

North East
Community Care Access Centre



Centre d'accès aux soins communautaires
du Nord-Est

The Faces of People Designated Alternate Level of Care in North East Ontario

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PURPOSE

To provide a profile of the person in North East Ontario who is being designated as requiring **Alternate Level of Care**

To give a **face** to those who will benefit from the work we are embarking on during this summit

LHIN LEADERSHIP

As an outcome of a round table meeting to address ALC issues in Sudbury, the CEO of the North East LHIN requested a Point in Time Profile of patients in our four urban community hospitals: Timmins, Sudbury, North Bay and Sault Ste. Marie.

The Profiles were targeted for February 27, 2007.

Concurrently, the NE LHIN organized ALC Task Forces for the four urban areas to begin their work.

NE CCAC and HOSPITALS

On or about February 27th, the following partners began the work of profiling those patients in their hospitals who were designated ALC:

Hôpital régional de Sudbury Regional Hospital

North Bay General Hospital

Timmins and District Hospital

Sault Area Hospital

North East CCAC

The Other Partners

In the meantime, the NE LHIN was communicating with the other integral partners in the health care continuum to participate on the Task Forces:

- Community Support Services
- Long-Term Care Homes
- Primary Care
- Community Mental Health/Addictions
- Emergency Services (ambulance)
- Public Health
- Municipal Government
- Provincial government

Alternative Level of Care (ALC)

ALC is when a hospital patient has finished the acute phase of treatment and remains in an acute bed
(CIHI, ALC Guidelines, 2003)

Individuals may be waiting for: palliative, LTC home, home care, retirement home, rehabilitation, convalescence or chronic care

Hospital is not the right setting for these individuals and may lead to adverse outcomes such as excessive disability

Population in the NE 65+

Area	Aged 65 +	% of NE 65 +
Algoma	19,585	24%
Cochrane	9,835	12%
Manitoulin-Sudbury	26,510	33%
Nipissing	12,210	15%
Timiskaming	5,685	7%
Parry Sound	7,735	9%
Total for NE	81,560	100%

NE CCAC Population Characteristics

Overall, relative to the province, the North East has a higher:

Percentage of the population with Aboriginal identity

Percentage of Francophones

Proportion of older people

Unemployment and low-income rate

Percentage of daily smokers

Percentage of adults who are current drinkers reporting heavy drinking

Percentage of adults who are obese or overweight

Prevalence of self-reported activity limitations, arthritis, high blood pressure, diabetes, and heart disease

NECCAC Population Characteristics

... and a lower:

Rate of population growth

Percentage with post-secondary education

Percentage of immigrants and visible minorities

Proportion of pre-middle-age adults

Life expectancy for males and females

Rate of contact with a medical doctor in last year.

Point in Time Profile: North Bay

Total: 63

Females: 28

Males: 35

Average age: 80

Most Prevalent Diagnosis:

#1 Fractures/frequent falls

#2 Dementia/cognitive
impairment/Alzheimers

#3 Cardio pulmonary disease

CCAC services prior to admission:

43 – yes

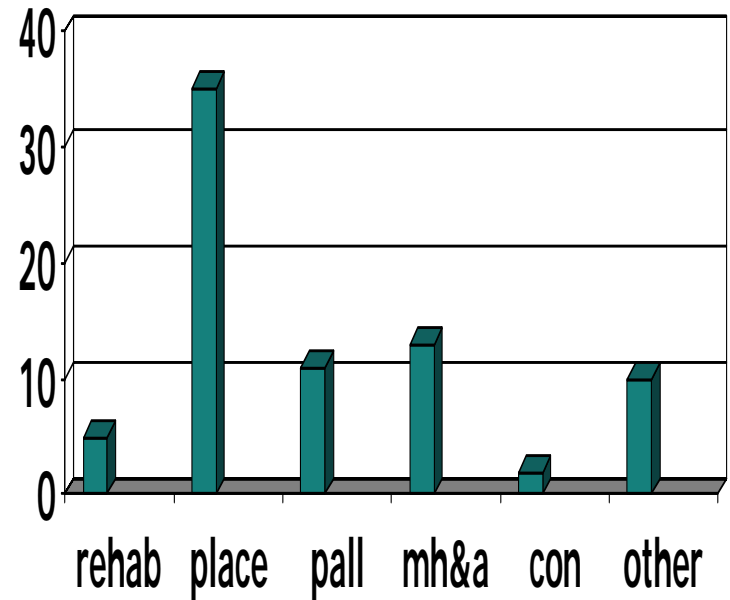
20 – no

#'s of previous admissions within 6 months:

100 inpatient admissions

117 ER visits

10 were admitted longer than 6
months



North Bay

Living Situation:

Alone: 20

With someone: 43

Living Where?

In home: 20

Retirement home: 7

Other

NO home: 46

Trends

All admissions were related to an acute condition

The majority presented with multiple diagnoses.

Fractures/multiple falls were the #1 cause for admission

75% of these people have no home to be discharged to as they have exhausted all formal & informal supports or require 24 hour care

Point in Time Profile: Sudbury

Total: 83

Females: 43

Males: 40

Average age: 78

Most Prevalent Diagnosis

#1 Social: failure to thrive, family coping, lives alone – no alternatives

#2 Ortho – fractures/injuries

#3 Cardio vascular accident

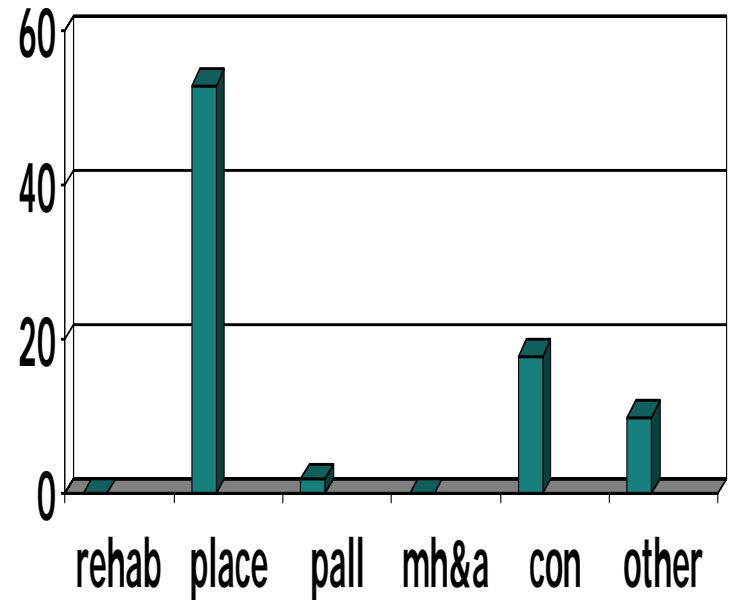
CCAC services prior to admission

35 – yes

48 – no

#'s of previous admissions within 6 months:

37 percent



Sudbury

Living Situation:

Alone: 34

With someone: 49

Living Where?

In home: 61

Retirement home: 13

Other: 9

No home: 0

Trends

Majority of these people were admitted from home (73%) and in an acute phase upon admission

42% were on CCAC service prior to admission

9% have special/complex needs i.e. behavioural and/or mental health

Approximately 25% could potentially be discharged to home with enhanced CCAC support services

Point in Time Profile: Sault Ste. Marie

Total: 66

Females: 33

Males: 33

Average age: 75.5

Most Prevalent Diagnosis

#1 Failure to cope

#2 Falls

#3 Mobility issues

CCAC services prior to admission

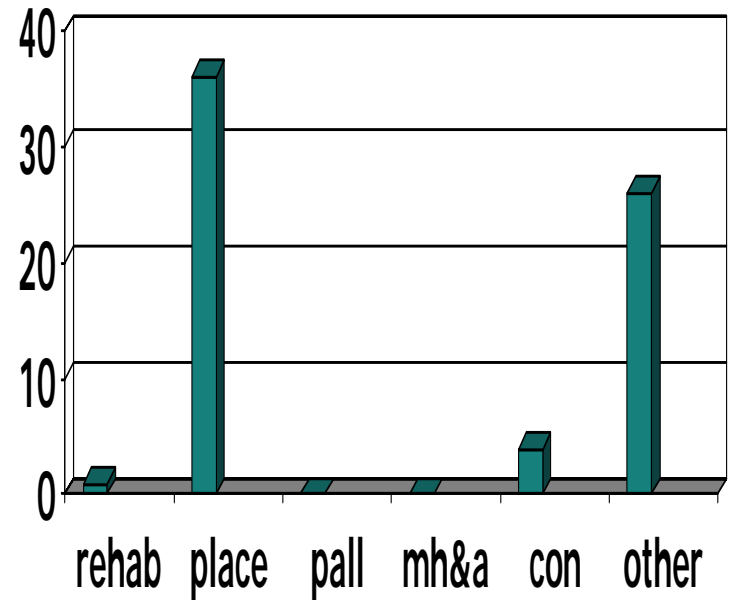
24 – yes

42 – no

#'s of previous admissions

within 6 months:

28 patients (1-2 admits on average)



Sault Ste. Marie

Living Situation:

Alone: 29

With someone: 37

Living Where?

In home: 50

Retirement home: 10

Other: 5

No home: 1

Trends

64% of the people are admitted for long periods of time and are not on CCAC service prior to admission

Those on service receive an average of 8-12 hours per month of PSW services. A review of client records indicate increased services were offered – but refused by client/family

Point in Time Profile: Timmins

Total: 34

Females: 15

Males: 19

Average age: 74

Most Prevalent Diagnosis

#1 Cardiac related disease

#2 Dementia/confusion

#3 Failure to cope

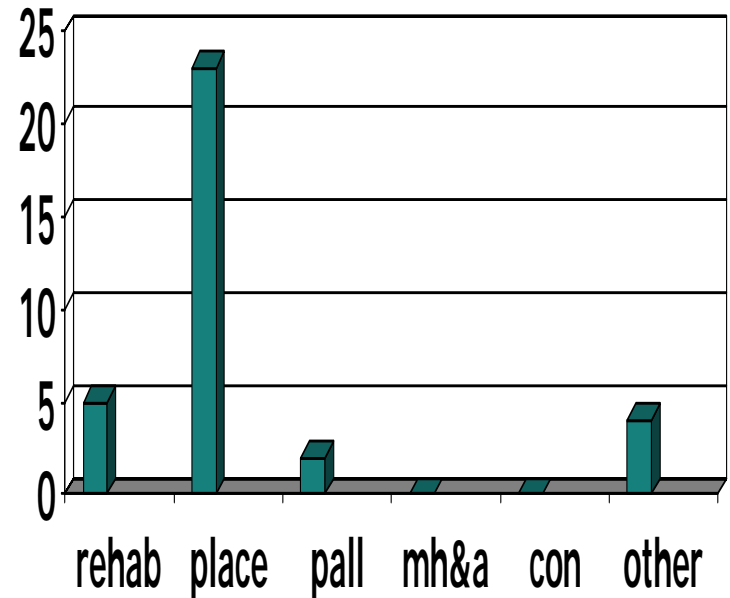
CCAC services prior to admission

22 – yes

12 – no

#'s of previous admissions within 6 months:

1-8 on average



Timmins

Living Situation:

Alone: 13

With someone: 21

Living Where?

In home: 27

Retirement home: 5

Other: 2

No home: 0

Trends

33% of these people were not on CCAC service prior to admission

High incidence of impaired mobility and falls prevent clients from returning home

Caregiver burnout is an issue

LTC placement only option presented to clients/caregiver

Next Steps

- The next Point in Time Profiles will take place June 1st and September 1st
- The template has been revised to include:
 - access to family physician
 - # of clients per prevalent admitting diagnosis
 - Comorbidities to include # of meds
 - Types of ALC designation to include: Hard to serve
 - Rural and urban

Your Challenge

And so, as you think about next steps, first see the frail elderly woman or man, in a bed in a hospital. And then, see this same man or woman, in their favourite chair or in a garden, not in a hospital.

The main message is that these people no longer need to be in an acute facility.

Over the next day, together we can identify concrete actions and strategies that will assist in moving these people to the best place for them: be that to their home, to a supportive living environment with the required community support services.

Thank you!

Merci!

Questions???