

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

North East Alternate Level Care
(ALC) Summit

Sommet sur les Autres niveaux de
soins (ANS) du Nord-Est

Panel Discussion
Regional ALC Task Forces

Progress and Developments of ALC in Northeastern Ontario

Wednesday June 6th , 2007

Radisson Hotel – Sudbury

NORTH EAST
ALTERNATE LEVEL
CARE SUMMIT

SOMMET SUR LES
AUTRES NIVEAUX
DE SOINS DANS
LE NORD-EST

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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 mid to long-term initiatives

Task Force Objectives

- Profile the patients in ALC
- Identify pressures on 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

What is the ALC situation in our region?

March

Project Initiation (Situational Analysis)

- Initial information review
- ID additional required information
- ID process / resource strength & weaknesses or gaps
- Feedback to ALC Summit Organizing Committee

Where should we be heading?

April

Best Practices

- Review best practices:
 - Local
 - North East
 - elsewhere

What do we need to do?

May

Determine ALC strategies

- Establish ALC targets
- Establish short, medium and long term strategic directions

Who does "What" and "How"?

Summer / Fall

Action Planning

- Prioritize strategies
- ID and plan resources

ALC Strategic Plan

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 6th 2007 → ALC SUMMIT

- Meaning
- Outcomes
- Model and Strategies

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North Bay Task Force

ALC Pressures

- ALC = 23% of total hospital active treatment days and 6% of total NBGH active treatment cases in 04/05 and 05/06.
- Equivalent to 40 hospital beds (at 90% occupancy).
- Observations:
 - older individuals
 - North Bay proper residents
 - Key Program Cluster Categories of trauma and dementia
 - dementia/confusion and coronary artery disease most frequent co-morbidities
 - prescription medication use

North Bay Task Force

ALC Pressures continued

- As of May 2006, over 25% of NEMHC North Bay Campus patients would be best served in alternate settings .
- Community Pressures:
 - lack of alternatives (supportive housing, in-home supports) places a high demand on LTCH beds. The Near North area has a very high unadjusted demand-supply ratio for LTCH beds (1.3+).
 - limited client ability to pay for alternatives.
 - 1 in 3 seniors live alone in North Bay
 - limited family support and caregiver burnout.

North Bay Task Force

Tactics / Strategies Under Development – examples include ...

- Capacity – LTCHs, affordable/supportive housing options.
- Need resources for community diversion/prevention before an individual reaches the Hospital.
- Dementia/mental health supports (e.g. new care settings required, trial placements in LTCHs with specialized support, access to rapid response mental health assessment for behavioural issues, geriatric assessment unit at the new hospital).
- Inter-facility transfers.
- Using existing resources more effectively (e.g. short stay beds, respite, transitional care).

North Bay Task Force

Next Planning Steps

- Complete information collection process.
- Revisit the work of the Interim Strategies Group, its Mental Health Task Force and previous ALC-related projects .
- Compile and rank strategies and projects.
- Prepare final report for September.

North Bay Task Force

“Ideal” Summit Outcomes

- Finding out what is working well elsewhere.
- Create collaborations.
- Feed into the work of the North Bay Task Force.

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

Tactics / Strategies under development

- Improved service coordination → increasing linkages
 - SAH, CCAC, LTCH
- Enhancing existing services
 - Preferred accommodation policy
- Explore advancing roles health service professionals along the continuum of care
- “Geriatric Assessment” or GEM program
- Finnish Resthome activities (tri-level care)
- Rapid response to LTC client (NP)
- Flow analysis from Retirement Homes → Hospital
 - On-site respite care

Sault Ste. Marie Task Force

Next planning steps

- Inventory of CSS (compare per capital)
- Develop GIS information to support initiatives
- Balance of Care / In-depth analysis of ALC cases to identify and challenge against at home services
- Assess Supportive Housing / Special Needs Housing setting

Sault Ste. Marie Task Force

“Ideal” Summit Outcomes

- Examine “Bridging” opportunities
- Seek best practices highlights
- Obtain feedback on current Task Force planning efforts
- Discussion on ALC Target Hospital / LTC Home

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-May 2007
- 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

Sudbury Task Force

“Ideal” Summit Outcomes

- The small group discussions have the potential to assist us by outlining strategies that can be applied to the activities set out in our workplans.

Timmins Task Force

Background Information

- In 2004 Timmins and District Hospital declared a category 1-A crisis
- As a result, the community mobilized individuals from various sectors to review and provide recommendations on all factors affecting LTC utilization patterns
- Findings were reported in a study titled “*Review of the Increasing Pressures of an Aging Population on the Health Care System in the City of Timmins and the District of Cochrane (June 2004)*”

Timmins Task Force

Outcomes

- 12 interim LTC beds at Timmins and District Hospital
- Designation of 20 inpatient rehabilitation beds
- Improved coordination between hospital and CCAC for discharge planning
- Use of common ALC definition
- Involvement of all sectors in ongoing LTC planning
- Development of a supportive housing services needs study
- Update to report was completed in January 2006 and will form the basis of for the Task Force findings and report

Timmins Task Force

ALC Pressures – Demographics/Health Status

- Increase in the seniors population 65+ (3.2 percent increase between 1996 and 2001)
- Higher ratio of persons 65+ living alone compared to provincial average (31 vs. 26.8 percent), due to youth out-migration of the
- Lower income level for seniors 65+
- Poor health status i.e. smoking, high blood pressure, obesity, drinking

Timmins Task Force

ALC Pressures – Limited Resources Across LTC Continuum

- Absence of supportive housing models
- Potential closure of a private LTC facility, displacing dozens of 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:

- **Increase capacity along the LTC continuum**
 - Promotion and prevention strategies
 - Early identification strategy
 - Role of Family Health Teams
 - Enhancement of community support services
 - Supportive housing models
 - Implementation of convalescent beds
 - Increase LTC beds

Timmins Task Force

Next planning steps

- Develop a education component for service providers, physicians regarding referral of elderly patients on onset of problem
- Implementation of ISAR (Identification of Seniors at Risk) tool
- Maximizing capacity of transportation services in the district through cooperation, collaboration and realignment of existing

Timmins Task Force

Next planning steps

- Meet with physician group responsible for geriatric patients to continue work on geriatric centre model
- Development of a service model to address the needs of the psycho-geriatric population
- Prepare business case on supportive housing models required to meet community needs

Timmins Task Force

Next planning steps

- Update business case for increase in LTC beds (need to remove interim LTC beds at TDH in order to fully implement 20 rehab beds)
- Identify criteria to evaluate performance outcomes and improvement based on implemented strategies

Timmins Task Force

“Ideal” Summit Outcomes

- **Cross sector awareness of ALC issues**
- **Ability for communities to identify where funding investments should be made re: addressing ALC priorities**
- **Heightened provincial awareness of North East ALC issues**
- **Increased funding to address ALC issues**

How to Reach Us

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