

*North East*  
**LOCAL HEALTH INTEGRATION NETWORK**  
**RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ**  
*du Nord-Est*

# Alternate Level Care Task Forces (ALC)

Emerging Strategies in the North East

**Presentation to the North East LHIN Board**  
**Friday, November 23<sup>rd</sup>, 2007**  
**Sault Ste Marie**

# Background

- ALC is an increasing challenge in the NE
- Multi-dimensional issues with community-specific aspects
- Critical levels in the four major centres in NE
- Need to establish a systemic approach to strategize short-, mid- and long-term initiatives

# Task Force Objectives

- Profile the patients in ALC
- Identify pressures resulting in ALC
- Establish ALC targets
- Recommend strategies for upstream and downstream processes within the community
- Provide advice on allocating resources to support strategies to achieve ALC targets

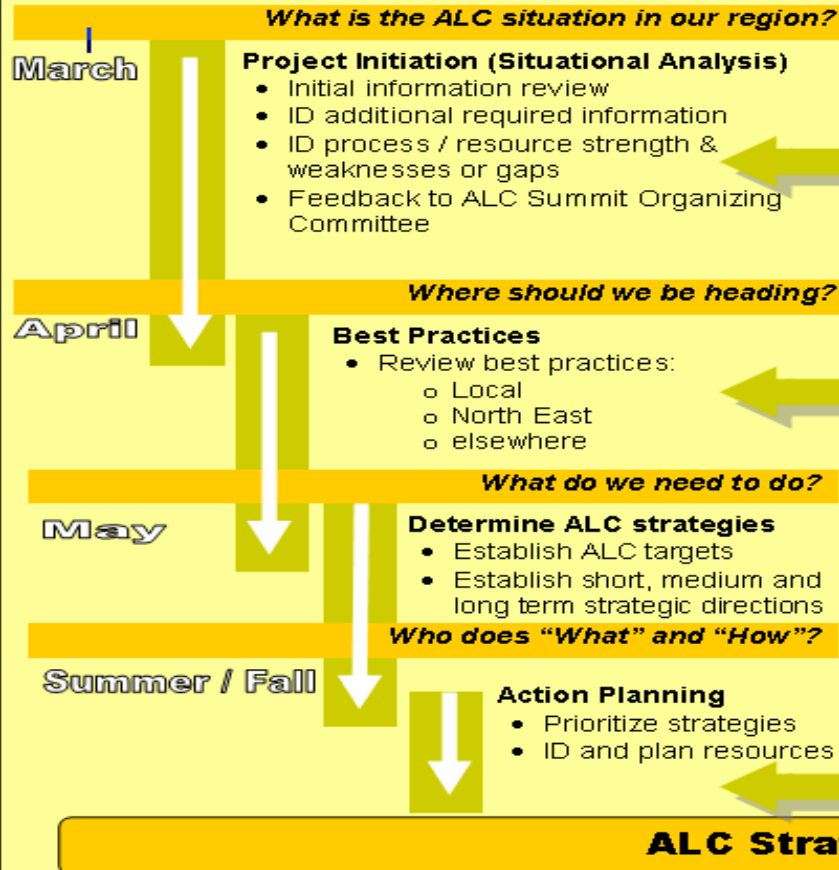
# Task Force Representation

- Hospital
- CCAC
- Long-Term Care Homes
- Community Support Services
- Primary Care
- Community Mental Health and Addiction
- Emergency Health Services (ambulance)
- Public Health (particularly in the area of fall/injury prevention)
- Municipal Government
- NE LHIN
- Ministry of Health and Long-Term Care

## ALC Task Forces

Four (4) ALC Task Forces: *North Bay, Sault Ste. Marie, Sudbury, Timmins*

### KEY MILESTONES TO CONSIDER IN WORKPLAN



## ALC SUMMIT

The ALC Summit is the first of a series of three regional summits planned as part of the Equity and Access theme in the IHSP.

**Objective:** Derive a framework and/or workplan to address ALC issues in the NE.

### ALC Strategy Model

- ALC Summit Steering Committee
- Research Strategic ALC Themes

### Strategy Refinement

### June 6<sup>th</sup> 2007 → ALC SUMMIT

- Meaning
- Outcomes
- Model and Strategies

# North Bay Task Force

## ALC Pressures

- the number of ALC cases at the NBGH has consistently averaged between 45-55 (peaking at 60+ cases in the winter months);
- of these cases, typically 80-85% occupy an acute care bed; and
- this represents the consistent 25-30% use of the Hospital's 168 acute care bed complement for ALC.

# North Bay Task Force

## ALC Pressures

- Community Support Services
  - These services are not consistently accessible to people throughout the geographic area and the level of services is insufficient to meet the demand and current Ministry direction of supporting seniors to age at home.
- In-Home Services (CCAC services)
  - no organization has the mandate to provide in-home intensive case management and services to seniors who have a primary diagnosis of a mental illness
  - constraint on the CCAC's ability to keep people out of hospital/LTCHs and maintain them in their own homes

# North Bay Task Force

## ALC Pressures

- Supportive Housing
  - Supportive housing capacity across the District is insufficient.
  - Currently only available in NB and West Nipissing
- Retirement Homes
  - A significant number of individuals in LTCHs (although eligible for placement in a LTCH) were rated as “light care” and could have gone to a retirement home
- Long-Term Care Homes
  - given sufficient HR coverage (RN, RPN and PSW), as well as physical resources, LTCHs would be able to support individuals with complex care needs who are currently living in the local hospitals

# North Bay Task Force

## ALC Pressures

- Mental Health
  - Rising demand in the community for mental health supports specifically targeted at older individuals
  - Confusion/dementia were the top two overall leading causes for the admission
  - Bed reductions at NEMHC → individuals will require a living environment congruent to their care needs
- Hospitals
  - ALC represents an area of opportunity for utilization and efficiency improvements
  - Well resourced community sector can support the hospitals in attaining benchmarks related to lengths of stay and timely discharges

# North Bay Task Force

## Strategies Under Development

- **Hospital / Acute Care**
  - Add one full time equivalent (FTE) Clinical Nurse Specialist
  - Develop a Geriatric Emergency Management (GEM) Program
- **Long-Term Care Homes**
  - Enhancements in Staffing
  - Increase short-term placement flexibility
    - Rainbow Rooms – use of isolation units
    - Increase short-stay utilization
    - Public education
  - Psychogeriatric Unit
  - Psychiatric nursing positions

# North Bay Task Force

## Strategies Under Development

- **Mental Health**
  - Trial placements of NEMHC patients in LTCH
  - Rapid Response Seniors Assessment and Referral Team
  - Enhance the capacity of mental health community programs
- **Community Support Services**
  - Increase supportive housing resources
  - Expand In-Home Professional Services
  - Enhance and expand ADL/IADL
  - Expand eligibility and access to IADL
  - Expand Transportation services
  - Community-based palliative care alternatives
  - Primary care physicians to perform home visits

# North Bay Task Force

## Strategies Under Development

- **Community Support Services (continued)**
  - Expand corporate sponsorship
  - Establish a medication management and review program
  - Implement coordinated falls and injury prevention programming
  - Enhanced services for individuals with developmental disabilities
  - Enhanced caregiver respite and the First Link Program
  - Development of a slow stream rehabilitation model

# Sault Ste. Marie Task Force

## ALC Pressures

- ALC accounted for 22% of treatment days in 2003 down to 8.4% in 2005 (due to new beds in the community)
- 64% admitted to SAH on long-term stay and not on CCAC services
- Who is the ALC patient?
  - Seniors are increasingly left to care for themselves
  - Average age of 75.5 years
  - Prevalent diagnosis: Coping, Falls, Mobility
- Identified issues in the community
  - Lack of basic accommodation
  - Supportive housing
  - Access to primary care
  - Demand / Supply issues
  - In sufficient LCT / Mental Health Beds

# Sault Ste. Marie Task Force

## ALC Pressures

### Long-Term Care Homes

- Highly regulated by MOHLTC
- Basic versus Preferred Accommodation → the ratio of basic and preferred (40% vs 60%) must be adhered to regardless of socio-economic pressures or building design
  - For SSM (and Algoma) the 40% for basic is closer to 80%
  - Wait-list for basic far exceeds preferred
- Short-Stay Beds → it seems that the convalescent bed availability is not used at capacity in 2004 (approx 50% of capacity)
- Lack of specialized care available to support LTC patient (HR issues)

# Sault Ste. Marie Task Force

## ALC Pressures

### Supportive Housing

- SSM is significantly under serviced for the frail elderly
- Evidence of early admission to LTC settings → may have been better served in a supportive housing environment (assisted living) in the community
- A survey of community organizations highlighted 415 potential SH clients
- Affordability of service fees is access impediment.
- Medication administration as an essential service is lacking and should be funded through on-site nursing staff
- Funding issues remain at the existing Finnish Resthome Association (Kotitalo) and to new program development

# Sault Ste. Marie Task Force

## ALC Pressures

### Community Support Services

- Non-urgent ambulatory services and volunteer based transportation services were lacking
- Long wait-list for attendant services for adults with disabilities
- Home support services were minimal with recent cuts
- There was a need for concise case management services
- Partnership development opportunities exist with the hospital

# Sault Ste. Marie Task Force

## ALC Pressures

### Hospital

- ALC has increased by 17% in this 07/08 fiscal year (i.e., increased from 53 to 62 patients) where the majority of these patients are waiting for placement in a Long Term Care Home (LTCH)
- The total direct costs for ALC patients from April 1 to October 22, 2007 are estimated to be \$5M
- There is opportunity to develop downstream and cross-sector partnerships to ensure appropriate levels of care

# Sault Ste. Marie Task Force

## ALC Pressures

### Mental Health

- Extreme wait list for psychiatric consults
- Frequent to access emergency or inpatient psychiatry for assessment and stabilization
- Inpatient psychiatry has a readmission rate of 26% within 30 days
- Nursing homes reluctant to take back these individuals
- No access to regional long-term beds (NEMHC)
- Orphan patients who are discharged from inpatient psychiatry do not have access to medical follow-up

# Sault Ste. Marie Task Force

## Strategies Under Development

- Hospital
  - Chronic Disease Clinic
  - Acute Mental Health Beds (NEMHC)
- Mental Health and Addiction
  - Community Mental Health Case Mgt Program
  - Advanced Practice Nurse → Mental Health
  - Rapid Response Team
- Long-Term Care Homes
  - Intermediate / Supportive Care
  - Preferred accommodation subsidy to LTCH
  - Nurse Practitioner (and support team) in LTC facilities

# Sault Ste. Marie Task Force

## Strategies Under Development

- Community Support Services
  - Expansion of home support program
  - Expansion of supportive housing programs
  - Supportive Home Care and Maintenance program
  - Supportive Housing
  - Nurse Practitioner House Calls
  - Bridges to supportive housing

# Sudbury Task Force

## ALC Pressures

- ALC cases show average 32% increase over 05/06

### *Hospital ALC Information*

- 57% require LTC placement
- 3 placement cases increased by 95% over same period
- Chronic ventilation (28 cases) could be served in less acute level care if ventilation services were available
- Hospital amalgamation in 2009 will see reduction of 23 acute care beds exacerbating already critical problem

### *CCAC Point in Time Assessment*

- 17% ALC occupancy of acute care beds
- 42% had no prior CCAC service
- Reasons for admission: social, cardio pulmonary, fractures
- 73% came from home
- 25% could have repatriated home with supports

# Sudbury Task Force

## Tactics / Strategies under development

- Identify community resources that could have delayed/avoided admission May-September 2007
- Develop a directory of district wide services as a reference in conducting an environmental analysis
- Evaluate possible correlation between service gaps and early admission of ALC client
- Apply Leading Practices that may address ALC issues within Manitoulin/Sudbury District
- Implement strategies that can be implemented with no costs through inter-sector collaboration
- Determine what strategies are needed but require additional resources beyond the current system and forward to CEO Round Table to review and make planning recommendations to NE/LHIN

# Sudbury Task Force

## Next planning steps

- Detail analysis of ALC patient profiles
- Identify the sponsorship, service type, utilization patterns, and location of current community health services available
- Review DHC multi-year and annual service plans, existing area planning group reports, HSP service proposals to MOHLTC
- Use “Best Practices” binder as a reference for alternative strategies
- Explore other sites containing evidence-based practices
- Review ALC Strategy List, Apply Strategy work plan template
- Prioritize strategies and construct implementation plan

# Timmins Task Force

## ALC Pressures

### Limited Resources Across LTC Continuum

- Absence of supportive housing models
- Potential closure of a private LTC facility, displacing dozens or residents
- No access to co-payment home help/homemaking services
- Lack of a regional geriatric program
- Shortage of LTC beds

# Timmins Task Force

## Strategies under development

- **Cross Sector Collaborative Strategies**
  - Maximizing capacity of the transportation sector in the Cochrane District
  - Chronic Disease Prevention Management Plan (CDPM) for the Cochrane District
- **Early Identification/Prevention Strategies**
  - Wellness and health promotion strategies
  - Education program on accessing services
  - ISAR tool (Identification of Seniors at Risk)
  - Enhanced access to IADL supports
  - Adult Day Program

# Timmins Task Force

## Strategies under development

- **Supportive Housing Models**
  - Implementation of identified Supportive Housing service models for the elderly in the Cochrane district
- **Psychogeriatric Services - Behavioural**
  - Increase service capacity of psychogeriatric services across the district
  - Provision of placement of adults with serious cognitive deficient as well as older adults suffering Alzheimer's disease and related dementia
- **Hospice**
  - Development of a residential hospice for Timmins and area.
    - Feasibility study

# Timmins Task Force

## Strategies under development

- **LTC and Convalescent Beds**
  - Increase number of LTC beds within the City of Timmins (48 to 64 beds)
  - Allow LTC homes to implement convalescent care or short-term transitional care programs

# Next Steps

## Next Planning Steps

- Complete information collection process - **November**
- Finalize and rank strategies and projects - **November**
- Submit final recommendations / strategies to North East LHIN and the Health System CEO Round Table - **December**

# How to Reach Us

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