

HSIIP SUCCESS STORY

MR. SMITH*

HOSPITAL CONNECTOR PROGRAM

Since May 2016, St Joseph's Home Care has been a contributing member of the Hamilton Seniors Isolation Impact Plan (HSIIP), a collaborative initiative to reduce social isolation among seniors in Greater Hamilton. The St. Joseph Home Care's Hospital Care Connector helps seniors being discharged from St. Josephs Hospital to connect with services and social opportunities. The Connector assesses their needs, links them to supports and activities, and follows up to ensure they are sustaining connections. Over the next 3 years, our Connector will work towards a goal of anchoring 356 isolated seniors in the communities where they live. Are you socially isolated or do you know someone that is? Call 905-318-5781 to speak with a HSIIP Hospital Care Connector.



MR. SMITH'S* STORY



After spending 3 months in rehab following a stroke, Mr. Smith, a single male who has no family, was referred to a HSIIP Hospital Connector by a hospital social worker. The client needed help in re-establishing the life he had before the debilitating event. Since his stroke, he lost his health card and birth certificate, his job and was at the brink of being evicted from his apartment. Mr. Smith's restricted mobility and the fact that he had no phone made it virtually impossible for him to reach out for help. During a home visit, a Connector helped him prioritize his concerns. Together, they developed a step-by-step plan to connect Mr. Smith to the community resources he needed. The worker was also able to postpone the due dates for bills that had accrued while Mr. Smith was in hospital. She helped him apply for a health card and a copy of his birth certificate. The Connector explained how to connect with the Ontario Disability Support Program (ODSP) and secured taxi vouchers so that the client could afford to travel to the ODSP office. By chance, the Connector met Mr. Smith's neighbor in the hallway. The neighbour agreed to let Mr. Smith use her phone when needed and said that she would occasionally check in on him. After eight weeks of working together and after sending a referral to the CCAC to request a home assessment from an occupational therapist, the Connector and the client met for a final visit. She handed over a file containing the paperwork he would need on his journey to recovery. Mr. Smith stated that the guidance he had received at the beginning of his journey gave him the confidence to continue on his own.



Learn more about the Hamilton Seniors Isolation Impact Plan:

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*Materials co-developed by St. Joseph's Home Care and Gilbrea Centre, McMaster University