

**Presentation**  
**Board of Directors**  
**North East Local Health Integration**  
**Network**

**Sudbury Alternate Level of Care**  
**Community Steering Group**  
**May 29, 2009**

# Objectives of Presentation

- To provide an update on the 10 point action plan of the ALC Community Steering Group
- To present to the NE LHIN Board of Directors, for their consideration, a transitional strategy to accommodate the needs of Alternate Level of Care patients to enable consolidation of acute care services at Hopital regional de Sudbury Regional Hospital in January 2010 and to provide ongoing capacity for Transitional Care Patients over the next 36 months

# ALC Community Steering Group

- **History and Mandate of Group**
  - Formed in December, 2008
  - Co-Chaired by NE LHIN and Sudbury Physician Task Force
  - Members include a wide spectrum of community partners
- **Purpose**
  - To act as a coordinating and oversight mechanism for planning and program implementation activities related to the ALC challenge in Sudbury

# ALC Community Steering Group

- Membership

- Dr. Zalan - HRSRH Physician Task Force (co-chair)
- Terry Tilleczek - NE LHIN (co-chair)
- Dr. Jordi Cisa - HRSRH Physician Task Force
- Jim Gordon - Health Cluster Task Force Chair - City of Greater Sudbury
- Catherine Matheson - City of Greater Sudbury
- David McNeil - HRSRH Administration
- Frankie Vitone - NE CCAC
- Jo-Anne Palkovits - St. Joseph's Health Centre
- Dr. Jo-Anne Clarke - Affiliate Regional Geriatric Program
- Russ DeCou - Manitoulin-Sudbury Community Support Services Network
- *Observer* -- Brenda Roseborough - NE LHIN

# ALC Community Steering Group

- Resources
  - Phil Kilbertus – NE LHIN
  - Cynthia Stables – NE LHIN
  - Viviane Lapointe – HRSRH
  - Kim Morris – NE CCAC
  - Eliza Bennett – City of Greater Sudbury

# Alternate Level of Care

- A decade-long issue
- Not a hospital issue; a community issue
- NE LHIN estimates that hospital patients who are awaiting access to appropriate care elsewhere occupy approximately 25% of hospital beds across the NE LHIN
- **The ALC challenge will be resolved through a range of solutions with the input and leadership from a range of partners (hospital, NE LHIN, provincial and municipal governments, community services sector, community at large)**

# ALC Community Steering Group 10 Point Plan

- Endorsed Strategies
  - Prevention and Health Promotion
  - Supportive Housing
  - Alternative Care and Housing Options
  - **Bed Capacity Options for Single Site**
  - Specialized Services Development
  - Integrated Clinical Pathways
  - Nurse-Led Long Term Care Outreach Team
  - Enhancing Primary Care Services in the Home
  - Health Human Resources
  - Long-Term Care Bed Needs Analysis

# Plan Status

- Prevention and Health Promotion
  - Inventory of current services/programs underway and priority areas (and resource requirements)
- Supportive Housing
  - Opportunity exists for partnership between municipality (Affordable Housing Program – low-income seniors) and NE LHIN (Year 3 Aging at Home funding)
  - NE LHIN engaged SHS Consulting to develop program elements from service delivery side

# Plan Status

- Alternative Care and Housing Options
  - Maintain Current 8 Bed Contract Until March 31, 2010
  - Monitor capacity for options
- Specialized Services Development
  - Task Force to be initiated in June 2009
- Integrated Clinical Pathways
  - Data analysis complete on ALC population
  - Program development to begin on target group

# Plan Status

- Nurse-Led LTC Home Outreach
  - Program is up and running at the HRSRH
  - Potential for up to 75% diversion from LTC to ER
- Enhancing Primary Care in Home
  - Initial discussion

# Plan Status

- Health Human Resources – PSW
  - First meeting of Task Force held under umbrella of NE LHIN Health Human Resource Committee
  - FedNor application for resources to support work of Task Force
  - Ministry of Training, Colleges and Universities Certification program – potential pilot site
- Long-Term Care Bed Needs Analysis
  - Need to initiate

# Recent NE LHIN Funding – Sudbury and Area

- HRSRH - Nurse-led Outreach Team – ongoing from year 1
- HRSRH – ER Pay for Results - \$1,434,800
- HRSRH – 24 Transitional Care Beds - \$2,400,000
- NECCAC - Geriatric Community Case Managers - \$383,145 (Manitoulin – Sudbury)
- NE CCAC – Increase home care services - \$3,500,000 (NE Ontario)
- Canadian Red Cross - Fall Prevention Program - \$150,000 (Manitoulin-Sudbury)

# Linking to ER/ ALC

## Regional Inputs

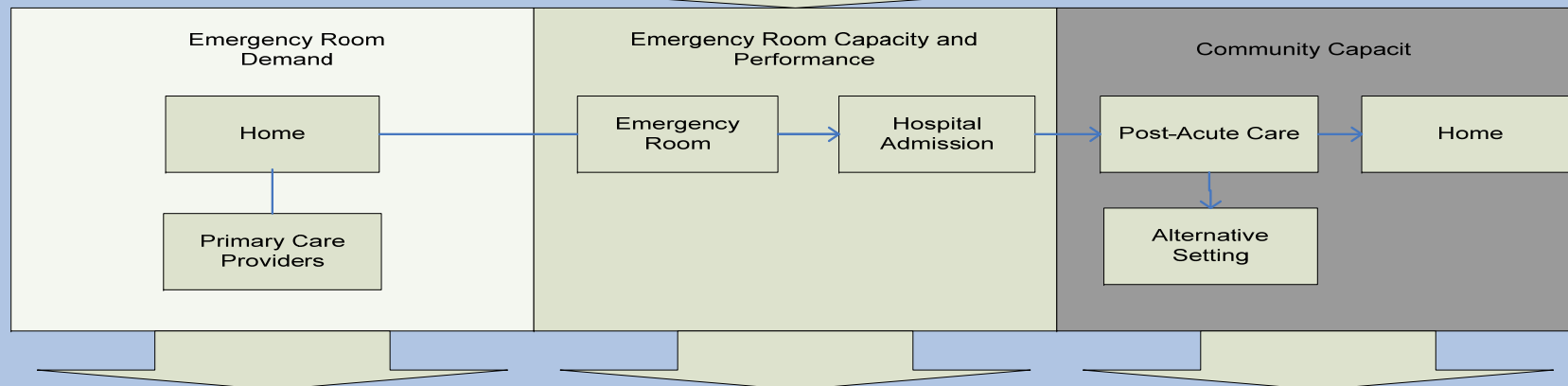
### Regional Programs

- Trauma
- Cardiac Care
- Cancer Care
- Critical Care
- Dialysis
- Regional Rehabilitation
- Stroke Centre
- Regional Base Hospital

### Regional Service

- Vascular Surgery
- Thoracic Surgery
- Neurosurgery
- Specialty Clinics

## Admission



### Emergency Department Diversion

- Nurse Practitioner Clinics
- Family Health Teams
- Long Term Care Outreach
- Primary Stroke Prevention Strategy
- Diabetes Education
- Cardiac Rehabilitation
- PARTY Program
- Specialty Clinics
- Medical Day Care
- Adult Day Care
- Community Services
- Aging at Home
  - \*Geriatric Case Management
  - \*Falls Prevention
  - \*Wrap-Around Services
  - \*Transportation and Meal Support

### Internal Process Improvements

- Emergency Department Workflow Improvements
- Admission and Bed Placement Policies
- Overcapacity
- Patient Flow Dashboard
- Emergency Department Dashboard
- Non-urgent transport Service
- ED NECCAC Notification
- Transitional Bed Capacity**
  - Additional 24 Transitional Care Beds
- Pay for Results**
  - Case Management in the Emergency
  - Rapid Assessment Zone
  - Emergency Department Transitional Inpatient Care Area
  - Dedicated Non-Urgent Transport
  - Non-Urgent Care Optimization

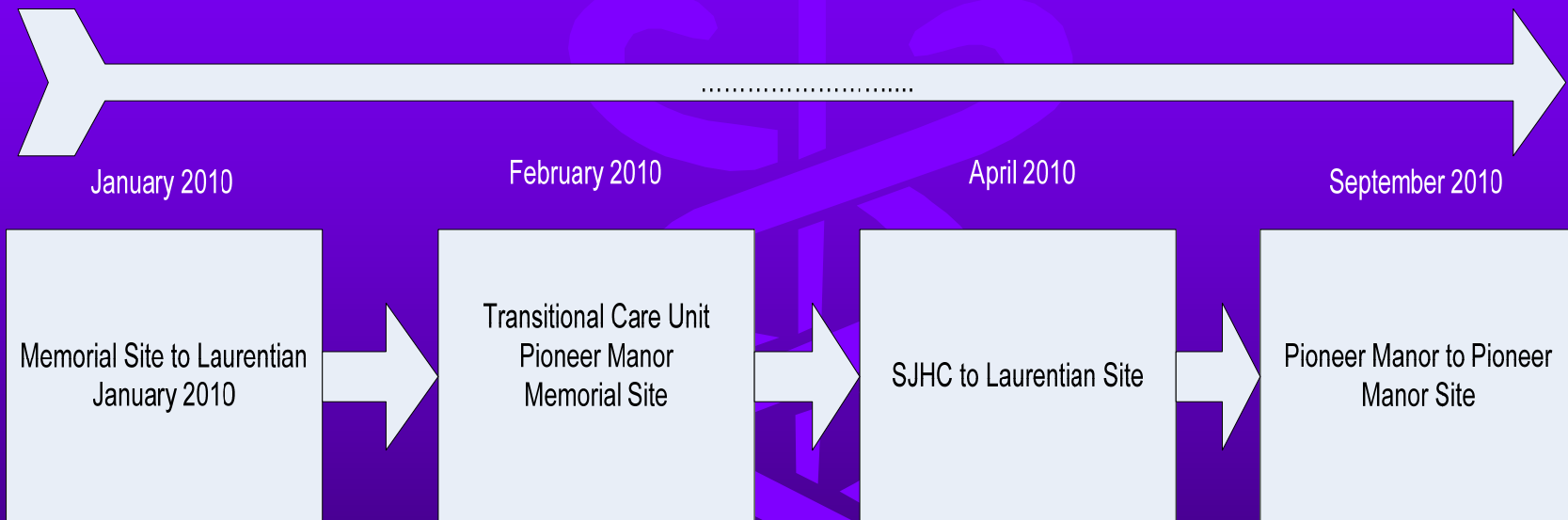
### Process, System and Provider Linkages

- ALC Report
- Housing Study
- Utilization Reviewers
- Transport Committee
- Long Term Care Committee
- Admission and Discharge Committees
- Utilization Committee
- Current Services
- Long Term Care
- Crisis 1A
- Infection Control Protocols

### LHIN Alternative Level of Care 10 point plan

- Health Promotion and Prevention
- Improve Supportive Housing Capacity
- Alternative Capacity Working Group
- Long Term Care Outreach
- Capacity Option Single Site Consolidation
- Integrated Clinical Pathways
- Enhancing Primary Care
- Health Human Resources

# Sequence of Activities



# Occupancy Plan

- The HRSRH will start the occupancy of the single site starting in the summer 2009.
- In January 2010 the decanting the of the Memorial site will be completed
- In March 2010 the decanting of the SJHC site will be completed

# The Challenge

There are no facilities to accommodate the Alternative Level of Care patients currently accommodated at the HRSRH when it consolidates to a single site. There are currently 177 patients in hospital facilities that need longer term solutions:

- 100 in acute medical and surgical beds;
- 21 in transitional care beds;
- 56 in Interim Long Term Care beds operated by Pioneer Manor

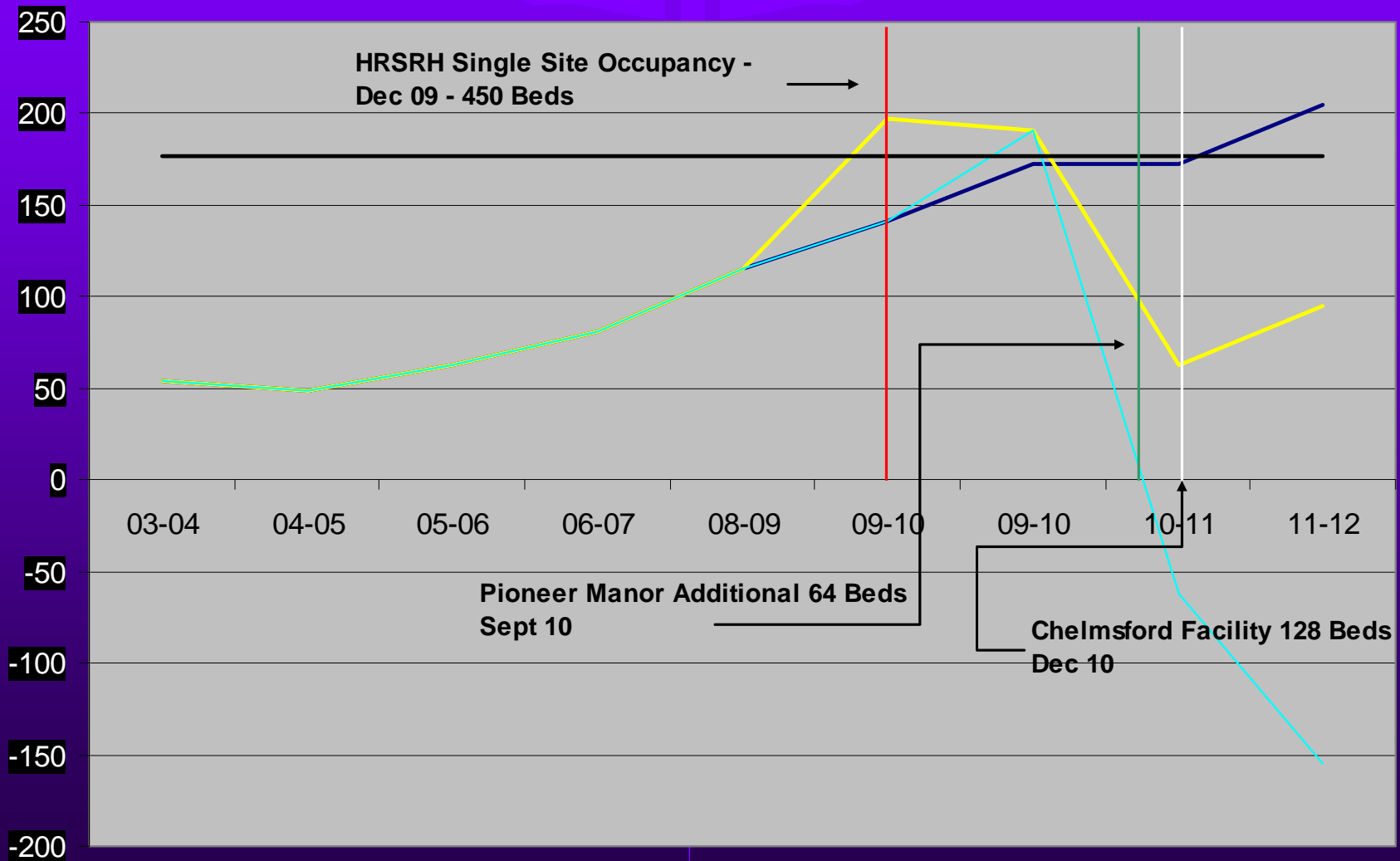
On average 130 of these patients are in beds at the Laurentian site.

# System Bed Capacity

	Current	Sept-09	Jan-10	Apr-10	Jun-10	Dec-10	
<b>Total Acute</b>	548	493	493	450	450	450	
Long Term Care	1230	1230	1230	1230	1294	1422	
Interim LTC	82	82	26	26	0	0	
SJCCC	0	64	64	64	64	64	
<b>System Bed Capacity</b>	<b>1860</b>	<b>1869</b>	<b>1813</b>	<b>1770</b>	<b>1808</b>	<b>1936</b>	

# Demand Scenarios - Trending

- Historical Growth HRSRH
- Impact of Known Changes in LTC Capacity
- Linear (Current Patients)
- Current Patients
- Demand Mitigation - Supportive Housing



# Option Analysis

			Option 1		Option 2		Option 3	
			HRSRH Transitional Care Beds		Pioneer Manor Funding 56 Beds and SJHC up to 128 Beds Chelmsford LTC Funding Memorial Interim Bed Compliance		HRSRH Transitional Care Beds and Interim Bed Compliance Option	
Timeframe	Critical Task	Beds	Annual Cost	Period Cost	Annual Cost	Period Cost	Annual Costs	Period Cost
<b>Total Costs Operating Costs - 36 Months</b>			<b>\$54,891,438</b>		<b>\$19,988,331</b>		<b>\$32,589,938</b>	
Building Operating - Incremental 36 Months			\$0		\$3,189,000		\$1,594,500	
Other Operating			\$0		\$1,200,000		\$1,200,000	
Building Capital - Infrastructure			\$1,353,250		\$1,353,250		\$1,353,250	
Compliance Renovation Costs			\$0		\$2,742,150		\$2,742,150	
Equipment			\$796,100		\$796,100		\$796,100	
<b>Total Solution Cost-36 Months</b>			<b>\$57,040,788</b>		<b>\$29,268,831</b>		<b>\$40,275,938</b>	
<b>Revenue Potential - (Appendix F)</b>			<b>\$15,177,639</b>		<b>\$11,201,037</b>		<b>\$13,189,338</b>	
<b>Net Additional Revenue Required – 36 Months</b>			<b>\$41,863,149</b>		<b>\$18,067,795</b>		<b>\$29,086,600</b>	

# HRSRH Utilization Performance

	2004/05	2005/06	2006/07	2007/08	2008/09 Forecast
Patient Days	133,813	136,917	140,359	134,592	142,918
Separations	22,466	22,737	21,574	21,024	20,317
Total LOS	5.96	6.02	6.51	6.4	7.03
Expected LOS	5.02	5.15	5.45	5.38	5.33
+ or - ELOS	0.94	0.87	1.06	1.02	1.7
Acute LOS	5.19	5.08	5.28	5.3	5.33
+ or - ELOS	0.17	-0.07	-0.17	-0.08	0
Conservable Days	20,988	19,918	22,778	21,400	34,204
ALC Days as a % of Conservable Patient Days	82%	107%	116%	108%	102%
ALC Days	17,197	21,347	26,396	23,148	34,958

# Recommendation

- The Sudbury ALC Community Steering Group recommends that the North East Local Health Integration Network engage the Ministry of Health and Long-Term Care in selecting a cost-effective solution that will safely meet our clients' needs.

# 10 Point Plan - Summary

- Approximate Number of ALC Patients at HRSRH as of October 2008:
  - 129 in Medical/Surgical Beds
- Approximate Number of ALC Patients at HRSRH as of May 2009:
  - 104 Medical Surgical Beds
  - 21 Transitional Care Beds
  - 8 Retirement Home Bed

# Sudbury ALC Community Steering Group

Thank You

Questions?