A Case Study on Implementing a Continuum of Care Based on Client Needs

Bonnie H.Y. Wong, Yee Hong Centre for Geriatric Care, Toronto, Canada
William Y.W. Leung, Yee Hong Centre for Geriatric Care, Toronto, Canada
Maria Chu, Yee Hong Centre for Geriatric Care, Toronto, Canada
Kwong Y. Liu, Yee Hong Centre for Geriatric Care, Toronto, Canada

ABSTRACT

This article examines the continuum of care in use at the Yee Hong Centre for Geriatric Care in Toronto, Ontario, Canada. The service continuum is a response to the needs of a diverse Chinese Canadian population, where services in the appropriate language and culture are limited. Within the funding context, service coordination for seniors within Ontario can be characterized as fragmented, with over-use of acute care hospitalization and long-term care institutionalization. Community agencies must find a way to adapt to changing systems as the Ontario government shifts back and forth between institutionalization and community care approaches. This article explores challenges that are faced by a socially-minded organization within a medically-minded funding system. It also addresses ways to cope with the constraints.

KEYWORDS

Biomedical Model, Client-Centred Care, Continuum of Care, Needs-Based Care, Service Integration, Strategies and Skills Learning and Development System (SSLD), Wellness Model

INTRODUCTION

Evashwick (1989) defined the continuum of care as a “concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care” (p. 30). By Evashwick’s definition, the continuum of care focuses on an individual’s biomedical needs, ignoring a more holistic view of human needs. This journal article reviews different models of the continuum of care within the literature, explores each model’s benefits and limitations, and presents the continuum of care model for senior service used at the Yee Hong Centre for Geriatric Care (Yee Hong) as an alternative model.

Yee Hong began operation in 1994 as part of Dr. Joseph Wong’s vision to serve Chinese seniors in Toronto. As a physician working in mainstream long-term care homes in the 1980s, Dr. Wong identified unmet needs of many Chinese seniors. Dr. Wong mobilized a group of volunteers to advocate for a long-term care home that would provide culturally and linguistically appropriate services for Chinese seniors. With support from the University of Toronto, the Chinese Community Nursing Home for Greater Toronto (1989) completed a needs study to assess demographic data and conducted surveys and interviews with Chinese seniors, caregivers, and community members. The results highlighted that seniors’ needs could not be met with a long-term care home alone. The first Yee Hong location was established in 1994. In addition to a small long-term care home, service space
included a social housing complex, a community centre, and a medical centre. An expansion of the available community services was projected as part of Yee Hong’s first strategic plan.

The Yee Hong (2018) mission states,

*To enable Chinese Canadians and other seniors to live their lives to the fullest, healthy, independent and dignified, through our continuum of excellent, culturally appropriate care.*

Four elements in the mission statement underpin Yee Hong’s approach to serving seniors in the community:

1. Focus is placed on client wellness and quality of life rather than just on physical care. The ultimate goal is to enable clients to live their lives to the fullest.
2. Yee Hong adopts an empowerment model to help seniors lead healthy, independent, and dignified lives.
3. With the above in mind, Yee Hong focuses on client needs. Special attention is paid to the need for appropriate culture and language rather than on services already available.
4. A continuum of service for seniors at different stages of the aging process addresses client needs and achieves the goal of living lives to the fullest.

With the mission in mind, Yee Hong expanded its continuum of services by serving approximately 20,000 seniors in the community annually, as well as providing 805 long-term care beds and services. This is a wellness model of care that moves away from the traditional North American biomedical model of health care. The Yee Hong model is client focused rather than focused on only biomedical needs. This article will present the philosophical underpinning for the continuum of care and services available at Yee Hong. In addition, it will discuss the challenges associated with implementing a wellness model in a medically minded funding structure.

**CONTINUUM OF CARE MODELS IN THE LITERATURE**

The term *continuum of care* does not capture the different care delivery models in the literature. Béland and Hollander (2011) used terms such as *integrated (health) care* and *continuing care* to elicit models of integrated care delivery. Gulliford, Naithani, and Morgan (2006) described *continuity of care* as a seamless transition between services through the coordination, integration, and sharing of information. Béland and Hollander (2011) described integrated models as a way “to provide a continuum of care for frail elderly persons within a system of care with a broad range of services matched to their needs” (p. 138). Béland and Hollander (2011) defined two models of integrated care delivery. The first was a smaller community-based model, and the second was a national- or state-level model. Integration could be horizontal or vertical. While the former referred to improved care coordination across different settings, the latter referred to the delivery and coordination of services through a single organization (MacAdam, 2008). As the Yee Hong continuum of care focuses on community care within one agency, this article will explore the community-based continuum of care models. Current continuity of care models provided at the smaller community level identified by Béland and Hollander (2011) and MacAdam (2008) include the program of all-inclusive care for the elderly (PACE), the system of integrated care for older persons model (SIPA), and the program of research to integrate the services for the maintenance of autonomy model (PRISMA). It should be noted that currently Canada is still traditionally based in institutional care, and as of yet there is no formal state or national seniors strategy that has been adopted – rather it is still in development. To address this, Yee Hong has adopted a continuum of care model to approach existing gaps in services that are not sufficiently meeting the needs of seniors in Canada.
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