nursing home supportive services**
  - Providing services to NHWW clients in the nursing home, such as having the older adult visit the nursing home for personal care (for example, bathing or footcare), socialization and meal programs.
  - Providing care partner respite when NHWW clients are attending programs at the nursing home or in the community.
  - Visiting older adults in their homes to support personal care, friendly visits and phone calls, organizing meals, housekeeping and maintenance.
  - Facilitating intergenerational activities and group activities with other NHWW clients or nursing home residents.
  - Providing transportation to NHWW clients on outings in the community, grocery shopping and medical appointments.

Enabling Aging in Place principles

Person-centredness is a core philosophy of HEC's Enabling Aging in Place program. All the principles must be implemented in a person-centred way and reflect a deep understanding of community assets and the needs of older adults and their care partners.

Access to specialized healthcare services	Access to social and community support	Access to system navigation support
Programs improve access to services for older adults and caregivers, living in community to promote all forms of health including chronic disease management, and more accessible, safe and secure living environments.	Programs are built around community assets and partners to improve social connections and reduce loneliness and social isolation of older adults and caregivers living in community, complementary to specialized healthcare supports.	Programs optimize the use of health and community assets and improve access to supportive services through personalized navigation and accompaniment to support older adults.

Adaptive and responsive

Programs are tailored to the specific, individualized needs and preferences of older adults and caregivers living in community. Programs adapt and respond to emerging needs as they evolve.

Equitable

Programs integrate a health equity lens, with a focus on the structural and social determinants of health, that support older adults aging in place in community.

High value

Programs optimize resources used on health and social services relative to outcomes that matter to older adults and care partners over the course of their care journey.

The following reflects how the NHWW program fulfils HEC's Enabling Aging in Place program:

Access to specialized healthcare services – NHWW programs support non-medical needs such as instrumental activities of daily living. NHWW programs also help facilitate access to medical care such as through transportation to medical appointments.

Access to social and community support – NHWW programs provide social and community support for clients through friendly visits, phone calls, community outings, meal programs, etc.

Access to system navigation support – NHWW navigators[1] support system navigation and provide accompaniment to older adults and their care partners.

Adaptive and responsive – NHWW navigators support clients in determining their personal needs and support them to access the appropriate services based on this.

Equitable – NHWW programs have been delivered in rural and remote communities, in areas that are traditionally underserved by other community supports.

High value – NHWW programs promote efficient resource utilization by supporting clients to access existing services in the community as well as responding to unmet needs with additional services.

Funding

Initial funding for the NHWW program was provided through the Healthy Seniors Pilot Project, which is a federal-provincial initiative with the Government of New Brunswick and the Public Health Agency of Canada. Funding to spread the NHWW program is currently being provided through the New Brunswick Department of Social Development. Private donors have also contributed to the funding model in one of the pilot sites.

Implementation

Assessing needs and assets: As each NHWW program is determined by the local community's needs, it is critical to conduct a needs assessment and engage with the community before developing service offerings. The pilot sites assessed existing services provided by other organizations and other community assets. They engaged in public consultations, such as by

[1] The NHWW navigator is also referred to as an NHWW coordinator at some sites, NHWW navigator is the term used primarily in this case study to refer to this role.

holding public meetings and seeking feedback to assessed needs in the area. Based on this information, each pilot site determined the initial services on which the NHWW program would focus. Throughout the program, the NHWW program sites continuously gather feedback to assess needs in the community and determine where they may be able to provide support.

NHWW program team: The NHWW program team typically consists of the director of the nursing home, an NHWW navigator as well as additional individuals who support the provision of services for clients.

The director of the nursing home provides governance and oversight of the NHWW program. The amount of involvement the director of the nursing home has with the NHWW program differs depending on the site.

The NHWW navigator provides accompaniment to older adults and their care partners to support them as they age in place. Some of the ways navigators provide support include assessing and enrolling individuals in services, conducting follow-up for referrals and providing direct services, such as completing applications for federal and provincial programs.

The other individuals who support the provision of services vary widely depending on the site and services being provided. At some sites, navigators coordinate volunteers to help provide services (for example, transportation) to NHWW clients. Other sites use a combination of NHWW staff, individual contractors and staff from the associated nursing home providing support. It is important to note that the staffing model for an NHWW program depends on the type and number of services being provided as well as the number of clients receiving services.

Target population: The target population is older adults (60+) and their care partners who are living in the community. While the NHWW program accepts clients aged 60 years and older, the preliminary results show clients tend to be older, with 40.8 percent of participants between the ages of 70 and 79 and 36.2 percent over 80 years old.

Enrollment: Older adults may self-enroll to the NHWW program or may be referred by friends, family, community partner organizations, primary care providers, pharmacists and extramural[2] services.

[2] Extramural services include home care services provided by interdisciplinary healthcare teams, including healthcare providers such as registered nurses, licensed practical nurses, physiotherapists and occupational therapists.

Enrolment referrals are responded to by an NHWW navigator who conducts an enrollment appointment. During the initial enrollment appointment, the NHWW navigator uses intake forms and questionnaires to assess the client's status and potential services they might benefit from.

Partnerships: Each NHWW program site will form unique partnerships with other organizations and community members based on their location and community needs.

Informal partnerships may include:

- local community organizations (for example, to provide necessary services for NHWW clients, such as meal delivery services)
- primary care providers and allied healthcare providers (for example, family physicians may contact NHWW with client referrals and identify potential services for the client)
- extramural services (for example, such services may refer individuals to the NHWW program or the NHWW program may connect clients with extramural services)
- individual community members (for example, volunteers or non-governmental organizations such as seniors' clubs)

Adaptations over time: NHWW started with four pilot sites that launched in New Brunswick in 2019, operating in Port Elgin, Lamèque, Paquetville and Inkerman. The program is now being expanded to up to 20 additional sites across New Brunswick.

Within each pilot program, there have been a number of changes over time to the services delivered. Sites began with one or a few primary service offerings for a small number of clients and grew as the program became better connected to community members and health and social service organizations. Creativity has been key to reaching community members. For example, one of the sites developed a Facebook page to promote their services and help connect community members with needs to those who could provide support.

Evaluation and impact[3]

Preliminary pilot site evaluation data

Preliminary results of the NHWW program pilot sites evaluation data collected between 2019–

[3] The evaluation and impact information shared reflects information available at the time of writing this promising practice. HEC would like to acknowledge that evaluation activities are an ongoing process for many promising practices and the type of data collected is influenced by program goals, the length of time the program has been implemented and the level of resources available to support evaluation.

2023 demonstrate a number of positive impacts and meeting the objectives of the NHWW program. These preliminary results were collected at various points during the pilot programs by mixed methods of surveys and interviews with NHWW program clients.

The results show NHWW program clients as well as their families had increased knowledge of whom to contact to get information on services for aging at home. As well, 69 percent of participants say the services received are accessible and help them stay in their home. This connects to the first, third and fourth objectives of the NHWW program to ensure that older adults and their families have access to appropriate services and information related to aging in place and healthy aging. It also suggests the community has the information and is empowered to respond to the needs of an aging population.

> *"I've heard it from a number of avenues… including I hear it through the grapevine of people saying how happy they were and what a great help it was to them to meet the need of staying in their home more independently, safer and more healthy." –NHWW staff*

> *"What speaks the most is we have 357 registered seniors since the beginning of the launch of the program, and we're coming up on the end of the fourth year, we've only had four seniors that have needed to transition on to either a special care home or a nursing home and that's because we've been able to help them get everything they need to stay at home as long as possible." –NHWW staff*

Results also indicate clients had increased satisfaction with levels of social interactions and outings. These results support the second objective of the NHWW program, which is to provide social health initiatives to counter social isolation and loneliness experienced by older adults and their care partners.

"My mother is a new person. She now smiles and has something to look forward to." –Family member of NHWW client

"Thank you for the information and links, and for all the time and care you took with us yesterday. Your visit was a huge help to us, and we are grateful to be able to benefit from NHWW." –Clients of NHWW program site

Finally, positive results suggest the program prevented some non-urgent visits to the emergency department or medical after-hours clinics. For example, the preliminary results

indicate that 33.5 percent of NHWW participants said the program helped prevent them from having to access these medical visits and suggests that 219 visits were prevented.

Keys to success

- NHWW program staff having strong pre-existing connections with the community and stable staffing over the length of the program to build trusted connections with the community.
- Completing a comprehensive community needs assessment to determine services for the NHWW program as well as ongoing follow-up to determine new needs in the community for services.
- Understanding the services already available in the community and who offers them to direct NHWW clients and avoid duplication of services. For example, a Senior's Guide was created at one site and is continually updated to provide older adults and their care partners with information about available services.
- Having a system to effectively manage client information, especially as an NHWW program expands, to keep track of the details and participation of older adults in the program.
- Using creativity to expand service offerings by trying unique ideas and then iterating to find approaches that work best.
- Utilizing the nursing home staff and infrastructure (for example, accessible bathtubs, minibus) allows clients living in the community to be provided service they otherwise would not be able to access.
- Providing a combination of navigation services and accompaniment services to support older adults to age in place. The accompaniment services include supporting older adults to access programs such as completing forms, making calls or following up on applications instead of just providing referral information.
- Using continuous feedback from clients to understand the ongoing and changing needs of the community and developing services based on community needs.
- Strategically growing service offerings for clients to ensure these expand in proportion to available and sustainable resources. Expanding service offerings without complementary additional resources can lead to staff burnout.
- Ensuring appropriate supports for NHWW staff providing navigation services to older adults (because of the emotional nature of providing such services).
- Ensuring sustainable funding for NHWW program sites so they can provide reliable services for current clients as well as expand to more clients.