

# North East Local Health Integration Network

## Alternate Level of Care (ALC) Action Plan 2007/08 to 2010/11

### Progress Report – September 2008

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#### **BACKGROUND**

ALC is defined as patient care provided in an acute care setting that could appropriately be delivered in an alternate setting, such as home care, long term care, rehab etc. The measurement is usually expressed as a per cent of patients (beds) at a specific point in time, or total hospital days over a period of time (e.g. fiscal quarter). Both methods of measurement are used in the North East LHIN.

#### ALC as a percent of patients (beds)

The NE LHIN ALC Action Plan was adopted by the Board in December 2007. The plan states that from the then current baseline (estimated at 30%), the goal is to reduce the ALC ratio of hospital beds by 25% year after year for the next 3 fiscal years to reach the current 90<sup>th</sup> percentile provincially:

- ALC Target for Year 2008/09: 22%
- ALC Target for Year 2009/10: 17%
- ALC Target for Year 2010/11: 13%

#### ALC as a percent of total days

ALC measured as the percent of total patient days is used by the LHIN and MOHLTC as an accountability agreement (MLAA) performance indicator. The LHINs and MOHLTC monitor this indicator regularly, based on targets and performance corridors.

- The annual rate for fiscal 2007/08 was 21.14% when measuring ALC as a percent of total days in North East LHIN institutions.
- According to Schedule 10 of the latest signed MLAA, the 2008/09 target for ALC days in the NE LHIN is 21.00%.

In order to achieve these targets, the NE LHIN committed to addressing the ALC issue through strategies which focus on both resource/capacity issues and on improvements in the processes of care delivery:

#### Resource/Capacity Strategies

1. Improved health programs for seniors at home.
2. Prevention of senior hospital admissions in hospital emergency departments.

3. Accelerated senior discharge after completion of hospital acute episode.
4. Optimal configuration of community-based residential options and appropriate programs within those settings.

Improvements in Processes of Care Delivery

5. Improved hospital performance related to seniors.
6. Improved health system performance.

**ALC TARGET – TRACKING THE PROGRESS MADE TO DATE**

ALC as a percent of patients (beds)

According to the OHA’s latest figures for September 2008, the ALC rate in the NE LHIN dropped 3 percentage points to 27%. This represents a 10% reduction from the December 2007 baseline of 30%.

ALC as a percent of total days

For the quarter ending March 2008 (latest data available to the NE LHIN), the percentage of ALC patient days in the NE was 23.23%. This value is higher than the starting point of 21.20, however, it is within the performance corridor of 19.04 to 23.27%. Nevertheless, this rate requires that the LHIN and MOHLTC monitor the situation.

Across Ontario, the percent ALC days for the fourth quarter of fiscal 2007/08 ranged from a low of 10.48% (Toronto Central) to a high of 23.23% (North East). The overall provincial rate was 15.14% in that quarter. These values are subject to change as hospital data submissions are updated.

**FUNDING THE ALC CHALLENGE**

The NE LHIN has utilized three sources of funding to address the ALC challenge since the publication of its Action Plan in December 2007: Urgent Priorities Fund, NE LHIN Internal Reallocations, and the Aging at Home Strategy funding envelope. These expenditures have been made available to health service providers on both a one-time and ongoing (base) funding basis. The following table provides an overview of the funding amount, source, and fiscal year in which it was flowed. Detailed breakdowns of these funds can be found in the Appendix.

Fiscal Year	Funding Source	Funding	
		One-time	Base
2007/08	Urgent	0.88M	
	Reallocations	0.27M	
	Improving Access to Community Based	1.46M	

	Care (\$13.7 M)		
	EDAP Community Capacity		0.23M
<b>Total</b>		2.61M	
2008/09	Aging at Home		4.3M
	NECCAC – Enhanced Case Managers for EDs		\$0.46M
	NECCAC – Increased service maximums		\$1.21M
	Urgent Funding	\$2.05M	\$0.27M
<b>Total</b>		\$2.05M	\$6.24M

## PROGRESS ON STRATEGIES

### Resource/Capacity Strategies

#### 1. Improved health programs for seniors at home:

Aging at Home year 1 funding has gone directly towards numerous programs to be enhanced/established aimed at improving programs for seniors at home.

#### 2. Prevention of senior hospital admissions in hospital emergency departments:

Aging at Home year 1 funding was used to establish ISAR (Identification of Seniors at Risk) which is a standardized screening process, used by a health care professional to help identify seniors-at-risk who visit a hospital through a hospital's emergency department (ER). The aim of the ISAR screening program is to identify seniors at risk of functional decline so that community and home supports can be offered sooner, thereby slowing down the rate of decline.

#### 3. Accelerated senior discharge after completion of hospital acute episode:

One-time funds were made available to Timmins and District Hospital for Wrap Around services in order to relieve ALC pressures at TADH and reduce ALC Patient Days by increasing access to home and community supports for ALC patients. Wrap Around Services are used to facilitate discharge of existing ALC patients and/or prevent the admission to hospital of potential ALC patients presenting to the Emergency department or residing in the community. The implementation of this service has had a positive impact on the ALC pressures in Timmins. Occupancy pressures have continued to decrease slightly and the number of ALC patients has decreased steadily to 32 as of September 2008.

4. Optimal configuration of community-based residential options and appropriate programs within those settings:

In the ALC Action Plan, the NE LHIN committed to build on the work of the ALC Task Forces, by undertaking further analytical investigation to identify the right mix and distribution of community-based residential options (e.g. long-term care home beds, convalescent care, hospice, supportive housing, etc.). The Seniors' Housing Study is underway and due for completion November 2008.

#### Improvements in Processes of Care Delivery

5. Improved hospital performance related to seniors.

The FLO Collaborative, supported by the NE LHIN, is currently underway and scheduled to conclude in early 2009. The aim of this collaborative is to improve patient transitions from acute care hospitals to subsequent care destinations for all patients, including those designated as ALC. The NE LHIN will partner with other FLO stakeholders to disseminate the findings of the collaborative across the NE LHIN region later this year as information becomes available.

6. Improved health system performance.

The NE LHIN has introduced the concept of *rapid cycle continuous quality improvement* in hospital accountability agreements. While the focus is on patients who are being seen in the emergency department and who could have seen elsewhere, the PDSA (Plan, Do, Study, Act) approach is meant to cascade out to other parts of the health care system. The Region's 25 hospitals will continue to use the NE LHIN Community Coordination and Process Improvement Framework to guide their work in this area.

### **ON-GOING NE LHIN INITIATIVES TO SUPPORT ALC REDUCTION**

The NE LHIN recognizes the ALC issue as one of the key challenges facing our health care system in North Eastern Ontario. As noted in the December, 2007 ALC Report, there is no one single solution to the problem. The NE LHIN will continue to focus its current initiatives and strategies on addressing this problem. Four of these on-going initiatives are listed below.

#### Aging at Home

- Year 1 funding provided approximately \$4 million into the community. These resources, however, did not become operational until late summer 2008. The impact of this investment will be realized as health service providers implement their programs in the coming months and are able to track progress.
- Planning and the determining the allocation of Year 2 funding of approximately \$6 million is underway. Funding will flow to programs across the NE LHIN in summer, 2009.

- Year 2 funding will be aimed at establishing integrated models of care that will have a direct/immediate impact on the ALC client group – examples of the type of programs that may be considered for funding include: Home at Last, GEM Nurses, Transitional care teams and beds etc.

### ALC Working Groups

- NE LHIN ALC Working Groups continue to meet to monitor the ALC situation and to implement the recommendations contained within the NE LHIN ALC report.

### LHIN Seniors' Housing Study

- The predictive model for future seniors housing capacity has been developed and will be applied against CCAC placement information and custom order Statistics Canada Census information. Draft results should be available in early October, 2008. Initial consultation across the North East that took place in May and June 2008 will be repeated in order to get feedback on the results prior to them being finalized and submitted to the NE LHIN board.

### NE LHIN Integration Strategy

- The Integration Strategy outlines the NE LHIN objectives with respect to integration of the health care system in NE Ontario. As the newest instrument to help improve both improved patient care and the sustainability of the NE LHIN health care system, the Integration Strategy will be applied against the ALC challenge within the region. The NE LHIN will aggressively be looking for integration proposals and strategies that demonstrate a positive impact on the ratio of ALC patients across the NE LHIN.

## **CONCLUSION**

ALC continues to be both a priority and a challenge for all partners in the NE LHIN health care system. While the issue of high ratios of ALC patients in acute care hospital beds is evident in hospitals right across the province, the NE LHIN continues to have the unenviable position of the highest ratio. In direct relation to this, the NE LHIN also has the second highest proportion of seniors age 65 plus (16.5%).

Since the NE LHIN received its full funding authority in April, 2007, it has aggressively tackled the ALC challenge. In December, 2007, the ALC Action Plan and comprehensive ALC Report outlined more than 74 strategies to tackle ALC while articulating aggressive self-imposed targets to combat ALC. Structures have been established since then to review and implement the strategies.

According to the Ontario Hospital Association (OHA) measurement of ALC (*patients*), the ratio of ALC patients has decreased from 30% to 27%, since the NE LHIN targets were imposed in December 2007. This represents a 10% reduction from the December baseline. According to the Ministry-LHIN Accountability Agreement (MLAA) which articulates the measurement of ALC in *patient days*, the percent of ALC patient days has increased since December 2007; from 21.2% to 23.3%, an increase which requires a continued close monitoring of the situation.

A cursory look at each of these two sets of data reveals an ongoing additional challenge with ALC – statistics fluctuate constantly and are subject to analysis based on the terms in which they are measured. As the NE LHIN and its health care partners continue to refine the ways and means in which they monitor the ALC situation in the North East, a more standard and accurate analysis of ALC will be made possible.

The NE LHIN will continue to monitor and aggressively pursue the decrease of ALC patients in hospital beds and will use the rate of measurement outlined in its MLAA. Since, December, 2007, the NE LHIN has applied all its sources of new funding to the ALC issue, which to date has totaled, approximately \$9.6 million in onetime and base funding. New funding envelopes will continued to be applied to the ALC priority and in fact, a call for proposals for the dispersement of \$6 million in Aging at Home Funding in the summer of 2009 is already underway. Additional efforts which are being applied to the ALC challenge include a soon-to-conclude Senior's Housing Study, the Flo Collaborative and the impending NE LHIN Integration Strategy.

Through these ongoing efforts, the NE LHIN has and will continue to work towards the resolve of ALC, in collaboration with its health system partners.

It must be emphasized that while funds have been earmarked for ALC since December, 2007, the majority of the funds (\$8.3 million) will only be received by health service providers across the region in Sept/Oct 2008. As such, it is clear that the net results of the NE LHIN efforts cannot yet be adequately measured. Although there are some early tell tale signs of successes to come – such as the positive impact of the implementation of the ISAR tool and the ALC Wrap Around services to relieve ALC pressures at the Timmins and District hospital, the larger, more regional picture cannot be painted for some time yet when the full benefits of NE LHIN and health partner efforts can be visible.. As such, the NE LHIN is committed to provide an ALC status report in March, 2009 and identify the progress being made with the pursuit of ALC targets.

The impending NE LHIN Integration Strategy which is an integral instrument to assist the NE LHIN in effectively tackling the complex issues like ALC that are having a profound impact on the quality of care provided to individuals across our region, is timely. It is envisioned that the implementation of the Strategy across all levels of health care in the NE LHIN will help to yield more positive results with the complex ALC issue.

## APPENDIX 1

### ALC RELATED PROJECTS FUNDED THROUGH URGENT PRIORITY FUNDING - NORTH EAST LHIN 2007/08

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2007/2008 ONE TIME FUNDING
Assisted Living Services	Wasauksing First Nation	Funding will be used to purchase wheelchairs and pendant security systems for elders who are frail and living at home	\$3,000
Transportation Services	CMHA Cochrane Timiskaming (paymaster)	Funding provided to develop and implement a plan for increased transportation services for the elderly and physically challenged through the coordination of existing transportation mediums.	\$15,000
Identifying Seniors-at-Risk	HRSRH, TDH, NBGH, SAH	The <i>Identification of Seniors-at-Risk Screening Tool (ISAR)</i> helps to identify seniors-at-risk who enter a hospital's emergency department. Seniors are assessed to determine if they can be returned to their home with a suitable level of home support to maintain their independence.	\$85,000
Caregiver Support	Alzheimer Society, Manitoulin Sudbury Branch and	Support and counselling will be provided to individuals and family caregivers who are looking after seniors suffering from Alzheimer's disease and related dementia. This funding allows for 635 hours of direct counselling services to 550 caregivers.	\$18,213
Activities of Daily Living	Canadian Red Cross Sudbury Branch	This new program will help the Canadian Red Cross, Sudbury Branch to identify seniors-at-risk who would benefit from community-based services provided to them in the comfort of their own homes. These services will help to keep seniors in their homes as long as possible, thereby avoiding the possibility of ending up in a hospital or long-term care home. Services such as housecleaning, snow shovelling, grass cutting yard maintenance, help with preparing meals, and others will be provided to seniors, at no charge.	\$144,000
ALC	CMHA Cochrane Timiskaming (paymaster)	Funding provided to relieve ALC pressures at Timmins and District Hospital and reduce ALC Patient Days.	\$35,000

<b>NAME OF PROJECT</b>	<b>HEALTH SERVICE PROVIDER</b>	<b>PROJECT DESCRIPTION</b>	<b>2007/2008 ONE TIME FUNDING</b>
<b>Homemaking and Personal Support</b>	Sudbury Finnish Rest Home Society Inc.	Close to 3,000 additional hours of homemaking and personal care services will be provided to existing clients. Homemaking and personal care services could include: help with personal hygiene, bathing, toileting, preparing meals, etc.	\$30,273
<b>Homemaking and Personal Support</b>	Ukrainian Senior Citizen Club of Sudbury	Funding will allow this existing program to continue with dedicated staff support. Homemaking and personal care services could include: help with personal hygiene, bathing, toileting, preparing meals, etc.	\$23,959
<b>Homemaking and Personal Support</b>	VON-Ontario Branch Greater Sudbury Site	This funding will allow more hours of caregiver relief in the home, and more spaces within the VON's Adult Day Program for families and caregivers of dementia clients.	\$11,787
<b>Homemaking and Personal Support</b>	VON-Ontario Branch Greater Sudbury Site	This funding will allow for an additional 2400 hours of homemaking and personal support for another 30 seniors who are living in supportive housing buildings.	\$18,768
<b>Supportive Housing for Seniors</b>	Timiskaming Home Support (Soutien à Domicile)	A new service, Supportive Housing for the Frail Elderly, is expected to begin implementation in the new fiscal year. A core component of that service is the provision of 24-hour on-call assistance. In order to enable this to take place, we contract with Lifeline Systems Canada to communicate with our on-call staff. We are proposing the purchase of 30 Lifeline devices, one for each client.	\$22,260
<b>Community Support Services</b>	Cassellhome Long-Term Care Home	Cassellhome will provide another 1200 hours of home maintenance and repair services. Close to 4800 hours of caregiver support and respite services will be provided to families as well as 6000 hours of home help and homemaking services to another 148 clients.	\$119,032
<b>Community Support Services</b>	Englehart and District Hospital (paymaster)	Paymaster for the CSCT for purchase of Adult Day Centre equipment, the CSCT for the Setting and Program Planning of Adult Day Centre and for the development of a Transportation Strategic Plan for the District of Timiskaming	\$32,000
<b>Residential Hospice</b>	Timmins District Hospital	Funding provided to study the feasibility and need for residential hospice services in Timmins and area.	\$35,000
<b>Long-Term Care Home – Alternate Level of Care Project</b>	Sault Area Hospital	This funding will provide financial assistance to individuals in need of long-term care services. It will help to reduce Alternate Level of Care (ALC) days at the	\$87,500

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2007/2008 ONE TIME FUNDING
		Sault Area Hospital by helping patients who are financially unable, to access preferred accommodation in a long-term care home bed or a retirement home.	
<b>Wraparound</b>	Timmins District Hospital	To increase access to home supports for ALC patients admitted at TADH, facilitate transition of ALC patients from hospital to home, reduce rate of readmission of ALC patients and prevent admission of ALC patients	\$198,290
<b>TOTAL</b>			<b>\$879,082</b>

## APPENDIX 2

### ONE TIME REALLOCATIONS 2007/08

<b>HEALTH SERVICE PROVIDER</b>	<b>ALLOCATION PARTICULARS</b>	<b>2007/2008 ONE TIME FUNDING</b>
<b>Pioneer Manor</b>	Development of the Regional Geriatric Program	\$56,822
<b>Pioneer Manor</b>	20 Transitional beds	\$208,900
<b>Eastholme Home for the Aged (Powassan)</b>	Seniors transportation and meals on wheels program	\$5,000
	<b>TOTAL</b>	<b>\$ 270,722</b>

### APPENDIX 3

## EMERGENCY DEPARTMENT ACTION PLAN FUNDING 2007/08

<b>ORGANIZATION</b>	<b>FEBRUARY 2007</b> \$13.7 Million Improving Access to Community Based Care	<b>FEBRUARY 2008</b> \$5.3 Million EDAP (for Community Based Services)	<b>TOTAL FUNDING</b>
<b>NE CCAC</b>	\$872,550 one time (acute home care – target of 45-66 clients)  \$462,800 one time funding (ED case managers)	\$221,700 base time (acute home care – target of 18 clients)	\$221,700 base and \$1,335,350 one time funding
<b>Sault Area Hospital</b>	\$126,300 one time (Geriatric Emergency Management Nursing)		\$126,300 one time funding
<b>Timiskaming Palliative Care Network (one time only for 07/08)</b>		\$11,900 base	\$11,900 base
<b>TOTAL</b>	\$1,461,650 one time funding	\$233,600 base	\$233,600 base and \$1,461,650 one time funding

## APPENDIX 4

### AGING AT HOME STRATEGY PROJECTS FOR NORTH EAST LHIN YEAR 1, FUNDING TO FLOW SEPTEMBER 2008

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2008/2009 FUNDING
<b>Aging at Home with the Mamawesen North Shore Tribal Council</b>	Mamawesen North Shore Tribal Council	Working with First Nation and urban Aboriginal community health services and the mainstream health care system, two RN case managers will work with front-line workers to coordinate services with Discharge Planners in five hospitals and the NE CCAC. This project provides a basket of services with a focus on cultural and language sensitivities, including: discharge planning, respite care, meals on wheels programs, homemaking, medical transportations, seniors shopping, physiotherapy, occupational therapy, personal support, nursing services.	\$220,297
<b>Nurse Practitioner Dedicated to Seniors</b>	North East Community Care Access Centre (NE CCAC)	A Nurse Practitioner will be hired at the Algoma branch of the NE CCAC to provide nurse practitioner services to seniors in their own homes.	\$215,000
<b>Activities of Daily Living</b>	Canadian Red Cross, Sault Ste. Marie and District Branch	This new program will help the Canadian Red Cross, Sault Ste. Marie Branch, to identify seniors-at-risk who would benefit from community-based services provided to them in the comfort of their own homes. These services will help to keep seniors in their homes as long as possible, thereby avoiding the possibility of ending up in a hospital or long-term care home. Services such as house cleaning, snow shovelling, grass cutting yard maintenance, assistance with preparing meals, and others will be provided to seniors, at no charge.	\$67,000
<b>Homemaking and Personal Support</b>	Canadian Red Cross, Timmins & District Branch	Close to 9,000 hours of personal care will be provided to approximately 25 seniors in designated supportive housing units in the District of Cochrane. Personal care could include services such as help with personal hygiene, bathing, toileting, preparing meals, etc.	\$244,572
<b>Identifying Seniors-at-Risk</b>	Timmins and District Hospital	The <i>Identification of Seniors-at-Risk Screening Tool</i> (ISAR) helps to identify seniors-at-risk who enter a hospital's emergency department. Seniors are assessed to determine if they can be returned to their home with a suitable level of home support to maintain their independence.	\$100,000
<b>Caregiver Support</b>	Alzheimer Society,	Support and counselling will be provided to individuals and family caregivers who are looking after seniors suffering from Alzheimer's disease and related dementia. This funding allows for 635 hours of direct counselling	\$59,439

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2008/2009 FUNDING
	Manitoulin Sudbury Branch	services to 550 caregivers.	
<b>Activities of Daily Living</b>	Canadian Red Cross Sudbury Branch	This new program will help the Canadian Red Cross, Sudbury Branch to identify seniors-at-risk who would benefit from community-based services provided to them in the comfort of their own homes. These services will help to keep seniors in their homes as long as possible, thereby avoiding the possibility of ending up in a hospital or long-term care home. Services such as housecleaning, snow shovelling, grass cutting yard maintenance, help with preparing meals, and others will be provided to seniors, at no charge.	\$478,185
<b>Identifying Seniors at Risk</b>	Hôpital Régional de Sudbury Regional Hospital	The <i>Identification of Seniors-at-Risk Screening Tool</i> (ISAR) helps to identify seniors-at-risk who enter a hospital's emergency department. Seniors are assessed to determine if they can be returned to their home with a suitable level of home support to maintain their independence.	\$75,000
<b>Homemaking and Personal Support</b>	Sudbury Finnish Rest Home Society Inc.	Close to 3,000 additional hours of homemaking and personal care services will be provided to existing clients. Homemaking and personal care services could include: help with personal hygiene, bathing, toileting, preparing meals, etc.	\$100,000
<b>Homemaking and Personal Support</b>	Ukrainian Senior Citizen Club of Sudbury	Funding will allow this existing program to continue with dedicated staff support. Homemaking and personal care services could include: help with personal hygiene, bathing, toileting, preparing meals, etc.	\$79,135
<b>Homemaking and Personal Support</b>	VON-Ontario Branch Greater Sudbury Site	This funding will allow more hours of caregiver relief in the home, and more spaces within the VON's Adult Day Program for families and caregivers of dementia clients.	\$38,468
<b>Homemaking and Personal Support</b>	VON-Ontario Branch Greater Sudbury Site	This funding will allow for an additional 2400 hours of homemaking and personal support for another 30 seniors who are living in supportive housing buildings.	\$62,000
<b>Personal Support Services</b>	Community Care Access Centre (CCAC)	This funding will allow for an increase in personal support services in both official languages throughout the NE LHIN region. Previous MOH commitment	\$872,550
<b>Community Support Services</b>	Cassellholme Long-Term Care Home	Cassellholme will provide another 1200 hours of home maintenance and repair services. Close to 4800 hours of caregiver support and respite services will be provided to	\$311,000

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2008/2009 FUNDING
		families as well as 6000 hours of home help and homemaking services to another 148 clients.	
<b>Identifying Seniors at Risk</b>	North Bay General Hospital	The <i>Identification of Seniors-at-Risk Screening Tool</i> (ISAR) helps to identify seniors-at-risk who enter a hospital's emergency department. Seniors are assessed to determine if they can be returned to their home with a suitable level of home support to maintain their independence.	\$100,000
<b>Safe Keeping, Transportation and Meals on Wheels</b>	Belvedere Heights Long-Term Care Home	This program provides free education from volunteer seniors to community groups, services, businesses, youth groups and/or individuals who regularly come in contact with older adults. The program teaches people how to recognize the signs and symptoms of a senior at-risk and how to report concerns. Caring senior community members are trained through the Senior Safe Keeping program to become "Connectors", acting as the eyes and ears in the community and helping to identify seniors who may need a hand.	\$76,962
<b>Community Support Services</b>	Dokis First Nation (Monetteville)	This funding will allow for an increase in transportation services, adult day services, and home maintenance and repair services for senior residents of Dokis First Nation who have physical to due to health issues.	\$23,601
<b>Transportation Services</b>	Eastholme Home for the Aged (Powassan)	Funding will provide an additional 900 trips for 15 seniors with age-related disabilities. Transportation to medical and other needed appointments will be provided	10,569
<b>Meals on Wheels</b>	Wasauksing First Nation	An additional 600 meals will be delivered to ten new clients on the Wasauksing First Nation reserve. Meals will be delivered to seniors by volunteer drivers.	\$10,261
<b>Homemaking and Personal Support</b>	Timiskaming Home Support (Soutien à Domicile)	This funding will provide homemaking and personal support services to an additional 27 seniors living in supportive housing units within the Kirkland Lake area.	\$162,500
<b>Geriatric Services</b>	James Bay General Hospital (Moosonee)	<b>Geriatric Services</b> Three Aging at Home Facilitators (Registered Nursing Assistants) will work out of Attawapiskat, Fort Albany and Moosonee to provide environmental assessments, crisis intervention, supportive counselling, service plans, and assistance with basic needs.	\$200,000
<b>CCAC Support Services</b>	Community Care Access Centre (CCAC)	This funding will increase personal support services, case management and nursing care hours. It will allow for two hours of Personal Support Worker (PSW) support per day. The PSW will support nursing staff by providing personal care, including help with bathing, preparing	\$302,884

NAME OF PROJECT	HEALTH SERVICE PROVIDER	PROJECT DESCRIPTION	2008/2009 FUNDING
		meals and companionship.	
<b>Long-Term Care Home – Alternate Level of Care Project</b>	Sault Area Hospital	This funding will provide financial assistance to individuals in need of long-term care services. It will help to reduce Alternate Level of Care (ALC) days at the Sault Area Hospital by helping patients who are financially unable, to access preferred accommodation in a long-term care home bed or a retirement home.	\$95,000
<b>Falls Prevention Program; Outreach and Respite</b>	The Friends	The program is offered within the district of Parry Sound and is staffed by a public health nurse from the Nipissing Public Health Unit. The program offers direct education/training activities for service providers and caregivers along with a public awareness campaign on Falls Prevention.	\$141,608
<b>Francophone Day Centre Program</b>	Centre de santé communautaire du Témiskaming	This program offers a full range of daily activities for the elderly Francophone population in the remote community of Larder Lake. The expertise of a wide range of community partners is brought together to help reduce social isolation and improve physical and cognitive capabilities of Francophone elders.	\$21,039
<b>Medical Transportation Program</b>	N'Swakamok Native Friendship Centre	This program will extend medical transportation services for Aboriginal seniors served by the Friendship Centre and Métis Nation of Ontario health sites within eight urban Aboriginal communities across the NE LHIN.	\$222,789
<b>TOTAL</b>			<b>\$4,290,571</b>

**APPENDIX 5**

**2008/2009 URGENT PRIORITY FUNDING-FUNDING TO FLOW  
OCTOBER 2008**

<b>HEALTH SERVICE PROVIDER</b>	<b>ALLOCATION PARTICULARS</b>	<b>2007/2008 ONE TIME FUNDING</b>
<b>Pioneer Manor</b>	20 Transitional beds-previous MOH commitment	\$644,794
<b>Great Northern Nursing Care</b>	12 Transitional beds-previous MOH commitment	\$386,877
<b>Timmins &amp; District Hospital</b>	Wraparound	\$233,290
<b>Regional Geriatric Manor</b>	Program development of the Regional Geriatric Manor	\$400,000
<b>Huron Lodge (Elliot Lake)</b>	Supportive housing	\$389,000
	<b>Total One Time Funding</b>	<b>\$2,053,961</b>

<b>HEALTH SERVICE PROVIDER</b>	<b>ALLOCATION PARTICULARS</b>	<b>BASE FUNDING</b>
<b>Westwinds (operated by PHARA)</b>	Expansion of 8 supportive housing units – funded with onetime dollars in 2007/08	\$273,000
	<b>TOTAL Base Funding</b>	<b>\$273,000</b>