

The following discussion on CHOICE is from Hollander Analytical Services Ltd. (2006). *Home care program review: Final report*. Saskatoon: Saskatchewan Health, Community Care Branch.

The full report is available in the CRNCC Knowledge Bank under Related Reports http://www.crncc.ca/knowledge/related_reports/download/HomeCareReview2006_FinalReport.pdf

3.3.1 The Comprehensive Home Option of Integrated Care for the Elderly (CHOICE)

The Comprehensive Home Option of Integrated Care for the Elderly (CHOICE) program was the first Canadian replication of PACE (Program of All-inclusive Care for the Elderly). The program was started in 1996 and is funded by the Capital Health Authority, in Edmonton Alberta.

The CHOICE program is intended to provide a full continuum of care to older individuals with multiple and/or complex health needs who are frequent users of acute care services and/or who would otherwise require admission to a long term care facility (i.e., high care needs clients). The program is specifically designed to help frail seniors remain in the community for as long as possible within the bounds of medical, social, and economic feasibility.

Each client's care is managed through a multi-disciplinary case management approach. All potential clients attend the CHOICE day health centre at the relevant site for five days prior to a final decision being made regarding their admission to the program. Clients are admitted to the program based on their needs, the wishes of the clients and their families, and the current resources available to the care team. The program provides all basic services under one umbrella. Individuals in the program have access to a day health centre, home care services, respite and treatment beds, and 24 hour emergency services.

Within the same building, the day health centre provides: medical monitoring and treatment by physicians and nurses; medications (which are dispensed by program pharmacists); foot care; dental and eye screening; physical, occupational and recreational therapy; personal care (such as assistance with dressing and bathing, and foot and nail care); health and wellness education; and meals and snacks. Specialized services not routinely available on site (such as dental work) are accessed through consulting or referral arrangements. Home care services may include: personal care; adaptation of the home environment; homemaking; and meals. Transportation services, primarily involving wheelchair accessible vans, are available to take participants to and from the day health centre and other appointments.

A limited number of beds are available for clients whose sub-acute needs can be managed outside an acute care hospital and within the resources of the program. These beds are available for individuals who require planned or emergency respite, or close medical monitoring or extensive rehabilitation for a short period of time, as well as those who are

awaiting placement in a long term care facility. Clients are able to contact program staff 24 hours a day, 7 days a week. Telecare, a telephone support service, is available for some clients.

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