

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

A Review of Alternate Level of Care  
Pressures in North East Ontario:  
Findings and Recommended Strategies

A joint report of the:  
North Bay, Sault Ste. Marie, Sudbury and  
Timmins  
ALC Task Forces

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## **The Task Force “Project” February to December 2007**

- Situation critical and unsustainable.
- Need for dedicated attention.
- Complex problem – no one solution and “quick fixes” have not worked.
- ALC Task Forces – professionals/experts from key sectors affected by, or having the potential to affect, the ALC problem.
- Comprehensive analysis of the local situation.
- Identify strategies for upstream and downstream processes and capacity within hospitals, LTCHs and the community.
- Provide advice on allocating resources to support strategies to reduce ALC.

# ALC

*An ALC patient has finished the acute care phase of his/her treatment but remains in the acute care bed.*

- The types of individuals and cases that underlie this classification vary widely.
- The impacts throughout the system are significant and wide-ranging.
- There is no one single solution to the problem.

# Impact on Hospital Bed Capacity

## North East Large Hospital Inpatient Bed Complement, November 2007

Hospital	Total Beds (all types)
HRSRH	527
NBGH	188
SAH	289
TDH	147
<b>TOTAL</b>	<b>1151</b>

## NE LHIN Large Hospital ALC Bed Equivalents at 90% Occupancy, 2003/04 to 2006/07

	2003/04	2004/05	2005/06	2006/07
<b>HRSRH</b>	67	54	66	81
<b>NBGH</b>	54	41	40	43
<b>SAH</b>	58	33	19	21
<b>TDH</b>	18	19	12	10
<b>TOTAL</b>	<b>196</b>	<b>147</b>	<b>137</b>	<b>155</b>

## Hospital Highlights - General

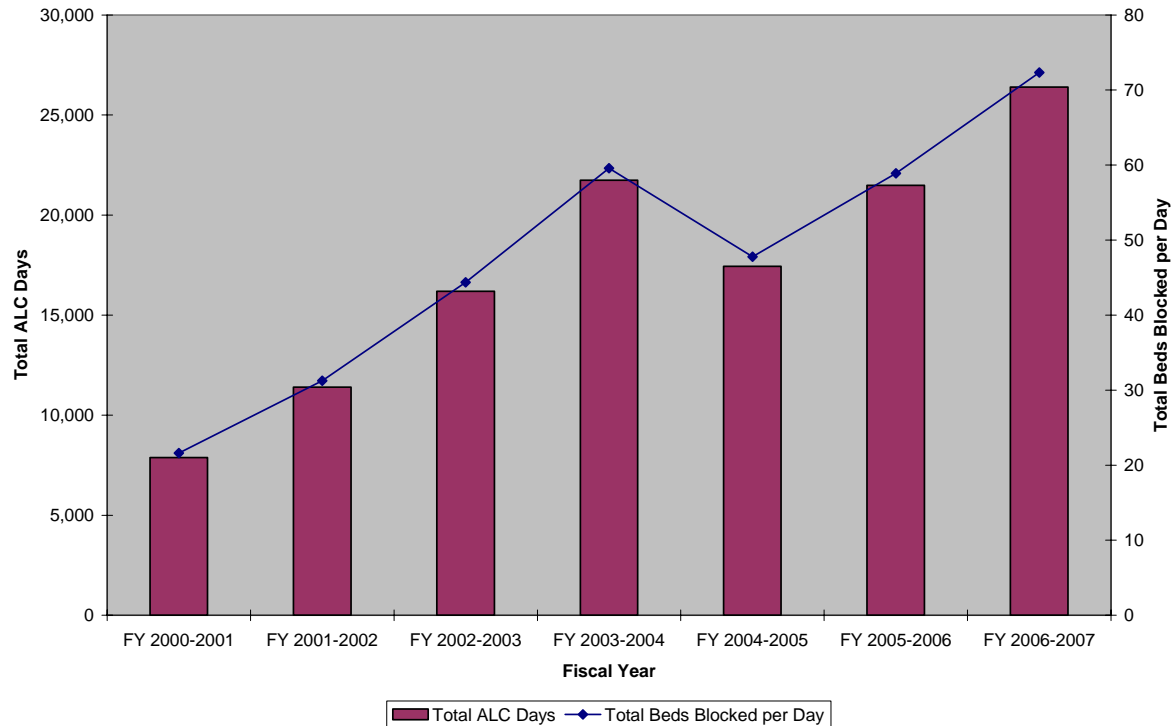
- 75+% of all ALC cases and days in the NE occur in the four large hospitals.
- 80% of ALC cases and days are for individuals aged 65+ years.
- ALC patients are local residents.
- A relatively small proportion of ALC patients account for a relatively large proportion of ALC days (long LOS).
- The top 5 PCCs account for 50+% of ALC patients and days.

## Highlights by Community

- HRSRH – Sudbury
- NBGH – North Bay
- SAH – Sault Ste. Marie
- TDH - Timmins

# HRSRH – Sudbury

HRSRH Total ALC Days and Number Beds Blocked per Day



Source: HRSRH

# HRSRH – Sudbury

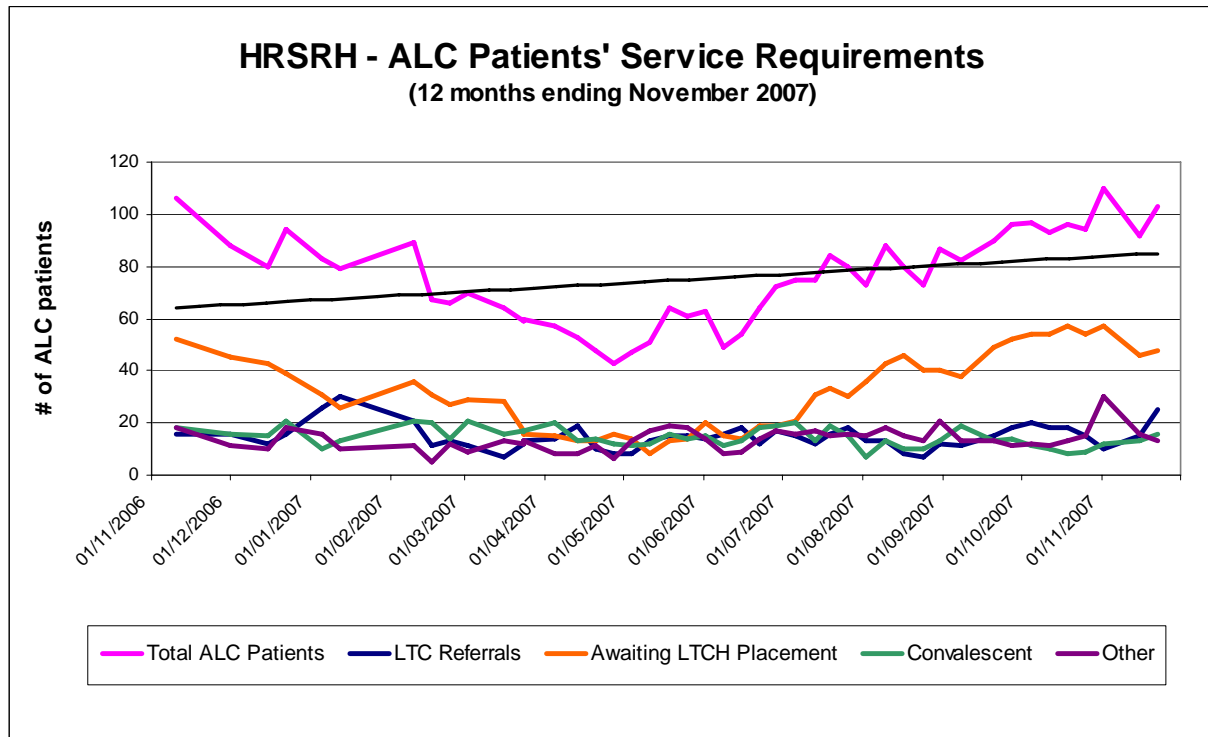
## *Hospital ALC Information*

- ALC days increased by over 20% between 05/06 and 06/07.
- the number of ALC cases at the HRSRH has consistently averaged between 70-80 cases with recent peaks reaching over 100.
- Of these cases, nearly all occupy an acute care bed.
- This represents the consistent 16-20% use of the Hospital's 462 acute care bed complement for ALC.
- More specifically, nearly all ALC patients at HRSRH occupy a medical or surgical bed of which there are 322. In this context, ALC represents 25-30% of the Hospital's medical/surgical bed capacity at any point in time.
- 60% of cases are awaiting LTC placement or have applications in process.
- Hospital amalgamation in 2009 will see a reduction in acute care beds exacerbating already critical problem.

## *Point in Time Assessment*

- The average age range of patients was in the mid-70s. Substantial prescription medication use was found in the two surveys that included this component.
- Over 50% had no prior CCAC service.
- Reasons for admission: falls/fractures, social, cardio pulmonary, behavioural (mental health, dementia).
- 75+% came from home.
- 25% could have been repatriated home with supports.

# HRSRH – Sudbury



# NBGH – North Bay

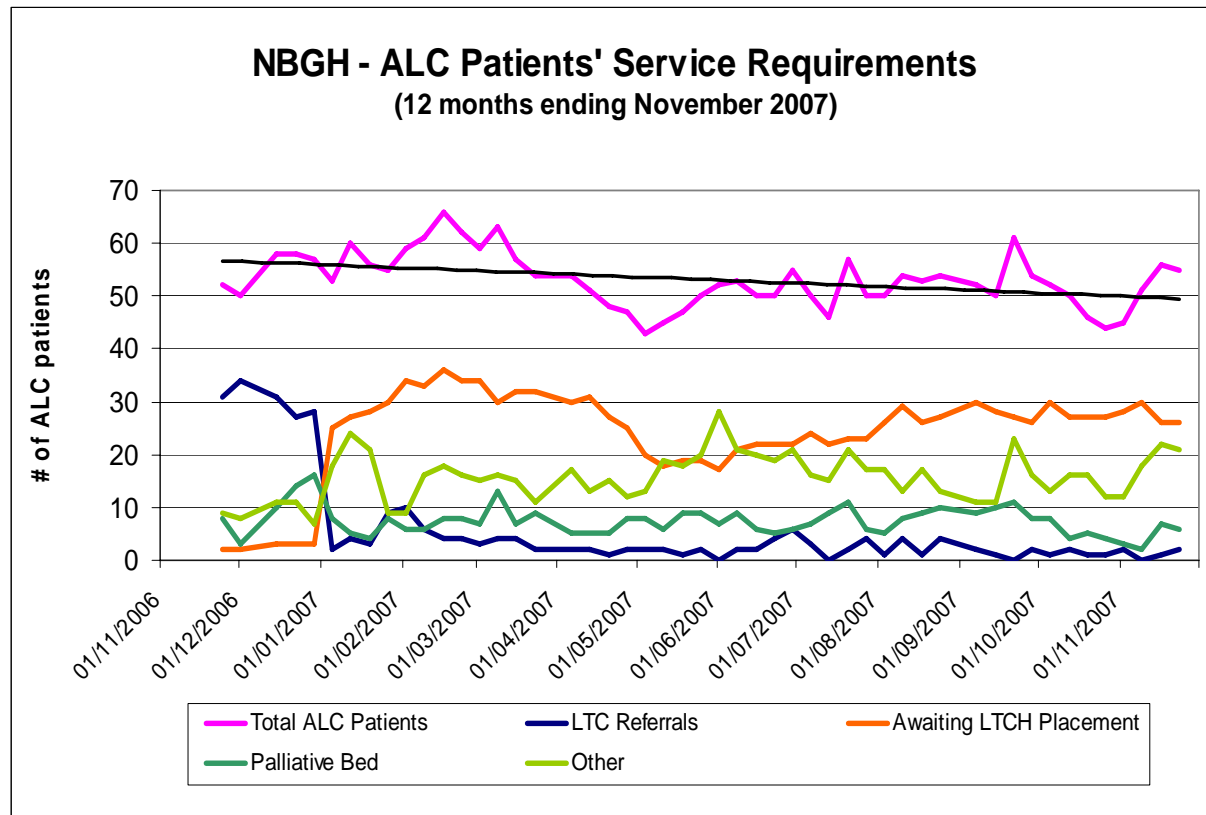
## *Hospital ALC Information*

- On a consistent basis between 2003/04 and 2006/07, just under one in four of all acute inpatient days at the NBGH was ALC.
- 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.
- This represents the consistent 25-30% use of the Hospital's 168 acute care bed complement for ALC.

## *Point in Time Assessment*

- The average age range of ALC patients was 75 to 82.
- The proportion of ALC patients with no prior CCAC service varied between 25-63%.
- The most prevalent diagnoses for patients classified as ALC were falls/fractures and dementia/cognitive impairment.
- The most prevalent type of ALC classification was 'awaiting LTC placement' or application in process (50+%), followed by palliative care, convalescent, and rehabilitation.

# NBGH – North Bay



# SAH – Sault Ste. Marie

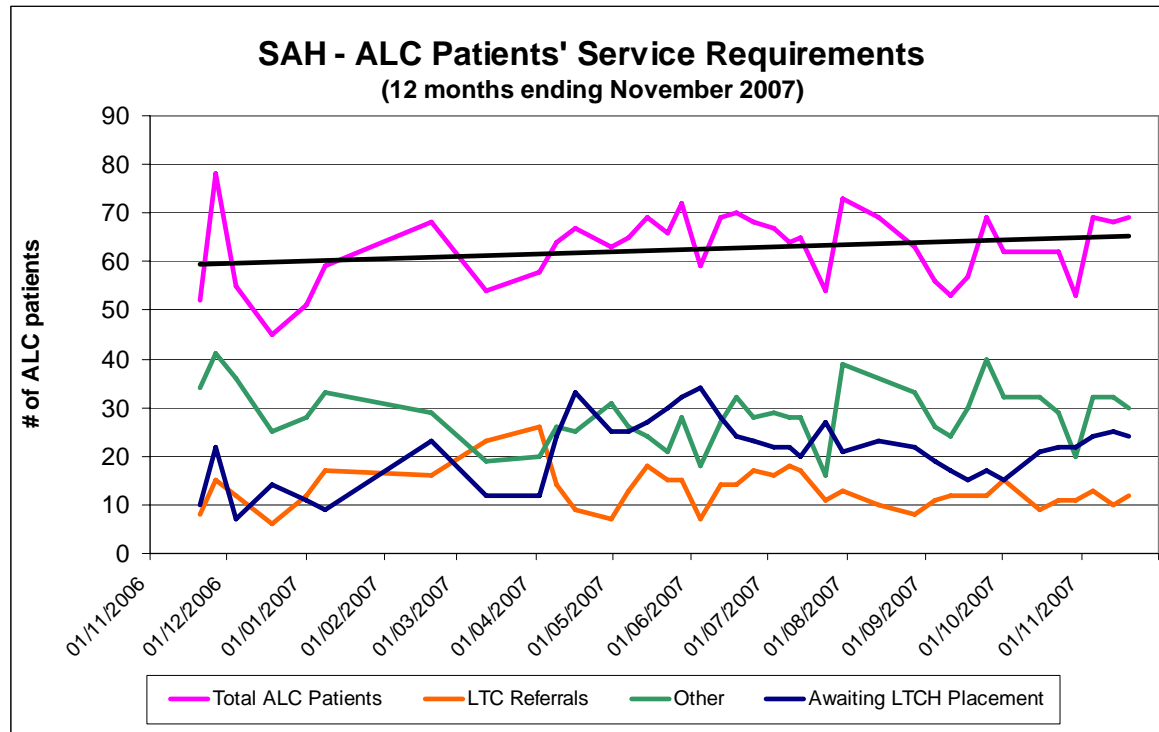
## *Hospital ALC Information*

- Between 2003/04 and 2006/07 the SAH experienced a 63% reduction in ALC days and 26% reduction in ALC cases. The trend toward decreasing numbers of ALC days may not continue if 2006/07 becomes a turning point for the Hospital.
- The number of ALC cases at the SAH has consistently averaged between 55-65.
- Of these cases, typically 40% occupy an acute care bed and 50% occupy a CCC bed.
- This represents a consistent use of approximately 12% of the Hospital's 202 acute care bed complement for ALC and over 50% use of its CCC capacity of 50 beds for ALC.

## *Point in Time Assessment*

- The average age range of ALC patients was 72 to 76.
- The proportion of ALC patients with no prior CCAC service was consistently around 60%.
- Falls were cited as one of the most prevalent diagnosis in all three points in time analyses. Also cited among the top 3 were dementia, cerebral vascular accident, mobility issues, and failure to cope.
- The most prevalent type of ALC classification was 'awaiting LTC placement' or application in process (50%).

# SAH – Sault Ste. Marie



# TDH - Timmins

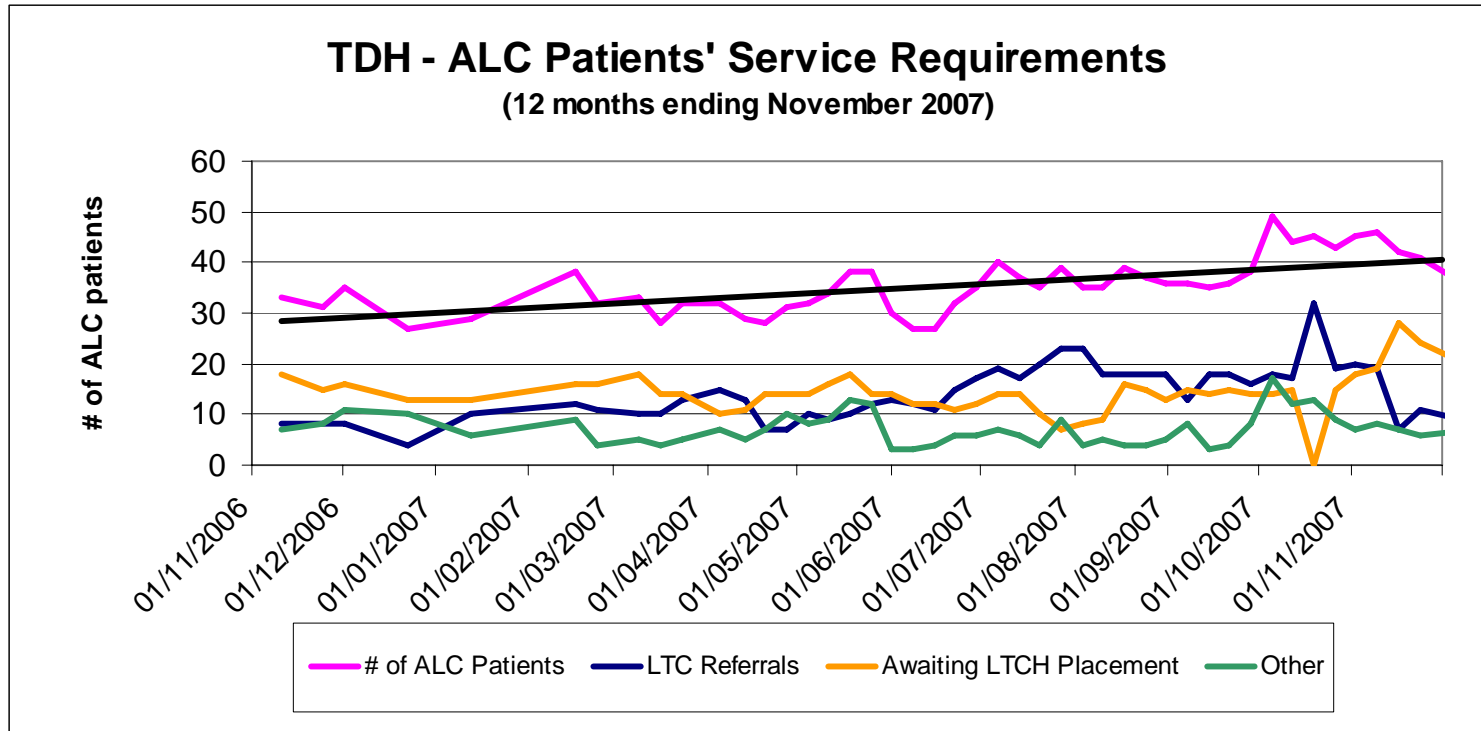
## *Hospital ALC Information*

- Over the four-year period, 2003/04 to 2006/07, TDH experienced a decrease in ALC days of 42% while cases fell by 13.5%.
- The number of ALC cases at TDH is currently averaging 35.
- These cases are evenly split between acute and CCC beds.
- This represents the consistent 16% use of the Hospital's 112 acute care bed complement and over 70% use of its CCC capacity of 25 beds for ALC.

## *Point in Time Assessment*

- The average age range of ALC patients was 74 to 77.
- The proportion of ALC patients with no prior CCAC service varied between 20-35%.
- Cardiac related disease and dementia/confusion were identified as the most prevalent diagnoses.
- The most prevalent type of ALC classification was 'awaiting LTC placement' or application in process (85+%).

# TDH - Timmins



## Other Points of Note

- Behavioural issues.
- Rates of falls and fractures (NE is the highest on the province).
- The NE population trends.

## Developing Recommendations

- In various ways, all of the Task Forces considered the following when developing recommendations:
  - Impact based on the local context.
  - Leveraging existing programs and infrastructure.
  - Reasonableness of the cost requirements.
  - Availability of the necessary leadership and opportunity to move forward.
  - Time frame.
  - Collaboration.

## Recommendations - Themes

- Increased capacity – primarily in the community.
- Specialized services for target populations.
- Prevention and avoidance.
- Regional approach where appropriate.
- Elimination of barriers to enhanced processes.  
(Per Aging at Home policy/legislative enablers.)
- Additional planning requirements to make the best decisions on issues beyond the scope of the Task Force work.

## Recommendations - Themes

- Increased capacity – primarily in the community.
  - Community Support Services (IADL, ADL)
  - In-Home Services (CCAC services)
  - Supportive Housing
  - Retirement Homes
  - Long-Term Care Homes
  - Mental Health
  - Caregiver Support and Respite

## Recommendations - Themes

- Specialized services for target populations.
  - Psychogeriatric Unit
  - Community-Based Palliative Care
  - Developmental Disabilities
  - Physically Disabled
  - Acquired Brain Injury

## Recommendations - Themes

- Prevention and avoidance.
  - Geriatric Emergency Management Program
  - Early Screening and Intervention (ISAR)
  - Diversion Program in ER

## Recommendations - Themes

- Regional approach where appropriate.
  - Common ALC Definition
  - eHealth (electronic health record)
  - Continuation of Enhanced Case Management
  - Continuation of Enhanced Home Support Services
  - Information and Referral
  - Regional Geriatric Program
  - Identification of Seniors at Risk (ISAR)

## Recommendations - Themes

- Elimination of barriers to enhanced processes.  
(Per Aging at Home policy/legislative enablers.)
  - Utilization of short stay beds
  - Utilization of convalescent beds
  - Case management and in-home services
  - Enhancement of in-home personal support and homemaking services
  - Subsidy rate system
  - Partnerships with retirement homes and seniors residences
  - Long-term care homes
  - Funding for hospices, and
  - Aboriginal and First Nation communities

## Recommendations - Themes

- Additional planning requirements to make the best decisions on issues beyond the scope of the Task Force work.
  - Monitoring and Evaluation of Programs
  - Analysis of LTCH Bed Requirements
  - Identification of Chronic Ventilator Models
  - Retirement Homes/Assisted Living Options

# QUESTIONS and DISCUSSION



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