

# ALC – A long-standing issue for North East Ontario

## NE LHIN – An organization working to mitigate the ALC Issue

Over the past decade, the ALC (Alternate Level of Care) situation in Northeastern Ontario has been building to a crisis point.

According to CEO, Rémy Beaudoin, “The NE LHIN has been working on resolving the ALC issue since the LHINs were born in the Spring of 2006.” Mr. Beaudoin notes that short-term band-aid solutions will not work. “We have learned over and over again that one-time injections of money do not work over the long-term. The NE LHIN is focused on long-term solutions that will continue to mitigate this issue.” These solutions, states Mr. Beaudoin, will not be found in any one area of the health care system, rather they will be found along the health care continuum. “A realignment of the health care system is needed in order to arrive at successful solutions to the persistent ALC situation,” concluded CEO Beaudoin.

As the newest kid on the health care block, the role of the NE LHIN is to assess health care needs and fund health service providers to best meet those needs. The LHINs’ focus on the integration of services and bringing health care providers together to deliver the best service possible for the local people. Such is the case with ALC.

The numbers of ALC patients was rising steadily long before the LHINs were born. Since 2006, the NE LHIN has made ALC a priority and has been working continuously to bring the right partners around the table. CEO Beaudoin feels confident that the NE LHIN approach is the right one. “Up until now, every attempt to resolve the ALC issue has fallen short. The NE LHIN has been actively working with the Ministry of Health and Long-Term Care (MOHLTC) and local stakeholders to identify specific strategies to address the ALC issue in our region. With commitment, patience and determination; we will succeed.”

- **May – August 2006:** Community engagement in support of the NE LHIN Integrated Health Services Plan identifies ALC as a priority.
- **February 2007:** NE LHIN CEO meets with representatives of Sudbury Regional Hospital to discuss increasing numbers of ALC patients. It is agreed that ALC Task Forces should be established in four urban centres to study issue.
- **March 2007:** ALC Task Forces formed in North Bay, Sault Ste. Marie, Sudbury and Timmins. ALC Task Forces meet over 7 months and conduct detailed analysis of ALC issue.
- **June 2007:** NE LHIN hosts ALC Summit in Sudbury which brings 125 stakeholders together to receive information and discuss strategies to mitigate ALC. Proceedings are developed and strategies identified.
- **August 2007:** NE LHIN holds series of meetings with CCAC senior management and hospital senior management (North Bay General Hospital, Sault Area Hospital, Sudbury Regional Hospital and Timmins and District Hospital) to discuss the FLO Collaborative and agree on partnership to implement the initiative beginning in September 2007.
- **August 28, 2007:** Aging at Home Strategy is announced by Province. NE LHIN immediately develops work plan to develop the first deliverable of a Directional Plan.
- **August 31, 2007:** NE LHIN submits Annual Service Plan in which ALC is identified as a priority and includes high level business cases based on submissions from health service providers. The business cases focus on the priority of ALC.
- **October 2007:** CEO Round Tables meet to review draft Aging at Home Directional Plan which includes high level strategies based on work of ALC Task Forces, ALC Summit and Annual Service Plan.
- **November 23, 2007:** ALC Task Force reports tabled at NE LHIN Board of Directors meeting.



Rémy Beaudoin, CEO, NE LHIN

### A few facts:

- ALC is a long-standing issue in Northeastern Ontario health care.
- The ALC challenge is not unique to any one Northeastern Ontario municipality – it is widespread across the region.
- ALC is a priority for the NE LHIN who has called upon its system partners through the ALC Summit, ALC Task Forces, and CEO Round Tables to find solutions to help ease the pressures resulting from increased numbers of ALC patients.
- The ALC challenge is one in which the solution must be found across the health care continuum; it is a system issue.
- The ALC issue will not be solved simply through funding. Strategies (such as the recently announced Aging at Home Strategy) which focus on increasing the overall mix and quantity of services and innovations are pivotal in solving the ALC issue within the Northeastern region.

### Demographic factors having an impact on ALC:

The NE LHIN...

- Covers a large geographic area of approximately 400,000 square kilometres. The total population of 561,883 (Census 2006) in the North East region has an older age structure, with a relatively high proportion of First Nations, Aboriginals, Métis and Francophones.
- Has a higher proportion of the population age 65+ than the province i.e. 16.3% and 13.5% respectively (2006 Census). Seniors age 65+ account for approximately 91,842 of the total population which is 561,882.
- Has approximately 7,700 people currently with Alzheimer disease or related dementia. This number is expected to rise by 30% to just under 10,000 by 2016 (North East Dementia Network Coalition, June 2007).
- Has more than 23,000 older persons living alone. Overall, 65% of seniors live as a family, 4% live with relatives, and 30% live alone. James Bay Coast area residents show the highest percentage of older persons living as families at 77% compared to 65% in the NE LHIN as a whole.
- Has a higher percentage of unemployment, low-income rate, daily smokers, adults who are obese, overweight, relative to the province.
- Has one of the highest ALC utilization rates in the province at approximately 14-18.8% of all acute inpatient days between 2003/04 and 2006/07.