



Nursing Home Without Walls (NHWW) – Guide for Nursing Homes



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In the spirit of continuous improvement, we look forward to our ongoing journey of engaging, learning, reflecting and refining, and will update this guide as we go forward with any new developments.

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Preface

Who is this guide for?

This guide is a practical tool designed for nursing homes that are ready to plan for and implement a Nursing Home Without Walls (NHWW) program in their community. It provides nursing home directors and NHWW coordinators with essential considerations and guidance that will lead them to success.

What is in this guide?

This guide is structured into the following seven chapters.

Chapter 1: Introducing Nursing Home Without Walls

Chapter 2: Laying a foundation

Chapter 3: Assessing community assets

Chapter 4: Designing person-centred services

Chapter 5: Human resources planning for staff and volunteers

Chapter 6: Evaluating, learning and improving your program

Chapter 7: Programming opportunities

Chapter 1 provides an overview and background of NHWW programs. In the chapters that follow, you will be guided through the actions, tasks and implementation insights that will help your nursing home plan and implement an impactful, person-centred program that allows older adults in your community to age in place (see **Figure 1**). The final chapter offers you additional information on programming opportunities to help you grow, improve and sustain a person-centred NHWW program.

While these components are presented sequentially, planning and implementation are iterative and flexible activities. The context will likely require you to consider some phases simultaneously and, most importantly, they should be revisited as the community changes and the NHWW program grows and evolves.

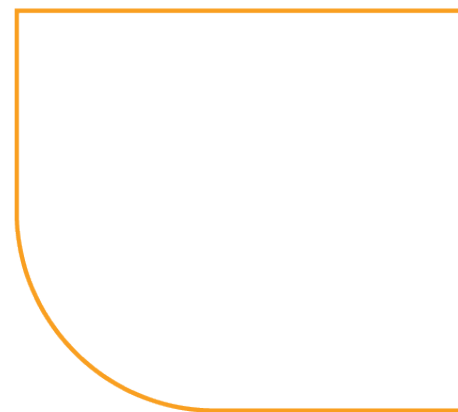


Figure 1: NHWW planning and implementation components

See [appendix F](#) for accessible detailed description of Figure 1



Why was this guide created?

This Nursing Home Without Walls: Guide for Nursing Homes was created because NHWW programs asked for it! It compiles the many tools, strategies and lessons learned during the pilot and spread of NHWW programs in New Brunswick. The guide was developed by engaging with NHWW programs to learn about their experiences and reviewing the many resources and tools that were used to support their planning and implementation journey.

The guide builds on the success of these programs to inspire and support the spread of this promising practice across Canadian provinces and territories that are committed to developing and implementing NHWW programs within their communities to promote aging in place. A companion guide is available to support province-wide spread and coordination of NHWW programs at a health and social system level.

Chapter 1

Introducing Nursing Home Without Walls





Introduction

Most older adults in Canada want to stay in their homes and communities as long as they can.¹ In response to this preference and because long-term care is getting more expensive, policies are now trying to delay or avoid the need for nursing homes.^{2,3} These trends have led to new programs that help people age in place. Aging in place means that older adults have the health and social services they need to live safely and independently at home or in their community for as long as they want and can.⁴

Nursing Home Without Walls (NHWW) is a flexible and person-centred program that helps older adults age in place by harnessing community and nursing home resources to improve the quality of life for older adults and their care partners. NHWW programs enhance community engagement and access to health and social services to enable aging in place by:

- improving quality of life
- fostering a sense of community belonging and purpose
- increasing support for care partners
- reducing unnecessary emergency department visits
- supporting a healthy workforce to provide safe and high-quality care

A research team led by Dr. Suzanne Dupuis-Blanchard at the Université de Moncton created the NHWW program model to address the lack of services for aging in place in New Brunswick. Their research aimed to find cost-effective ways to support aging in place by using existing community assets to enhance services and make them easier to access and navigate.⁵

Following a successful pilot phase, NHWW programs were spread across several communities in New Brunswick through a partnership between the Université de Moncton, the Department of Social Development with the government of New Brunswick, and HEC. The NHWW program has been promoted by HEC's Enabling Aging in Place program, which promotes promising practices in this area.

What are the principles of NHWW?

Support for aging in place – An NHWW program is led by a nursing home and runs alongside traditional residential care services. Nursing homes provide the physical space and administrative oversight for the NHWW program. With dedicated resources, NHWW program staff work with the community to help older adults stay in their homes.

Community collaboration – Older adults, their care partners, community members and organizations collaborate with the NHWW staff to identify existing and create new health and social services at no cost to older adults. NHWW programs leverage both community and nursing home resources.

Strength-based – NHWW programs build strong community connections and promote a positive view of aging.

Person-centred – NHWW programs focus on the preferences and aspirations of older adults. Older adults are valued, engaged and empowered to maintain their independence.

What are the key activities of NHWW?

NHWW programs are designed to be flexible and adaptable, allowing for the selection of services that address aging challenges based on the community's assets, needs and preferences. Services are identified and prioritized through a community asset assessment and are regularly reviewed to ensure they are utilized, delivered with quality and address the community's important needs.

These services must align with one or more of the following target areas:

- Improving access to supports and services to age in place
- Offering social health initiatives to counter social isolation and loneliness
- Increasing knowledge of health-related issues important to aging in place and improving quality of life and well-being for older adults and their care partners
- Increasing awareness and knowledge of how local communities can support aging in place

What do we know about the impact of NHWW?

Early results from the evaluation of NHWW programs in New Brunswick have demonstrated promising results for supporting aging in place.

From January through September 2024, 1,468 older adults were enrolled in the New Brunswick NHWW programs. In a content analysis of the NHWW program reports for the first three quarters of 2024, NHWW teams reported the following.

Perceived ways NHWW enables aging in place:

- Addresses social isolation/organizing social activities
- Helps accessing resources and services
- Offers care partner support
- Increases physical activity
- Offers home visits
- Provides medical support/equipment
- Provides hygiene support (i.e. bathing services, footcare)

Perceived progress in the multiple domains of quality of life, notably health and society:⁶

- Someone to count on (55%)
- Functional health status (55%)
- Sense of belonging to local community (52%)
- Timely access to healthcare (45%)
- Physical activity (9%)

Perceived ways in which NHWW contributes to avoidable emergency department visits:

- Identification of older adults' needs for overall well-being and general safety, through health-support services, social support services and supports for older adults with cognitive decline
- Prevents worsening of symptoms through hygiene services, wound monitoring or first aid
- Manages mental health crises
- Provides transportation, avoiding the need for an ambulance:
 - Prevention of medical errors
 - Fall prevention via equipment loan

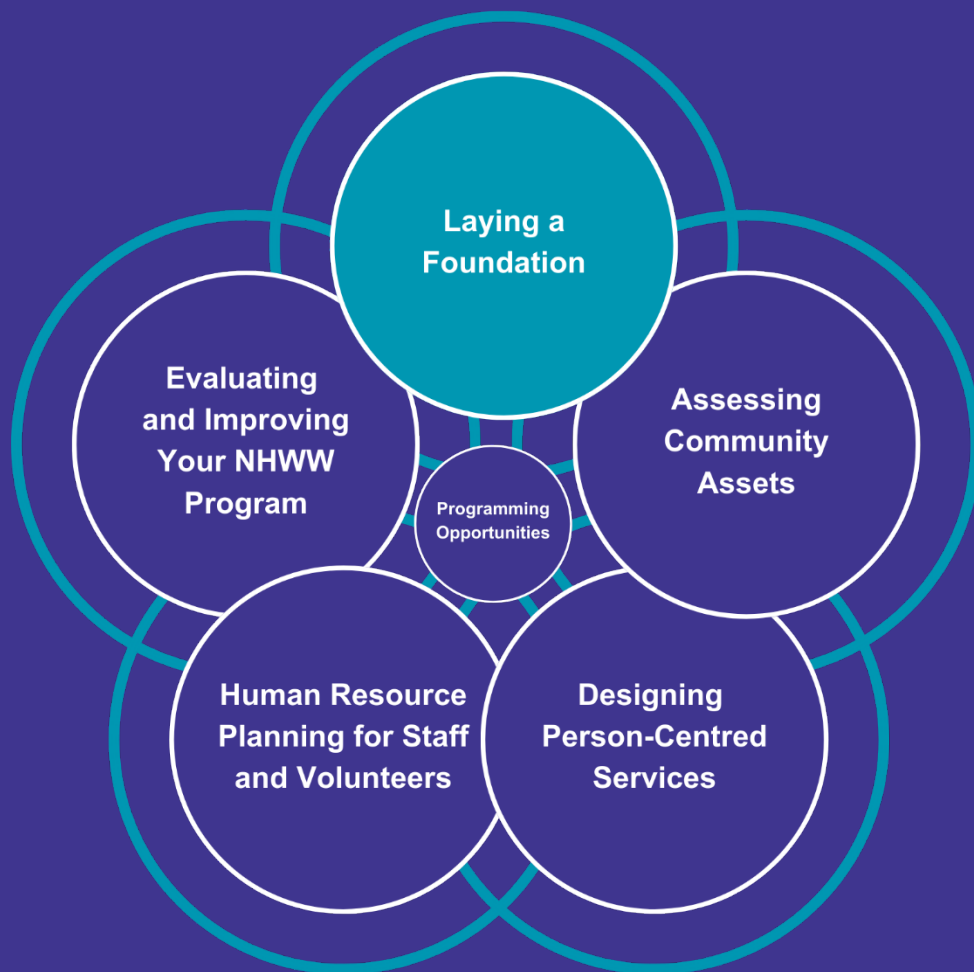
From January to June 2024 NHWW older adult participants reported that:

- their involvement in NHWW helps them to stay in their homes (86%)
- they can turn to NHWW when they need information or support (87%)
- they can turn to NHWW when their loved one/care giver needs support (82%)

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 - 4 Government of Canada. Thinking about aging in place [Internet]. 2016. Available from:
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 - 5 Dupuis-Blanchard S, Gould ON. Nursing home without walls for aging in place. *Canadian Journal on Aging/La Revue canadienne du vieillissement*. Dec. 2018;37(4):442-9.
 - 6 Statistics Canada. Quality of Life Framework for Canada [Internet]. 2023. Available from:
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Chapter 2

Laying a foundation





Introduction

Nursing Home Without Walls (NHWW) is just one of many evidence-based programs designed to support aging in place. Your nursing home should take the time to discuss the NHWW principles and key activities and reflect on whether this program aligns with your nursing home's values and goals.

Once you have determined that it is a good fit, the journey to establishing an impactful NHWW program begins with a solid foundation. Considering the resources you have to engage in the development and implementation of an NHWW program and securing an NHWW coordinator will shape how you move forward to address the challenges and opportunities that come with developing and implementing an NHWW program.

Assess your nursing home's readiness

Assessing readiness involves considering how well prepared or equipped your nursing home is to engage in the planning process and its potential to sustain an NHWW program.

Provincial and territorial policy and available funding are key drivers that will support the development and implementation of your NHWW. To demonstrate your nursing home's readiness to begin planning for an NHWW program, provincial and territorial authorities may also want to assess how well prepared you are to advance through the planning and implementation process. **Table 1** provides an example of an organizational readiness assessment that includes foundational features required to support an NHWW program.

Regardless of whether this step is required for funding, considering your organization's current strengths before you begin the planning process will allow you to identify key areas that will require more attention and time as you progress toward implementation.

Table 1: Organizational readiness assessment

| Considerations | Already in place | On our way | Not yet |
|---|------------------|------------|---------|
| My nursing home's leadership (e.g. the Board of Directors) has committed resources to developing an NHWW program. | | | |
| There is funding to support the development and implementation of an NHWW program. | | | |
| My nursing home has identified the defining features of the community that needs to be considered to support older adults aging in place, which can be part of the NHWW program. | | | |
| My nursing home has partnerships with other organizations that provide services or informal support for older adults and that align with or complement your program's objectives and can collaborate to deliver an NHWW program's services. | | | |
| My nursing home has committed to providing staff with the time and resources to support the design, development and implementation of an NHWW program. | | | |
| My nursing home has access to the space, materials and tools to deliver the services of an NHWW program. | | | |
| My nursing home has the capacity to hire and manage staff and volunteers to deliver an NHWW program. | | | |

Hire an NHWW coordinator

The NHWW coordinator is essential for helping older adults stay in their homes as they age. They play a key role in developing and running the NHWW program. This position is crucial for empowering older adults and their caregivers by guiding them through the information, resources and services. The coordinator acts as a bridge between older adults and the support systems and community resources available to them. Having the right person in this role is vital for the success of the NHWW program, as they help build relationships with older adults, caregivers and community organizations.

The main job of the NHWW coordinator is to help older adults and their caregivers access the support they need to age in place, whether from the NHWW program or the wider community. They assess each older adult's unique capacities and connect them with the best resources and services. This requires a deep understanding of the various challenges older adults face, such as health issues, mobility problems, social isolation and financial difficulties. The coordinator must be skilled at understanding complex information and tailoring it to each person's situation.

This role is very important in the NHWW program. Many older adults and their families feel overwhelmed by the many options and decisions they face as they age. The NHWW coordinator serves as a trusted guide, helping seniors navigate this complex landscape with confidence. By providing clear, reliable information and personalized recommendations, the coordinator empowers older adults to make informed decisions about their care, living arrangements and overall well-being.

The coordinator also connects and shares knowledge between different community organizations and stakeholders. They help exchange information between healthcare providers, social services, community organizations and policy-makers to build a support network for aging in place within the community.

To do this job well, the ideal candidate should have a background in social services, social work, health or gerontology. However, the most important qualities are the ability to engage with older adults and community partners, and a passion for supporting aging in place.

A sample position description for an NHWW coordinator is included in [Appendix A](#).

Implementation insights



Finding the right fit. Taking the time to find the right person to fill the NHWW coordinator position is key. Nursing homes have said that finding someone with the right personality and relational skills is essential for this position. Being able to create supportive relationships with older adults and connect with community organizations is more important than having technical skills related to managing finances, project management or healthcare, as technical skills are easily developed.

Chapter 3

Assessing community assets





Introduction

Asset-based community development (ABCD) is the cornerstone of creating innovative and sustainable solutions to support aging in place. ABCD is a way of working that highlights the inherent strengths and capabilities of the individuals, organizations, institutions and entities that make up a community.¹ Communities have inherent strengths and assets that, when leveraged, can be impactful in helping people age in place. By acknowledging and harnessing these strengths, the people supported by the NHWW are proactively contributing to positive change within their communities.

A community asset can be:

- **People** – Older adults, care partners and other residents can be empowered to realize and use their abilities to build and transform the community to enable aging in place.
- **Places** – Schools, hospitals, churches, libraries, recreation centres and parks are examples of place-based community assets.
- **Associations** – Small groups of people, such as clubs working as volunteers with a common interest, are key to mobilizing support for aging in place.
- **Community organizations and institutions** – Paid groups of people that generally are professionals who are structurally organized such as nonprofit and government organizations and businesses are valuable resources that can support aging in place.

The activities in this chapter will help you understand the experiences of older adults in your community, and the social, cultural and economic factors that affect how people age – which are key to providing a person-centred NHWW program. Understanding the strengths and capabilities of older adults that enable them to stay healthy and connected to their community, as well as building on the assets offered by people and organizations within your community, will help you create an NHWW program that is genuinely person-centred and tailored to your community. A person-centred NHWW program is designed and delivered in partnership with older adults and is focused and organized around the health needs and expectations of people and communities.

While discovering community assets is an essential component of the planning process, the relationships that evolve from engagement when you plan your NHWW program offer a starting point for ongoing ABCD. NHWW programs are flexible and responsive to the changing desires of older adults, and the support available in the community inevitably changes over time. Identifying and mapping assets and building partnerships with older adults, care partners and community organizations will be ongoing throughout all stages of your NHWW program – from planning through to implementation and ongoing improvement. The initial community assessment may be completed by the nursing home’s management as part of the funding process. However, the NHWW coordinator typically undertakes ongoing community engagement and assessment in collaboration with management and other staff.

Understand the strengths and aspirations of older adults

Engage with diverse older adult communities. As health supporters, we often encounter only a subset of older adults in the community – mainly those with the highest health and social needs. However, we know that older adults living in our communities are diverse and have a broad spectrum of capabilities, cultures and experiences. Reach out to as many different groups of older adults as you can and find out how they would like to be involved with your NHWW program.

When you engage with older adults and care partners, ask how your NHWW can strengthen their capabilities and enable aging in place rather than focusing on unmet needs and challenges.

Consider the Older Adult Engagement Framework² in **Figure 2** and the different ways that older adults can be engaged in your NHWW program:

- When older adults are informed, they benefit from the services and support available for aging in place.
- When older adults are consulted, they are invited to share their desires for aging in place.
- When older adults are involved, their perspectives are reflected in the support for aging in place.
- When older adults collaborate with providers, they are genuinely part of shaping support aging in place.

When older adults lead, they decide their support for aging in place.

Figure 2: Older Adult Engagement Framework



[See appendix F](#) for accessible detailed description of Figure 2

Think about the ways you can prioritize approaches that enable older adults to age in place through leadership, shared decision-making and genuine involvement in the design and delivery of your NHWW. In doing so, your NHWW will be a liberating experience, and the support offered through your NHWW will be viewed by older adults as a valuable resource that empowers them to age in place.

Here are a few key questions to consider asking when you are assessing community assets:

1. What are older adults and their families, care partners, neighbours and other local assets doing to help older adults live better at home? (Lead)
2. What can older adults do for themselves with a little outside help to live better at home? (Collaborate)
3. What kind of help do older adults want to enable them to do things for themselves? (Involve)
4. What do older adults want a program an NHW to do for them? (Consult)

Implementation insights



NHWWs have used multiple methods to engage with communities including surveys of community service providers, engagement through social media, presentations to service providers and focus groups and town halls with older adults, families and caregivers.

Build relationships with community organizations. Connecting with organizations in your community and starting conversations about the available services and opportunities to strengthen support for aging in place will help you avoid duplication and determine the most impactful services that align with what you have heard from older adults and care partners.

When talking with these organizations, you may want to explore opportunities for partnerships. You might have ideas about their potential involvement, and they might also have contributions to offer that you have not yet considered.

When speaking with potential partners, explain your NHWW program and how the partners could add value, and offer some suggestions for how you can partner with them. You can send an introductory email, have someone connect you directly, phone them or pop in for a face-to-face visit. Have an open conversation and be prepared to consider ways to partner that you might not have thought of before. Here are some questions to consider asking potential partners:

- What capacity and resources might they be willing to lend to your NHWW?
- How would they like to be involved in NHWW?
- Will you need to pay them for their service, or are they offering it voluntarily?

Here are some ways NHWW programs have involved community organizations:

- Support for promoting the NHWW program (e.g. doctors' offices and pharmacies giving out pamphlets).
- Jointly delivering a service (e.g. volunteer meals, university students providing friendly visits).
- Involvement in a committee to improve NHWW services.
- Providing you with information about their services so you can refer or link older adults to them.

Review the existing services available to support aging in place. Begin by making a list of the services and providers you know of, then review existing service repositories and databases in your area, [such as 211](#). An inventory of what is available at the national, provincial/territorial, regional and community levels will help you identify unique services your program could offer and the people and organizations in your community who could assist in delivering your NHWW services. It will also be a key tool for you to use to help older adults navigate and access the existing community services that they will benefit from the most.

It is also advisable to connect directly with nearby NHWW programs and service organizations to avoid duplicating services. This outreach not only helps in creating a more complementary service offering, but also provides an excellent opportunity to network and build relationships with other community organizations. These connections can be valuable for making referrals and enhancing the overall effectiveness of the NHWW program.

Implementation insights

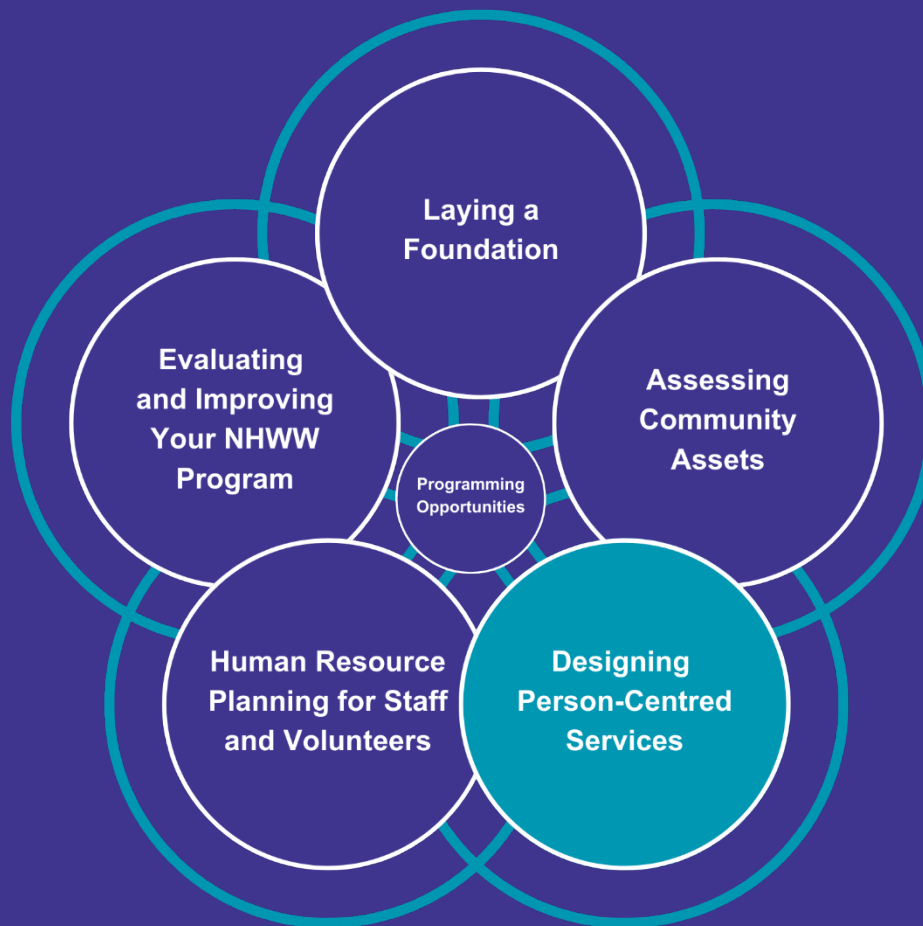


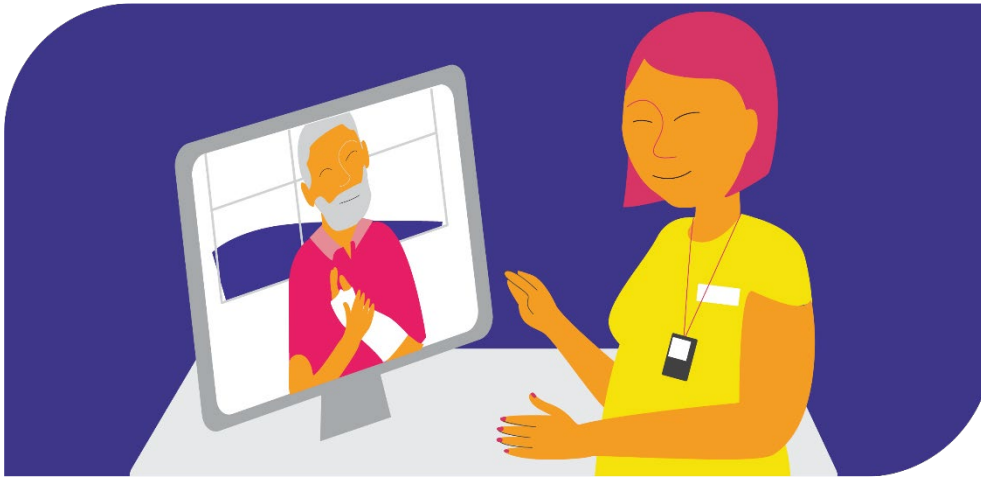
Understanding the community's system of available support is key. To help older adults navigate the systems in their community and access the available supports, NHWW staff need to know the services available, the eligibility criteria and how to access them. Having a comprehensive guide of the services available to older adults is a foundational activity that enables staff to support participants more effectively.

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- 1 Nurture Development. Asset Based Community Development (ABCD) [Internet]. 2018. Available from: nurturedevelopment.org/asset-based-community-development/
 - 2 Healthcare Excellence Canada. Patient Engagement Framework [Internet]. 2023. Available from: www.healthcareexcellence.ca/en/resources

Chapter 4

Designing person-centred services





Introduction

After exploring the resources available in your community and understanding how older adults wish to be involved with your NHWW, you may have many ideas about the services and supports that could be provided. By thoughtfully selecting services that leverage community resources and involving older adults in the design of person-centred services aligned with the core components of an NHWW, you will ensure the program's effectiveness and sustainability.

Identify and assess potential services and supports

Create a list of potential services and supports based on the community assessment. Include services that align with the core components of an NHWW program that will use the nursing home or community's existing resources. Where there are existing services in the community, consider how those can be accessed through personalized navigation and referral. The NHWW Service and Support Guide in **Table 2** provides an example of key categories of services that may be offered by an NHWW program.

Table 2: NHWW Service and Support Guide

| Category | Definition | Example |
|--------------------------------|---|---|
| Care partner support | Services for older adults and their families and care partners that offer respite. | Care partner support program |
| Caring act | Acts of caring or generosity that show kindness to older adults | Christmas gift bags |
| Emergency support | Support offered to older adults in the event of an emergency | Phone charging and emergency check-ups |
| Health support service | Services that provide support for the health and well-being of older adults where the provider is required to have medical training | Medical assessment, wellness checks, medical appointments |
| Home support | Services that help older adults maintain a safe, secure and accessible home. | Shoveling stoops, mowing lawns |
| Hygiene support service | Services that assist with personal care and hygiene | Foot care, bathing, personal care |

| Category | Definition | Example |
|-----------------------------|--|---|
| Learning engagement | Initiatives intended to increase knowledge and skills | Newsletters, information sessions |
| Meal service | Services that support access to nutritious food | Meal delivery, meal offering |
| Social connection | Services that bring older adults together to build relationships with others through enjoyable activities | Bingo, music, clubs, exercise class |
| Social support | Services that provide 1:1 social support to older adults | Home visits, phone calls |
| Spiritual connection | Services that provide spiritual support | Religious services |
| System navigation | Services that help older adults and their families and care partners navigate aging in place services and supports | Government applications, identification of community services |
| Transportation | Services that meet the transportation needs of older adults | Transport to appointments, weekly grocery store trips |

Prioritize and select your potential services. Use what you have learned from the community assessment to apply the following criteria by rating each potential service.

- Impact** – Does this align with the aspirations of older adults living in the community and enable them to stay healthy and connected at home?
- Leverage** – Does my nursing home have existing programs, facilities, materials and other assets that can be used for this service? Can assets be leveraged through partnerships with community organizations or health system partners?

Resources – What human and financial resources are needed for this service? Are the human resources available? Do the financial costs align with the budget?

Prioritize those that have a high impact and leverage those that align with the available resources. Begin with a few key services that are the most impactful. As you gain experience, gradually expand your offerings based on what you've learned.

Implementation insights



Balancing the high level of need among older adults in the community with the funding available can be a challenge for NHWW programs. Funding impacts the number of participants served and how often a service is available. Seeking out multiple sources of funding and developing partnerships with in-kind contributions are ways that nursing homes have mitigated these challenges.

Identify the service delivery approach

Now that your NHWW's initial services are identified, consider the reach, frequency and resources that need to be managed for these services.

Assess the potential reach for the services. Identify how many older adults in your community can benefit from each service. Some may cater to a limited number of older adults at a time, while others could engage a broader audience. This helps set realistic objectives for the number of people to serve and manage expectations regarding impact.

Choose an appropriate location to provide the service. The location of services is not limited to the nursing home. The location where a service is provided may be in the older adult's home or community, or even accessible virtually. The choice of location depends on the type of activity, resources available and partnerships that have been established.

Decide how often the services will be available. Consider the potential demand for the service and the available resources required to determine how often each service should be offered. For example, consider whether hosting a social event once every two months adequately addresses needs and preferences or if more frequent services are necessary. Providing free services at consistent times and locations is essential for achieving desired results.

Identify the resources for the services. Compile a list of equipment, tools, materials and potential partnerships needed for each service. Assess whether certain services can be handled in-house, need to be outsourced or require additional staffing or partnerships.

Establish meaningful partnerships with community organizations. If you're delivering services through partnerships with community organizations, find a collaboration style that works for both parties. Communication is key to a successful partnership. Consider the following suggestions:

7. Make sure you both understand the objective of the partnership and the activities involved.
8. Write down who is responsible for what and set timelines for how long the partnership will last. This will help avoid misunderstandings, and you can update the document if necessary.
9. Check in regularly with each other to see how things are going, what's working and what needs to be improved.
10. Maintain openness to adapting the partnership as the program evolves.

Implementation insights



Balancing the high level of need among older adults in the community with the funding available can be a challenge for NHWW programs. Funding availability and stability are key factors that determine the number of participants served and how often a service is available. Seeking out multiple sources of funding and developing partnerships with in-kind contributions are ways that nursing homes have mitigated these challenges.

Put people first

Designing and maintaining person-centred services requires ongoing engagement to capture the perspectives of diverse older adults within your program and the broader community. By understanding how individuals with varying abilities, backgrounds and identities experience your services, you can ensure they are accessible, inclusive and truly responsive to their needs.

Describe your intended participants. Reflect on what you learned from the community assessment to describe the characteristics of the older adults for whom the NHWW services are intended and include the varying abilities, backgrounds and identities of the older adults in your community.

Map the intended participant's journey through your NHWW program. Brainstorm and create a flowchart or map of what you expect your participants to experience as they move through the following stages of their involvement with your NHWW services:

11. **Awareness** – The experiences of potential participants learning about your NHWW program and deciding to enroll.
12. **Access** – The experiences of new participants with the intake process, assessment and first-time engagement with a service.
13. **Delivery** – The ongoing experiences of participants with the services.
14. **Ongoing and follow-up engagement** – The experiences of participants with periodic check-ins or follow-up after they have previously interacted with the NHWW.
15. **Cessation** – The experiences of participants when they end their involvement with the services.

Engage with diverse groups of older adults to walk through the journey map. Explore and obtain feedback from older adults on how different participants could experience the journey through the NHWW program. Reflect on how participants with different identities, abilities and backgrounds could experience the journey. While this list is not exhaustive, consider intersecting identities such as race, ethnicity, culture, gender and sexual orientation, physical and cognitive abilities, mental health and substance use disorders and official language minority.

When you integrate the experiences and perspectives of older adults with different identities, abilities and backgrounds, you can structure them in ways that are more responsive to the diversity among intended participants. Regardless of a participant's circumstances, you want all participants to experience the same benefits and outcomes from your services.

Look at each stage of the participant's journey and consider the following questions:

- What could make participation or engagement with this stage challenging?
 - Do these challenges affect some groups of intended participants more than others?
 - What could make participation or engagement with this stage easier?
16. How can the activities we're doing in this stage be tailored to make participation easier for all groups of intended participants?

Use what you have learned from this exercise to adjust your NHWW program so that it is accessible, inclusive and diverse.

Implementation insights



Community and older adult engagement are ongoing activities. As the assets available from organizations and older adults evolve, so will your services. Many NHWW programs belong to community networks of service organizations and provide in-kind support to the organizations that support their services.

Here are two examples:

- NHWW staff spend one morning per month helping at the local bank. This allows them to engage directly with older adults to learn about their needs and desires and promote their services.
- Through the local service provider network, an NHWW learned that another agency had begun offering frozen meal delivery to older adults. Rather than continuing to duplicate this service, the NHWW partnered with the agency to establish a referral process for the new program.

Additional information on topics such as safety and diversity, equity and inclusion are available in [Chapter 7](#) to help you with the design and delivery of person-centred services.

Plan your marketing and promotions

Making a plan to promote your NHWW program to the community is vital for reaching older adults and their care partners and raising awareness about the program's benefits. Effective promotion can inform older adults and their care partners about the options for supporting their desire to age in place, build trust in the program and encourage participation.

Create a list of those who need to hear about your services. Think broadly about the places that older adults go and the people in your community with whom they interact. Primary care providers, pharmacies, senior centres and coffee shops are just a few ideas.

Consider the tools you will use to spread your message. Think about the materials you will use and identify who and how often you will distribute or share information about your services. Successful communication strategies that NHWW programs have used include:

17. presentations to groups
18. handouts or flyers
19. social media (e.g., Facebook)
20. radio programs
21. seniors' guides
22. word of mouth

Sample promotional materials used by NHWW programs are available in [Appendix B](#).

Implementation insights



It is crucial to ensure that all communication materials about the program, including schedules, eligibility and contact information, are clear and easily accessible to older adults. To meet the diverse needs of this population, it is important to produce these materials in a variety of accessible formats. This may include large-print versions for those with visual impairments, audio recordings for individuals who prefer or require auditory information, and translations into multiple languages to accommodate non-English speakers. Additionally, consider the use of simple, straightforward language to make the content easy to understand.

For more information on accessible communication, download the Public Health Agency of Canada's resource, called [Age-Friendly Communication](#).

Table 3 provides an example of how to document your marketing and promotions plan. (Items have been added to the table as examples of what to include.)

Table 3: Marketing and promotions plan

| Who needs to hear about your programs and services? | What tools will you use to communicate with them? |
|---|---|
| Family physicians in the community | Lunch and learn session for family practice teams |
| Pharmacies | Flyers stapled to filled prescriptions |

Chapter 5

Human resources planning for staff and volunteers





Introduction

Staff and volunteers are at the heart of NHWW programs. Building an appropriate staff and volunteer structure for your NHWW program should be aligned with the community's needs and the resources available to support the chosen services. As interest and participation in your services grow and the need for new services and supports are identified, the need for more staff and volunteers may increase. Therefore, human resources planning for staff and volunteers is an ongoing process.

Analyze staffing needs

Identify the needed skills. Build a detailed list of the skills, competencies and requirements needed:

1. for the coordinator role
2. to deliver the services you have chosen for your NHWW program
3. to support the program's administration

Assess currently available skills. Explore the staffing assets within the nursing home and compare that to the skills you need to support your NHWW. Also consider skills that can be contributed through partnerships you have developed with community organizations.

Make a detailed skills list. Based on this comparison, develop a list of the skills you need to deliver your services and meet community needs.

Identify a plan for filling the needed skills. This could include recruiting new staff or volunteers, or building new partnerships.

Table 4 provides an example of how to document your analysis of staffing needs. The skills and plans included below are examples.

Table 4: Skills asset analysis

| Skills Needed | Available through the nursing home? | Available through volunteers? | Available through partnerships? | Plan for filling the skills gap. |
|--------------------------------------|-------------------------------------|-------------------------------|---------------------------------|----------------------------------|
| Recreation therapy/activity planning | Yes/No | Yes/No | Yes/No | Hire an activity worker |
| | Yes/No | Yes/No | Yes/No | |
| | Yes/No | Yes/No | Yes/No | |
| | Yes/No | Yes/No | Yes/No | |

Implementation insights



Nursing homes have used creative approaches to overcome challenges in staff recruitment and retention. In addition to general staffing challenges in the healthcare and social sector, annual funding models limit nursing homes' ability to create permanent positions with benefits. Nursing homes have reviewed organizational procedures to enable permanent staffing positions and, when recruiting, promoted the key benefits of NHWW positions, which often offer greater autonomy and opportunities to be creative and flexible in the design and delivery of services.

Develop a staffing plan

While the make-up of the staff will depend on your services and available resources, some staff positions that NHWW programs have put in place include the following:

- Seniors navigator – Collaborates with older adults and care partners to assess their capacities and identify and access appropriate services within the NHWW and wider community to enable aging in place.
- Activity worker – Plans and delivers social, educational and recreational activities and events for older adults.
- Personal support worker – Assists with personal and hygiene care and other basic activities of daily living.
- Administrative assistant – Supports the administrative tasks of the NHWW such as responding to inquiries or completing reports.

NHWW staff come from a wide variety of backgrounds. The core characteristics to look for when hiring include staff that are:

23. relationship centric
24. approachable and friendly
25. respectful, inclusive and equitable
26. adaptable
27. open-minded
28. multidisciplinary
29. efficient
30. organized

Identify team members. Based on your analysis of the available skills and assets, identify the specific roles and individuals who will be responsible for planning, implementing, communicating and measuring your NHWW program.

Sample job descriptions for staff positions are found in [Appendix C](#).

Engage volunteers

Volunteers bring diverse skills, experiences and perspectives to the table, enriching the quality and scope of services offered. Involving community members through volunteerism is a way to engage the community and leverage assets.

Many are older adults themselves with valuable gifts and skills to share. Their dedication and passion often result in personalized and compassionate care, fostering meaningful connections and enhancing the overall well-being of older adults. By engaging volunteers, you can tap into valuable community resources, harnessing local knowledge and networks to create more inclusive and responsive services. Additionally, volunteering provides opportunities for building intergenerational support networks, social engagement and civic participation among older adults themselves, promoting a sense of purpose and belonging while combating social isolation.

Some of the volunteer positions that NHWW programs have used to support their operations include:

31. care partner support
32. drivers
33. friendly phone calls
34. support with odd jobs and minor repairs

Sample volunteer position descriptions and application documents are available in [Appendix D](#).

Implementation insights

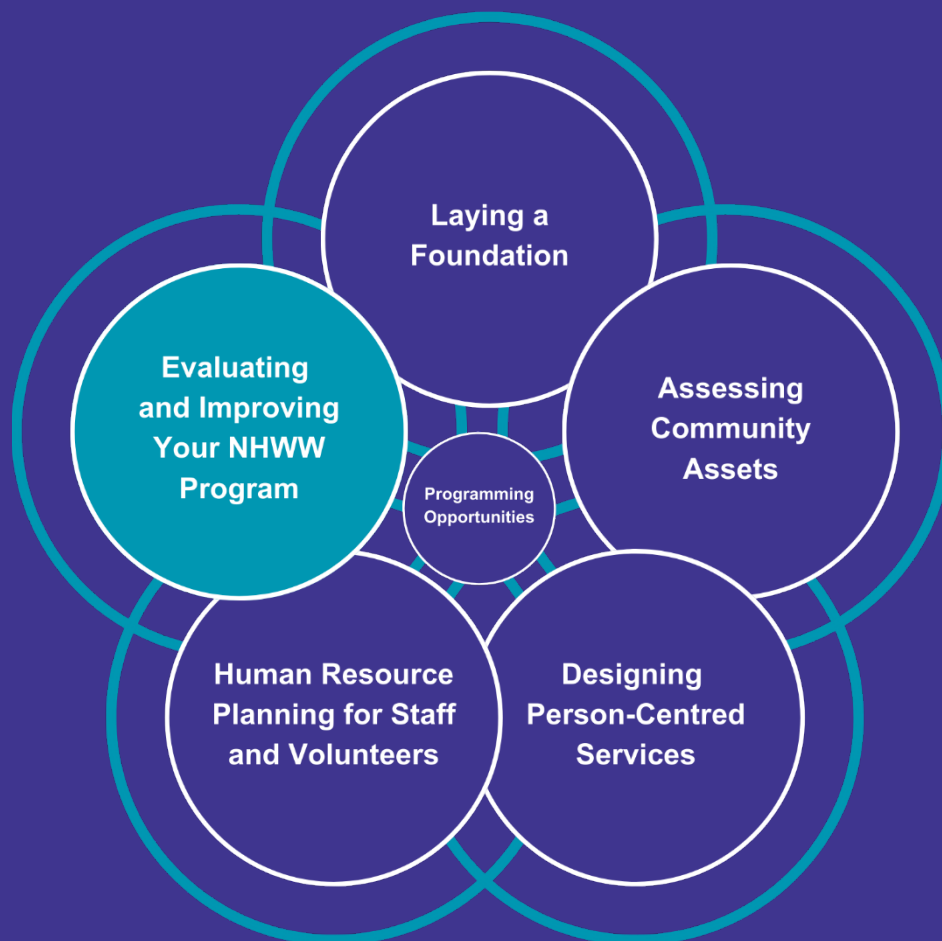


Alongside the core training offered by nursing homes, NHWW programs have offered staff development in supporting the unique cognitive and mental health concerns of older adults.

- Gentle Persuasion Approaches in Dementia Care to build skills in providing person-centred care for people living with dementia – ageinc.ca
- safeTALK to equip staff to be alert to people thinking of suicide and connecting them to help – suicideinfo.ca
- Mental Health First Aid to provide skills to support individuals navigating mental health crises or challenges – openingminds.org

Chapter 6

Evaluating and improving your NHWW program



Introduction

Considering how you will keep track of your NHWW program and how well it is doing to support aging in place is a key part of the planning process. Being curious about your services and exploring how well they are supporting older adults will enable your NHWW program to remain person-centred and responsive to new and changing needs.

Thinking about the aspects of the NHWW that you would like to learn about, and how you will measure and collect information about your services and the experiences of participants, will help you assess effectiveness and make informed decisions about how to continuously improve your services and the experiences of older adults. NHWW programs reported that having tools to track and learn about their program and adapting it in real-time was a key success factor.

For more in-depth information on approaches to quality improvement review HEC's [Foundations of Quality Improvement for Long-Term Care, Assisted Living and Retirement Homes](#).

Identify and collect data on process measures

Process measures help you identify whether things are going according to plan and demonstrate that you are doing the activities you believe will push forward the outcomes you desire for older adults and communities.

Document information about participants. Collect participant demographic and background information as well as information about participants' existing assets to support aging in place, and challenges they are experiencing that could be supported through your NHWW program. When this information is analyzed for all participants, it can inform decisions about priorities and adaptations that should be made to your services.

Identify and collect information on your services to assess how well the program is being implemented. This often includes the number and type of services provided and participants reached, in addition to measures that speak to the quality of your activities, such as participant satisfaction or efficient use of resources. See examples of process measures in **Table 5**.

Table 5: Process measures

| Process description What will be measured? | Measure How will they be measured? | Method How will you collect this information? |
|---|---|---|
| Delivery of services to reduce social isolation | Average number of social gatherings per week offered Number of participants attending social gatherings | Documentation and tracking of the number and type of social programs and number of participants engaged |
| Distribution of NHWW promotion materials | Number of brochures included with older adult prescriptions at local pharmacies Number of Facebook posts per month | Documentation and tracking of promotion activities |

| Process description What will be measured? | Measure How will they be measured? | Method How will you collect this information? |
|--|--|---|
| Participants expressed satisfaction with NHWW services | Stories and testimonials from participants about their involvement with NHWW program | Documentation of feedback received from participants at monthly phone check-ins Documentation of observations of participant reactions from staff and volunteers |

Identify and collect data on outcome measures

Identify and collect information on outcome measures to assess whether your NHWW program is achieving its intended outcomes. Outcomes are the changes you hope to see among the older adults, care partners and community that result from the services. Identifying and collecting information on participant outcomes is critical for assessing the effectiveness and impact of your NHWW program. It provides valuable insights into the direct benefit experienced by participants, supports evidence-based decision-making and can enhance accountability and sustainability.

Table 6 has pre-populated rows with the short-term outcomes expected of an NHWW program, and examples of how they can be measured to support learning and improvement.

Table 6: Outcome measures

| Outcome description What are the intended changes? | Measure How will the change be measured? | Method How will you collect this information? |
|---|---|---|
| Increased enrollment of older adults into NHWW | By the end of the year, older adults enrolled in NHWW will increase from 50 to 80 | Documentation and tracking of new enrollments |
| Increased access to health and social services to address the needs of older adults to age in place | Percentage of NHWW participants attending services appropriate to their needs will increase from 75% to 85% | Documentation and tracking of participant needs and participation in relevant services |
| Older adults have an increased belief that they can age in place | Percentage of NHWW participants that self-report increased belief that they can age in place longer | Participant survey at enrollment and measured monthly during phone check-ins to see changes over time |
| Older adults have an increased sense of community and purpose | Percentage of NHWW participants that self-report increased feelings that they are connected to their community | Participant survey at enrollment and measured monthly during phone check-ins to see changes over time |
| Increased community engagement and partnership development | Number of partner organizations supporting NHWW services and description of their contributions | Documentation and tracking of partnerships and number and type of contributions |
| Health, social and community workforce are more confident with older adult care in the community | Stories and testimonials from staff, volunteers and partners about the effect of the NHWW program on their capacity to support older adults | Documentation of observations of participant reactions from staff and volunteers |

Outcomes can be measured with quantifiable data like structured questions with rating scales and administrative data such as the number of services accessed. Outcomes can also be measured with qualitative information from stories and observations from participants and care partners as well as staff and volunteers. Collecting and analyzing information from both quantitative and qualitative data can help you identify trends and make informed decisions about program adjustments, and will help you create a meaningful impact story about how participants are experiencing your program, which can be leveraged in marketing materials to promote your site's offerings and attract new participants.

Appendix E includes the information that NHWW programs have routinely collected and analyzed as they implemented their services to help them learn, adapt and continuously improve their programs to achieve better outcomes for participants.

Establish practices to collect and analyze data

Having a structured approach for accurately documenting and analyzing the data you collect is essential for transforming the data into valuable information that can be used to evaluate, learn from and improve your NHWW program.

Identify and create data-collection tools. A variety of technologies are available for collecting and tracking program information that can support efficient documentation, reduce duplication and increase data integrity. Nursing homes may already have data-management tools that can be leveraged, or new data management systems can be procured and tailored to meet your specific needs. However, many NHWW programs started by setting up basic spreadsheets using MS Excel.

Collect and document information:

35. **During enrollment** – The enrollment process is usually the first interaction a potential participant will have with your NHWW program. It is essential to provide a warm welcome and collaborative approach to gathering the information needed to support the participant. Additionally, enrollment is a critical time to collect baseline data on quantifiable outcome measures, which will allow you to track the changes experienced by participants over time.
36. **During regular check-ins and informal interactions with participants** – NHWW programs typically offer regular phone or in-person check-ins with their participants. These check-ins and informal interactions offer the opportunity to identify any changes in a participant's situation that affect their capacity to age in place. They also are key opportunities to collect follow-up data on quantifiable outcome measures and document qualitative stories and observations about participants.

Analyze the data collected to inform improvements to your program. Once you have information about who is participating in your program, how they are participating and what the impact of their participation is, you can use it to make decisions about the services you offer and how they are managed. This tracking form puts the data (and power – data is power!) into your hands, allowing you to see what is happening in your program in real time so you can make informed decisions.

Have a look at the section “Using data for quality improvement” in **Chapter 7** for more information.

Implementation insights

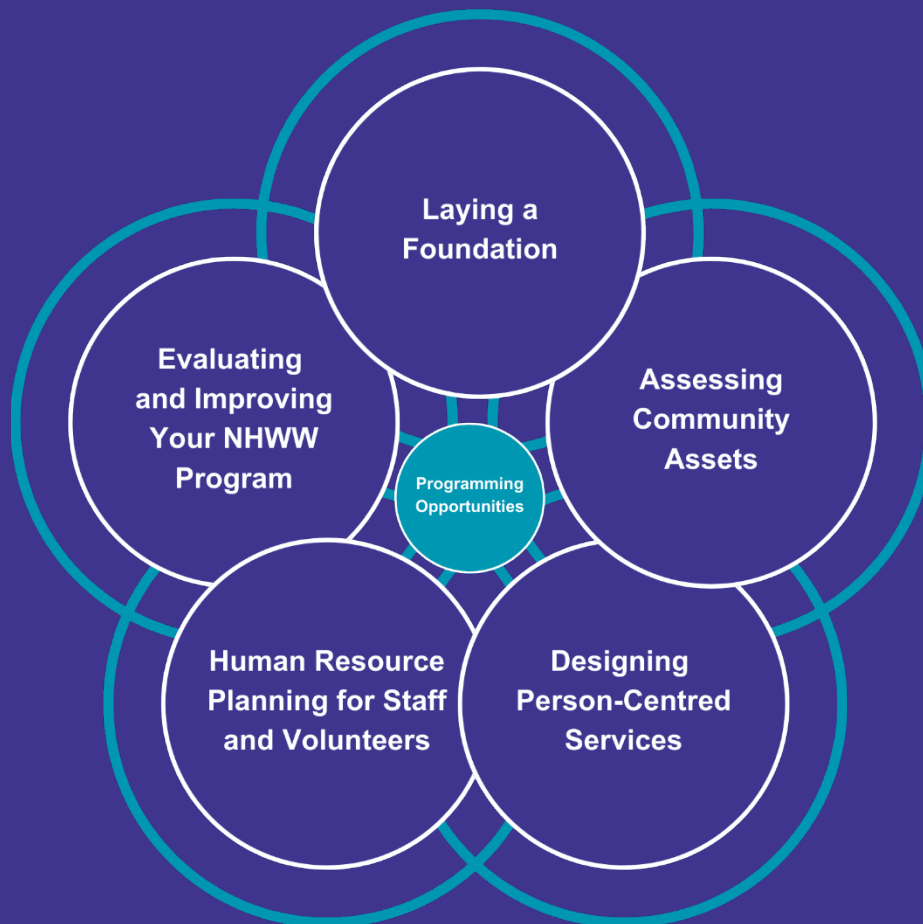


Collecting participant testimonials, stories and observations of how they experience programs is a valuable strategy for evaluating your services. NHWW programs have established processes to help gather this type of information. These include:

- Documenting stories of participant reactions, feedback and observed changes in participant files or charts.
- Having regular one-on-one meetings with staff and volunteers to share accomplishments, positive reactions and observations, as well as lessons learned.
- Reaching out directly to participants and caregivers and asking them to share experiences and suggestions for improvement.

Chapter 7

Programming opportunities



Share and mobilize knowledge

Seek out opportunities to share your NHWW program's accomplishments and lessons learned.

Knowledge sharing through your professional associations and with community organizations fosters a supportive network where organizations can learn from each other's experiences, successes and challenges, leading to improved service delivery and outcomes for older adults. By sharing best practices and innovative approaches, you and fellow organizations can collectively enhance the quality of care provided to older adults, ensuring they receive the holistic support they need to age comfortably and independently.

Establish a knowledge-sharing network with other NHWW programs in your region. Collaboration with other NHWW programs promotes efficiency by reducing duplication of efforts and resources, allowing your organization to maximize its impact within the constraints of your budget. Moreover, in the rapidly evolving landscape of healthcare and social services, continuous learning and adaptation are essential.

Collaboration facilitates the exchange of up-to-date information, research findings and policy insights, enabling your organization and others to stay informed and responsive to emerging needs and trends. Ultimately, by working together and sharing knowledge, community organizations can create a more resilient and integrated support system that empowers older adults to age in place in their homes and communities.

Creating a safe NHWW program

It is important to understand the limitations of current approaches, including recognizing that the absence of harm does not equate to the presence of safety. Unintended harm is a concern that extends beyond hospitals and affects all sectors of care. For example, a Canadian Patient Safety Institute study highlighted that 13% of homecare clients experienced unintended harm.¹

One way we can begin to think critically about safety is to begin by asking, "How safe is our care?" This question serves as a critical starting point for improving safety. Historically, there has been a strong focus on measuring harm, which has led to patient safety strategies primarily aimed at preventing harm through hierarchical approaches. While these strategies are essential, they alone are insufficient to drive substantial safety improvements. The traditional harm-focused, hierarchical approach has proven to be unbalanced and less effective in achieving safer healthcare outcomes.

Moreover, a sole focus on harm prevention can contribute to workforce challenges, such as feelings of discouragement, being overworked and lacking psychological safety. It is crucial to address these issues to improve overall safety and well-being.

When planning for safety consider the following recommendations:

- **Start small.** Begin with simple actions that can be integrated into daily routines. This

incremental approach can lead to meaningful improvements over time.

- **Ask critical questions.** To foster a culture of safety within your organization, consider asking colleagues questions like:
 - a. What does patient safety mean to you?
 - b. How is the presence of safety different from the absence of harm?
 - c. Tell me about anything that alarmed or worried you during your delivery of care.
 - d. Who do you speak to when you have a safety concern or compliment?
 - e. Is our care safe or are we just lucky?
 - f. How safe is our care?
 - g. What has made you feel unsafe at work (or since we last spoke)?
 - h. What do you need to make you feel safe to raise concerns about safety?
- **Engage participants and care partners.** Involve patients, residents, clients and their care partners in safety efforts by asking:
- Who would you speak to if you didn't feel safe?
 - What makes you feel safe?
 - Tell me about anything that alarmed or worried you in the past 24 hours.
 - What would make you feel safe?
 - What makes you feel unsafe?
 - What are your care preferences? For example, what matters to you?
 - What has made you feel unsafe since we last spoke?

By addressing these aspects, you can create a more balanced, effective and inclusive approach to enhancing safety across all care settings.

Diversity, equity and inclusion

Equity is defined as the “absence of unfair, avoidable or **remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).**”² **Health equity is created when everyone has a fair and just opportunity to reach their fullest health potential.**

Health equity should be discussed with careful thought, humility and an acknowledgement of its complexity. To understand health equity, we need to understand the root causes of health inequity.

Here are a few starting points for building an equity-oriented approach:

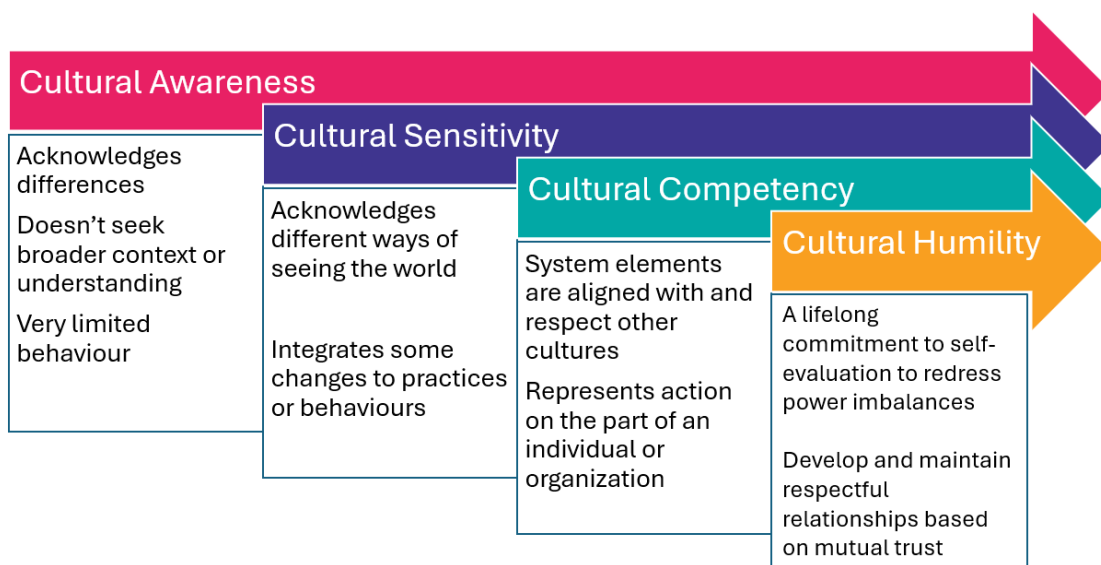
- Practice reflexivity by seeking to understand existing power dynamics and experiences of privilege.

- Be curious and respectful; ask questions, be open to learning, unlearning and re-learning, and be open to shift habits of mind.
- Take a trauma-informed approach by nurturing relationships with patients, clients, care partners, colleagues and communities, building trust and recognizing structures and systems of oppression.

Cultural safety

Cultural safety results from respectful engagement that acknowledges and seeks to address the power imbalances within the healthcare system. It is a dynamic, ever-evolving process that spans a continuum, including cultural competency, cultural awareness, cultural sensitivity, and cultural humility (see **Figure 3**). Importantly, safety is defined by the recipients of care, not the providers.³

Figure 3: Spectrum of cultural safety



See appendix F for accessible detailed description of Figure 3

To learn more about improving equity in health and social care, consider taking the [Equipping for Equity Online Modules from EQUIP Health Care](#). This training is designed to enhance the capacity of healthcare providers to provide equity-oriented care, particularly for disadvantaged populations.

Using data for quality improvement

As you design and implement your NHWW program, it is essential to ensure the quality and effectiveness of the data you collect. This is critical for making informed, data-driven decisions. Before diving into data interpretation, consider the following six dimensions of data quality, each of which is crucial for NHWW's success.

Dimensions of data quality

Accuracy

- Accuracy refers to the correctness of the data.
- Identify a primary source of data to minimize discrepancies. For example, ensure that all participant addresses are recorded using a standard intake form. Since postal codes are vital for evaluating NHWW outcomes, these must be accurate. Similarly, verify the accuracy of phone numbers if you plan to use them for follow-up calls.

Completeness

- Completeness assesses whether any data is missing or unusable.
- Ensure that all data records are as complete as possible to avoid biased or misleading analysis. Incomplete data can hinder your ability to make robust decisions and extrapolate meaningful insights.

Consistency

- Consistency examines whether information aligns across different environments.
- Verify that the list of services in your participation tracker matches the services reported in your quarterly reports. Consistency across documents and systems is vital for reliable data analysis.

Validity

- Validity refers to whether data conforms to a pre-determined format or standard.
- To streamline data analysis, ensure that data adheres to a specific, predetermined format. This helps avoid errors and saves time during analysis.

Uniqueness

- Uniqueness ensures that each participant has a distinct identifier.
- Assign a unique identifier to each participant to prevent data from being mistakenly attributed to the wrong individual. This is crucial for maintaining the integrity of your data.

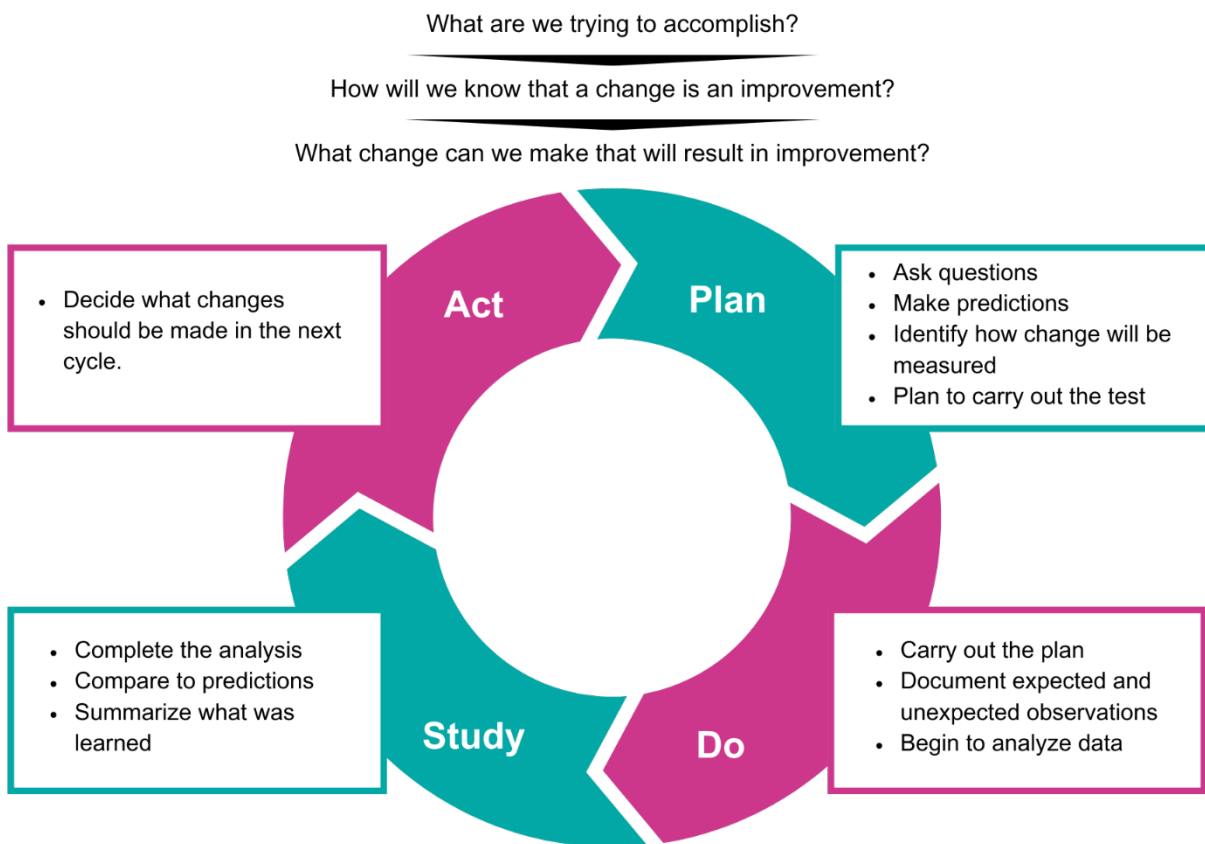
Fit for purpose

- Fit for purpose means the data is suitable for the intended context and use.
- Ensure that the data collected meets the needs of your program and is relevant to your goals. Data that is well-suited for its purpose enhances the quality and utility of your insights.

Quality improvement

Quality improvement (QI) is a systematic approach to enhancing processes and outcomes based on data. While it is important to note that NHWW is not a QI initiative, a well-functioning program should have components of QI embedded in it. The Plan Do Study Act (PDSA) Model in **Figure 4** is a cornerstone of this approach, offering a straightforward way to test your ideas for change and improvement.

Figure 4: PDSA model for quality improvement



[See appendix F](#) for accessible detailed description of Figure 4

Purpose of measurement in quality improvement

Data, or measurement, in QI is all about helping to distinguish what is really happening versus what we may think is happening. The purpose of QI is as follows:

- **Distinguishing reality from assumptions** – Measurement helps reveal the actual status of your processes, as opposed to what you might assume is happening.
- **Tracking progress** – It provides a baseline before implementing changes and helps evaluate the impact of those changes over time.
- **Focus on improvement, not judgment** – Measurement is intended to guide improvement rather than grade or manage performance. It supports a culture of continuous enhancement.
- **Not for research** – While not intended for academic research, measurement can highlight areas needing more extensive investigation or robust research.

Data and sustainability

Data is a powerful tool and can be used for more than just measurement and QI. This applies to both qualitative and quantitative data.

37. **Impact demonstration** – Data serves as a powerful tool to showcase the impact of your program. Utilize both quantitative (numerical) and qualitative (narrative) data to cater to different audiences and stakeholders.
- **Communications** – Use data in various formats such as annual reports, social media updates and media communications to promote your program and its successes.
 - **Funding and partnerships** – Demonstrating impact through data is crucial for securing sustained funding and attracting new partners. For example, the data collected in New Brunswick is generating interest from other provinces looking to adopt NHWW, thereby helping to expand the initiative.

By focusing on these aspects of data quality and improvement, you can ensure that your NHWW program is both effective and sustainable, leading to better outcomes for your participants and greater overall success.

¹ Canadian Patient Safety Institute. Safety at Home: A Pan-Canadian Home Care Safety Study [Internet]. 2013. Available from: www.healthcareexcellence.ca/media/j0bcljjo/safety-at-home-care-final-ua.pdf

² World Health Organization. Health Equity [Internet]. 2024. Available from: <https://www.who.int/health-topics/health-equity>

³ Indigenous Primary Health Care Council. The Cultural Safety Continuum [Internet]. Available from: https://iphcc.ca/post_resources/the-cultural-safety-continuum-en-fr/

Appendix A

Sample NHWW coordinator job description

NHWW coordinator

Roles and responsibilities

Support the development of and execute a community outreach program for the older population (60+) to meet the objectives of the project. The objectives are to do the following:

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

Support the evaluation of how social and built environments can foster healthy aging by creating and implementing evaluation tools and reports on initiatives carried out. Initiatives include:

- Provide services and support options for aging in place based on the premise [Insert relevant aging strategy].
- Develop programs that address social isolation.
- Provide health promotion opportunities.
- Provide a supportive community environment for seniors and their care partners.
- Disseminate information that supports the aging in place.
- Examine the capacity of community-level approaches to address health inequalities.
- Support interventions for aging in place.
- Build capacity of social contacts so that vulnerable seniors can safely remain at home.
- Provide opportunities for members of the community to collaborate with the nursing home to support seniors in their community.
- Contribute to determining best practices for aging in place by relying on infrastructures already present and available in most communities.
- Advocate for evidence-informed best practices.

Work within the following principles:

- Respect the contributions of seniors, their families and the community.
- Encourage seniors to take charge of their health through wellness and lifelong learning.
- Encourage independence and choices for seniors.
- Thrive on meaningful participation and developing partnerships.
- Enhance collaboration and developing an age-friendly community approach.
- Respect gender and equity.

Qualifications and education requirements

- Post-secondary education in such areas related to health and social services, social work, project management, business management, health and well-being studies related to the position, and/or experience in the field of aging and/or community development
- Good knowledge of aging, age-friendly communities and resources and issues relating to the older population.
- Thorough understanding of performance measurement and evaluation.
- Thorough understanding of project management.
- Excellent self-motivation and problem-solving skills.
- Excellent communication skills, both written and verbal, and the ability to build positive relations and collaborations.
- Ability to present information to individuals and groups.
- Experience in engaging people through assessments and/or group work is an asset
- Must provide a current criminal record and vulnerable sector check.

Appendix B

Sample promotional materials

Brochures

Nursing Home Without Walls

HELPING SENIORS AGE AT HOME

Losier Hall, a Shannex long term care nursing home, has partnered with the Government of New Brunswick, Université de Moncton, and Healthcare Excellence Canada to bring the Nursing Home Without Walls program to the Miramichi area. Nursing Home Without Walls connects seniors and their caregivers with support services that enable safe and comfortable living at home.



Shannex™



[See appendix F](#) for accessible detailed description of Figure 5

WE ARE HERE TO HELP PROVIDE
INFORMATION AND NAVIGATE
SERVICE OFFERINGS SUCH AS:

- In-home care services
- New Brunswick health services
- Transportation
- Meals-on-wheels
- Adult day programs
- In-home social visits
- Telephone check-ins
- Senior-focused community events



Shannex[™]

NHWWMiramichi@shannex.com
506-773-4214



See appendix F for accessible detailed description of Figure 6

Posters

Nursing Homes Without Walls

Helping Older Adults Stay at Home

Social Activities

We provide a variety of social activities like exercise classes, bingo, coffee group and more.



Home Support

We can help you access various home support services like homemakers, handymen, transportation, and check-in calls.



Information & Education

We provide tips on how to age well and support to stay in your home longer.



Provincial & Federal Programs

We can help you to access various programs including health plans, home repairs, and benefits.



Contact Us Today!

NHWWAdmin@lochlomondvilla.com
506-643-7175 EXT 6913

There are **NO FEES** for our services.
Plan for the future - to age in your home





See [appendix F](#) for accessible detailed description of Figure 7



Nursing Homes Without Walls - Port Elgin
Celebrating 5 Years and Counting
Helping Seniors 60+ to
AGE IN PLACE



Nursing Homes Without Walls

What: Nursing Homes Without Walls - Port Elgin will be celebrating our 5th Year Anniversary with an open house and BBQ.

When: Monday August 19, 2024, 1:00pm- 4:00pm

Where: In the Serenity Garden behind Westford Nursing Home - 57 West Main Street, Port Elgin

Free BBQ with hot dogs, salads, drinks, cake and more.

No Registration is Required: You can stop by anytime.

We would love to hear what NHWW means to you, and how we have helped you to remain at home and

AGE IN PLACE

[See appendix F](#) for accessible detailed description of Figure 8

Nursing Home Without Walls

Helping seniors live at home longer

Education & Information

We can help you learn about aging well and staying in your home for longer, with resources and guest speakers.

Home Support

We can help you access the support you need, and provide check-in calls.



Connecting You With Your Community

We can help you to link with other people in your area, at our social activities.



Provincial & Federal Programs

We can help you access various programs including health plans, home repairs and benefits.

Plan for your future, Age in your home.

There are no fees for our services.

Contact us today at 506-278-3197 or 506-245-3033 or rvmnhww@nb.aibn.com

To refer yourself or someone you care for, 60 years and over.



[See appendix F](#) for accessible detailed description of Figure 9

Call for volunteers



VOLUNTEERS NEEDED!

We are looking for motivated, compassionate, energetic people to help provide a number of services to seniors in the Saint John and Grand-Bay Westfield communities for a brand new project called Nursing Homes Without Walls!

If this sounds like you reach out using the info below to learn more!

To find out more contact:



(506) 643-7175 ext. 6913



NHWWAdmin@lochlomondvilla.com

[See appendix F](#) for accessible detailed description of Figure 10

Logo



Nursing Home | **Foyer de soins**
WITHOUT WALLS | **SANS MUR**

Appendix C

**Sample NHWW staff job
descriptions**

NHWW navigator

Roles and responsibilities

The primary role of the NHWW navigator is to assist with the establishment and oversee the day-to-day operations of the Nursing Home Without Walls (NHWW) at [insert nursing home name]. Duties include:

- Oversee the day-to-day operations of the NHWW and staff.
- Oversee the development and adaptation of all NHWW policies and procedures, as well as the adaptation and creation of any required forms.
- Creation of programs and services to be offered.
- Collaboration and partnerships with community organizations to offer support and education to the clients.
- Organize focus groups with stakeholders to learn more about needed programs and services for the community.
- Provide education opportunities and personal care to the clients.
- Maintain required documentation and prepare reports when required.
- Organize and share information about the program with the steering committee.
- Assist with the marketing of the program.
- Update the supervisor on a regular basis.
- Proper regard for confidential information.

Qualifications and education requirements

- Post-secondary education in such areas related to health and social services, social work, project management, business management, health and well-being studies related to the position, and/or experience in the field of aging and/or community development.
- Ability to oversee a team and to deal effectively with people in a tactful, informative manner.
- Adaptability and flexibility in coping with changing needs, terms and conditions.
- Ability to understand, interpret and effectively carry out both oral and written instructions in completing work assignments under a minimum of direction and supervision.
- Team player – ability to work well with others and function as a team member.
- Good previous work and attendance record.
- Computer skills.
- Knowledge of safe work practices.
- Physically able to perform all assigned duties.
- Must provide a current criminal record and vulnerable sector check.

Activity coordinator

The primary role of the activity coordinator is to assist with planning, organizing, developing and implementing activities for the NHWW participants at [insert nursing home name].

Roles and responsibilities

- Assist in the planning and implementation of a therapeutic recreation program.
- Motivate and inspire participants to achieve their full potential by engaging them in programs and activities of their interest and choice.
- Assist participants to and from activities.
- Foster and maintain community-linked partnerships.
- Communicate with the NHWW team, clients, volunteers and community partners regarding programs and events.
- Maintain neat and tidy work and storage areas.
- Complete required training by the nursing home within the first six months of hire.
- Proper regard for confidential information.
- Other miscellaneous tasks related to NHWW.

Qualifications and education requirements

- A university degree or diploma in therapeutic recreation, post-secondary completion of a certified course in recreation programming and coursework in gerontology/psychology are assets.
- Ability to communicate and relate to clients challenged by age or disability.
- Must be capable of working independently, with good organizational and planning skills.
- Basic computer skills (Microsoft Word, Excel & Publisher).
- Must be able to prepare reports as required.
- Team player – ability to work well with others and function as a team member.
- Ability to read, write and follow written/verbal instructions at a grade 12 level.
- Good previous work and attendance record.
- Physically able to perform all assigned duties.
- Knowledge of safe work practices.
- Must have a class 5 driver's license.
- Must provide a current criminal record and vulnerable sector check.

Administrative assistant

The primary role of the administrative assistant is to assist with the NHWW's day-to-day administrative responsibilities at [insert nursing home name].

Roles and responsibilities

- Answer and direct phone calls.
- Organize and maintain contact lists and any required forms from participants.
- Respond to inquiries and maintain schedules for the participants.
- Gather and dispose of garbage and tidy up workspaces.
- Assist with the set-up and taking down of rooms for programs.
- Document and monitor any required statistics for the program.
- Must be able to prepare reports as required.
- Assist with the marketing and promotion of the NHWW program.
- Provide NHWW drivers with a daily schedule.
- Proper regard for confidential information.

Qualifications

- Graduation from a recognized high school, vocational school or technical institute or GED with a certificate of successful completion.
- Ability to deal effectively with people in a tactful, informative manner.
- Adaptability and flexibility in coping with changing needs, terms and conditions.
- Ability to understand, interpret and effectively carry out both oral and written instructions in completing work assignments under minimal direction and supervision at grade 12 level or higher.
- Basic computer skills (Microsoft Word, Excel & Publisher).
- Team player – ability to work well with others and function as a team member.
- Ability to read, write and follow written/verbal instructions at grade 12 level or higher.
- Good previous work and attendance record.
- Knowledge of safe work practices.
- Physically able to perform all assigned duties.
- Must provide a current criminal record and vulnerable sector check.

NHWW driver

Roles and responsibilities

- Driving participants from their homes to events and appointments at [insert community].
- Assisting participants into and out of the vehicle if necessary.
- Ensure all road rules are followed.
- Follow safe driving rules.
- Engage the participants while using the transportation services.
- Communicate with the NHWW administrative assistant to plan and schedule transportation with participants in [insert community].
- Proper regard for confidential information.
- Complete required training by the nursing home within six months of being hired.
- Other miscellaneous tasks related to NHWW.

Qualifications and education requirements

- Graduation from a recognized high school, vocational school or technical institute or GED with a certificate of successful completion.
- Ability to deal effectively with people in a tactful, informative manner.
- Adaptability and flexibility in coping with changing needs, terms and conditions.
- Ability to understand, interpret and effectively execute both oral and written instructions to complete work assignments under minimal direction and supervision.
- Team player – ability to work well with others and function as a team member.
- Ability to read, write and follow written/verbal instructions at a grade 12 level.
- Experience in driving clients; asset if worked with the senior population.
- Have a good driving knowledge of routes in and around [insert community].
- Good previous work and attendance record.
- Must be able to lift 10 lbs.
- Physically able to perform all assigned duties.
- Must have a class 5 driver's license with no restrictions and be prepared to take a driving course in a higher class of license.
- Must provide a current criminal record and vulnerable sector check.

Appendix D

Sample volunteer position descriptions and application forms

Care partner support volunteer

Roles and responsibilities

- To connect with older people living in the community and to act as a volunteer in the care partner support program.
- This program is designed to support care partners in our area to ensure that they have some time each week to take care of themselves. Each senior and care partner who enrolls in the program will be assigned one volunteer buddy who will visit for a period of up to 3 hours once a week. During this time, the care partners run some errands, get to doctors' appointments, visit with friends, or do whatever they need to help take care of themselves so that they can better take care of their loved ones.

Qualifications

- Knowledge of issues facing seniors today, such as isolation, fraud scams and safety at home.
- Must sign an oath of confidentiality. Our volunteers must be reliable and not share any conversations with anyone other than the NHWW staff and [insert nursing home].
- Ability to communicate using email and view NHWW program Facebook to relay information on available services and future activities.
- Each volunteer will need to provide a vulnerable sector police check and references.

Volunteer transportation driver

Roles and responsibilities

- To provide free transportation to vulnerable low-income seniors to and from medical and legal appointments. This volunteer position requires the driver to pick seniors up at their homes and transport them safely to their appointments. The volunteer transportation driver must also wait while the senior is in their appointment and then return them safely to their home.

Qualifications

- Knowledge of issues facing seniors today, such as isolation, fraud scams and safety at home.
- Must sign an oath of confidentiality. Our volunteer transportation driver must be reliable and not share any conversations with anyone other than NHWW staff and [applicable nursing home].
- Ability to communicate using email and view and edit NHWW program Google calendar.
- Must be able to provide a clear driver abstract, vulnerable sector police clearance, as well as taking out an extra \$2 million liability insurance.

Odd jobs and minor repairs volunteer

Roles and responsibilities

- This program is designed to give volunteer support to seniors who are living in their own homes and find it difficult to complete odd jobs and minor home repairs.

Qualifications

- Knowledge of issues facing seniors today, such as isolation, fraud scams and safety at home.
- Must sign an oath of confidentiality. Our volunteers must be reliable and not share any conversations with anyone other than NHWW staff and [insert nursing home].
- Ability to communicate using email and view and edit NHWW program Google calendar.
- Must be able to provide a clear driver abstract, vulnerable sector police clearance, as well as take out an extra \$2 million liability insurance.

Volunteer driver agreement

BETWEEN
Nursing Home Without Walls (represented by)
[Staff Name]
AND
[Driver Name]

Summary of Agreement

The driver is responsible for using his/her car to transport [insert community] clients. Drivers receive reimbursement for mileage at [insert rate] per kilometre plus [insert amount] per hour. After reimbursement forms are submitted, payments will be made monthly.

38. I have informed my insurance company of my situation as a driver and submitted a certificate. I agree to keep personal liability insurance and insurance against property damage of at least two million dollars (\$2,000,000).
1. I promise to keep the vehicle I use in good condition.
2. I intend to check road conditions before each trip and contact the coordinator/dispatcher if I have any doubts due to road conditions or other factors.
39. I agree to notify the seniors navigator/seniors navigator assistant of any situation that could affect my ability to drive.
3. I will make sure that all passengers wear their seat belts.
40. I agree to follow the rules of the road as shown in the [insert jurisdiction driving regulations] and will pay for any traffic violations.
4. I agree to park only in designated parking areas. Parking tickets must be paid by the driver.
41. I intend to immediately inform the seniors navigator/seniors navigator assistant of any breach of traffic regulations, any accident, any infraction of traffic laws, and any convictions related to violence, weapons, drugs, or alcohol.
42. I agree to maintain the confidentiality of client information.
43. I intend to have a positive, courteous, and professional attitude with regard to clients and the community.
44. I know that if I do not comply with the policies and procedures of NHWW, if NHWW determines that I pose a risk to vulnerable clients, or if my skills are not maintained, the agency may immediately terminate my voluntary participation.
5. I understand that this agreement is based on driver participation and does not constitute an offer of full-time employment or eligibility for employee benefits.
6. I have read and understood this agreement.

| | | |
|------------------|------------|-------|
| _____ | _____ | _____ |
| Driver Signature | Print Name | Date |
| _____ | _____ | _____ |
| NHWW Signature | Print Name | Date |

General volunteer application form*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Please provide your contact information.

First and Last name

Address (street number, street name, city, province, postal code)

Primary Phone:

Alternate Phone:

Email:

Contact Preference:

Phone

Email

Describe your previous volunteer experience.

What is your occupation (past occupation if retired)?

Please provide other information (such as education, general interests, and hobbies) that will help us make a good match.

Please check all of the times you are available to volunteer.

Mornings

Evening (Mon-Fri)

Weekends

One time only

Afternoons

As needed

Once a week

Other

Are you available to volunteer at more than one event or project?

Yes

No

Do you have a valid driver's license?

Yes

No

If you have a driver's license, please provide the following information.

License Number:

Insurance Company:

Vehicle License Plate Number:

Policy Number:

Have you ever been convicted of a violation of any laws, traffic or otherwise?

No

Yes, please explain

Do you have any physical conditions that may limit your activities?

No

Yes, please explain

Appendix E

Participant tracking information

Volunteer driver application form*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Please provide your contact information.

First and Last name

Address (street number, street name, city, province, postal code)

Primary Phone:

Alternate Phone:

Email:

Contact Preference:

Phone

Email

What is your preferred method of communication?

Oral:

English

French

Written:

English

French

Please check all of the times you are available to volunteer.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you willing to be included on our short-notice list?

Yes

No

If you have a driver's license, please provide the following information.

License Number:

Vehicle Make and Year:

Vehicle License Plate Number:

What is the maximum number of people you can transport?

Are you comfortable assisting people with mobility issues?

Yes

No

My proof of automobile insurance is attached

Yes

No

Emergency contact information

First and Last name

Primary Phone:

Alternate Phone:

Email:

Participant profile information*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Participant contact

First and Last name

Address (street number, street name, city, province, postal code)

Primary Phone:

Alternate Phone:

Email:

Contact Preference:

Phone

Email

Language spoken

English

French

Bilingual

Other, specify:

Substitute decision maker

No

Yes, specify:

Emergency contact

First and Last name

Address (street number, street name, city, province, postal code)

Primary Phone:

Alternate Phone:

Email:

Relationship to participant:

Demographic Information

Date of birth

Gender

Male

Female

Gender diverse

Prefer not to disclose

No response

Marital status

Single

Common-law

Married

Separated

Divorce

Widowed

Will married/common-law, partner participate as well?

Yes

No

Does the older adult live alone?

Yes

No, specify who lives in the home:

Current living situation

Own home

Rent home

Live with family

Unhoused

Participant profile information*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Health information

Primary care provider (GP/NP)

No

Yes, specify:

Social worker

No

Yes, specify:

Describe medical concerns

How would you rate your overall physical health?

Excellent

Very good

Good

Fair

Poor

How would you rate your overall mental health?

Excellent

Very good

Good

Fair

Poor

Financial information

Income source

Employment

CPP

Private
pension

OAS/GIS

Other, specify:

Total yearly income

Under \$25,000

\$25,000–\$44,999

\$45,000–\$89,999

\$90,000+

Do you feel you are financially able to take care of yourself/your home?

Yes

No

List current services that are being received (e.g. food bank, emergency fuel benefit, etc.).

Referral information

Referral source

Self

Care partner

Social services worker, specify:

Other, specify:

Healthcare provider, specify:

Describe reasons for NHWW referral

Observations/concerns

Action plan

Participant engagement information*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Services

Service #1 name

Location

Participation dates

Service #2 name

Location

Participation dates

Participant outcome information*

*Sites should customize all forms and the information that is collected based on the site's needs and the individuals you serve. Only collect data necessary for service delivery and comply with applicable privacy and data protection laws.

Information

At this time, how long do you believe that you can stay in your home?

Less than a year

1–2 years

3–4 year

5+ years

What would you need to stay at home longer?

On a scale of 1 to 10, how connected do you feel to your community?

1

2

3

4

5

6

7

8

9

10

How often do you leave your home for social events?

Rarely

Sometimes

Often

Ever day

How would you rate your overall physical health?

Excellent

Very good

Good

Fair

Poor

How would you rate your overall mental health?

Excellent

Very good

Good

Fair

Poor

Do you think that participating in NHWW services is helping you to stay living in your home?

Yes

No

How do NHWW services help you?

Can you turn to NHWW when:

You need information or support

Yes No

You feel lonely

Yes No

You feel anxious

Yes No

Your loved one/care partner needs support

Yes No

Appendix F

Accessible long descriptions

Accessible long descriptions for figures

Figure 1 long description:

A graphic of a circle labelled "Programming Opportunities" surrounded by five circles with overlapping edges. The circles are labelled:

"Laying a Foundation"

"Assessing Community Assets"

"Designing Person-Centered Services"

"Human Resource Planning for Staff and Volunteers"

"Evaluating and Improving Your NHWW Program"

Figure 2 long description:

A circular infographic with a puzzle-piece design, illustrating a framework called "Fit for Purpose." The central theme is surrounded by five interconnected segments, each representing a key principle. The sections are colour-coded and contain a short description of each concept.

Lead (yellow Section): "We look to older adults for leadership and guidance."

Inform (pink Section): "We keep older adults informed."

Consult (teal Section): "We listen intently to the perspectives of older adults."

Involve (orange Section): "We work directly with older adults to embed their insights and perspectives."

Collaborate (purple Section): "We partner with older adults and share decision-making."

Figure 3 long description:

An infographic demonstrating the spectrum of cultural safety. It progresses through four stages from left to right: Cultural Awareness, Cultural Sensitivity, Cultural Competency, and Cultural Humility.

Cultural Awareness: Described as acknowledging differences without seeking broader context or understanding; involves very limited behavior.

Cultural Sensitivity: Acknowledges different ways of seeing the world and integrates some changes to practices or behaviors.

Cultural Competency: Describes system elements being aligned with and respectful of other cultures; represents action by individuals or organizations.

Cultural Humility: Emphasizes a lifelong commitment to self-evaluation to redress power imbalances, along with developing and maintaining respectful relationships based on mutual trust.

The stages are visually represented with overlapping coloured arrows that guide the progression.

Figure 4 long description:

The image is a circular diagram with four interconnected sections, each representing a stage in the PDSA model for quality improvement. The sections are colour-coded and contain corresponding text descriptions. The diagram is titled with guiding questions at the top.

Guiding questions:

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Plan:

- 45. Ask questions
- 46. Make predictions
- 47. Identify how change will be measured
- 48. Plan to carry out the test

Do:

- 49. Carry out the plan
- 50. Document expected and unexpected observations
- 51. Begin to analyze data

Study:

- 52. Complete the analysis
- 53. Compare to predictions
- 54. Summarize what was learned

Act:

- 55. Decide what changes should be made in the next cycle

Figure 5 long description:

Nursing Home Without Walls

Helping Seniors Age At Home

Losier Hall, a Shannex long term care nursing home, has partnered with the Government of New Brunswick, Universite de Moncton, and Healthcare Excellence Canada to bring the Nursing Home Without Walls program to the Miramichi area. Nursing Home Without Walls connects seniors and their caregivers with support services that enable safe and comfortable living at home.

Figure 6 long description:

We are here to help provide information and navigate service offerings such as:

- In-home care services
- New Brunswick health services
- Transportation
- Meals-on-wheels
- Adult day programs
- In-home social visits
- Telephone check-ins
- Senior-focused community events

NHWWMiramichi@shannex.com

506-773-4214

Figure 7 long description:

Nursing Homes Without Walls

Helping Older Adults Stay At Home

Social Activities: We provide a variety of social activities like exercise classes, bingo, coffee group and more.

Home Support: We can help you access various home support services like homemakers, handymen, transportation, and check-in calls.

Information & Education: We provide tips on how to age well and support to stay in your home longer.

Provincial & Federal Programs: We can help you access various programs including health plans, home repairs and benefits.

Contact Us Today!

NHWWAdmin@lochlomondvilla.com

506-643-7175 EXT 6913

Figure 8 long description:

Nursing Homes Without Walls – Port Elgin

Celebrating 5 Years and Counting

Helping Seniors 60+ to

AGE IN PLACE

What: Nursing Homes Without Walls – Port Elgin will be celebrating our 5th Year Anniversary with an open house and BBQ.

When: Monday August 19, 2024, 1:00pm-4:00pm

Where: In the Serenity Garden behind Westford Nursing Home – 57 West Main Street, Port Elgin

Free BBQ with hot dogs, salads, drinks, cake and more.

No Registration is Required: You can stop by anytime. We would love to hear what NHWW means to you, and how we have helped you to remain at home and AGE IN PLACE

Figure 9 long description:

Nursing Home Without Walls

Helping seniors live at home longer

Education & Information: We can help you learn about aging well and staying in your home for longer, with resources and guest speakers.

Home Support: We can help you access the support you need, and provide check-in calls.

Connecting You With Your Community: We can help you to link with other people in your area, at our social activities.

Provincial & Federal Programs: We can help you access various programs including health plans, home repairs and benefits.

Plan for your future, Age in your home. There are no fees our services.

Contact us today at 506-278-3197 or 506-245-3033 or rvmnhww@nb.aibn.com

To refer yourself or someone you care for, 60 years and over.

Figure 10 long description:

Volunteers Needed!

We are looking for motivated, compassionate, energetic people to help provide a number of services to seniors in the Saint John and Grand-Bay Westfield Communities for a brand new project called Nursing Homes Without Walls!

If this sounds like you reach out using the info below to learn more!

To find out more contact: 506-643-7175 ext. 6193

NHWWAdmin@lochlomondvilla.com