

# **ALC Strategy in Waterloo Region**

**Cambridge Memorial Hospital**

**Community Care Access Centre of Waterloo Region**

**Grand River Hospital**

**St. Mary's General Hospital**

**Ministry of Health and Long Term Care**

**Celebrating Innovations  
in Health Care Expo**

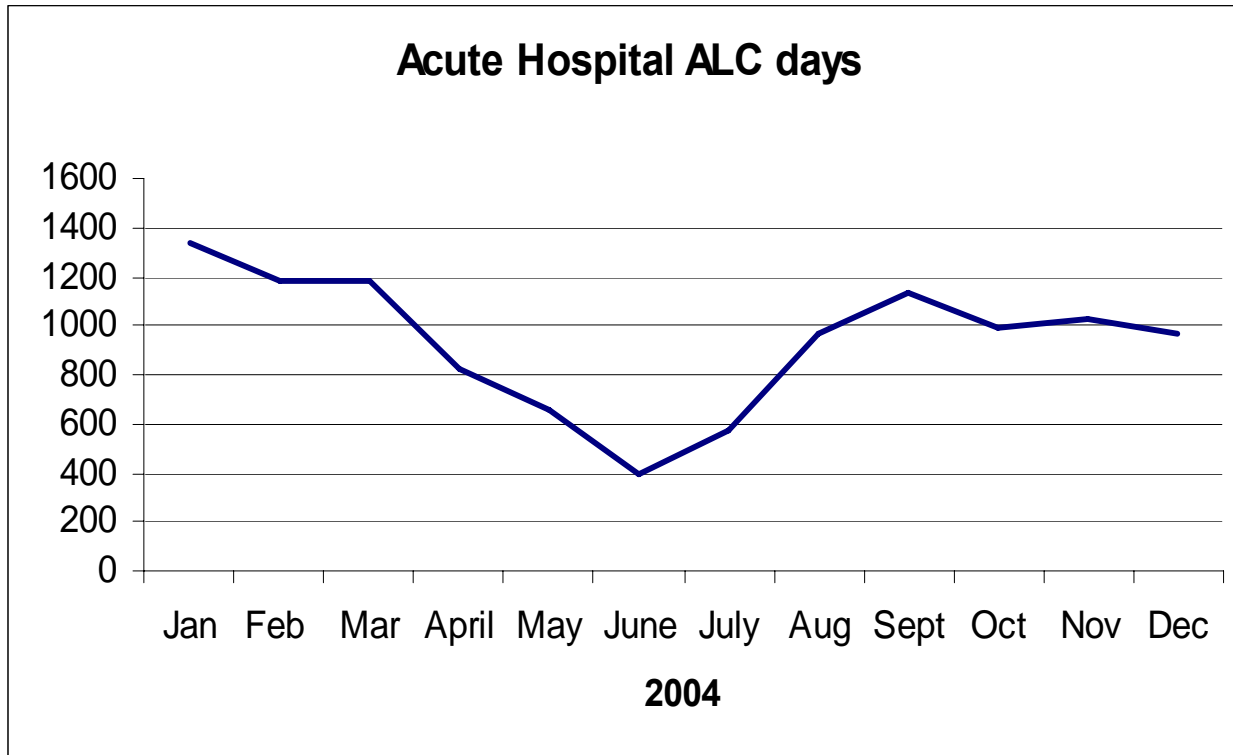
# THE ISSUE

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- **↑ Waitlist for long-term care facilities higher acuity admissions**
- **↑ Alternate Level of Care (ALC) patients in acute care risks destabilizing the system:**
  - **↑ waiting times in hospital Emergency Departments (ED)**
  - **↓ access to medical and surgical beds**
  - **↑ cancellation of surgical/interventional procedures**

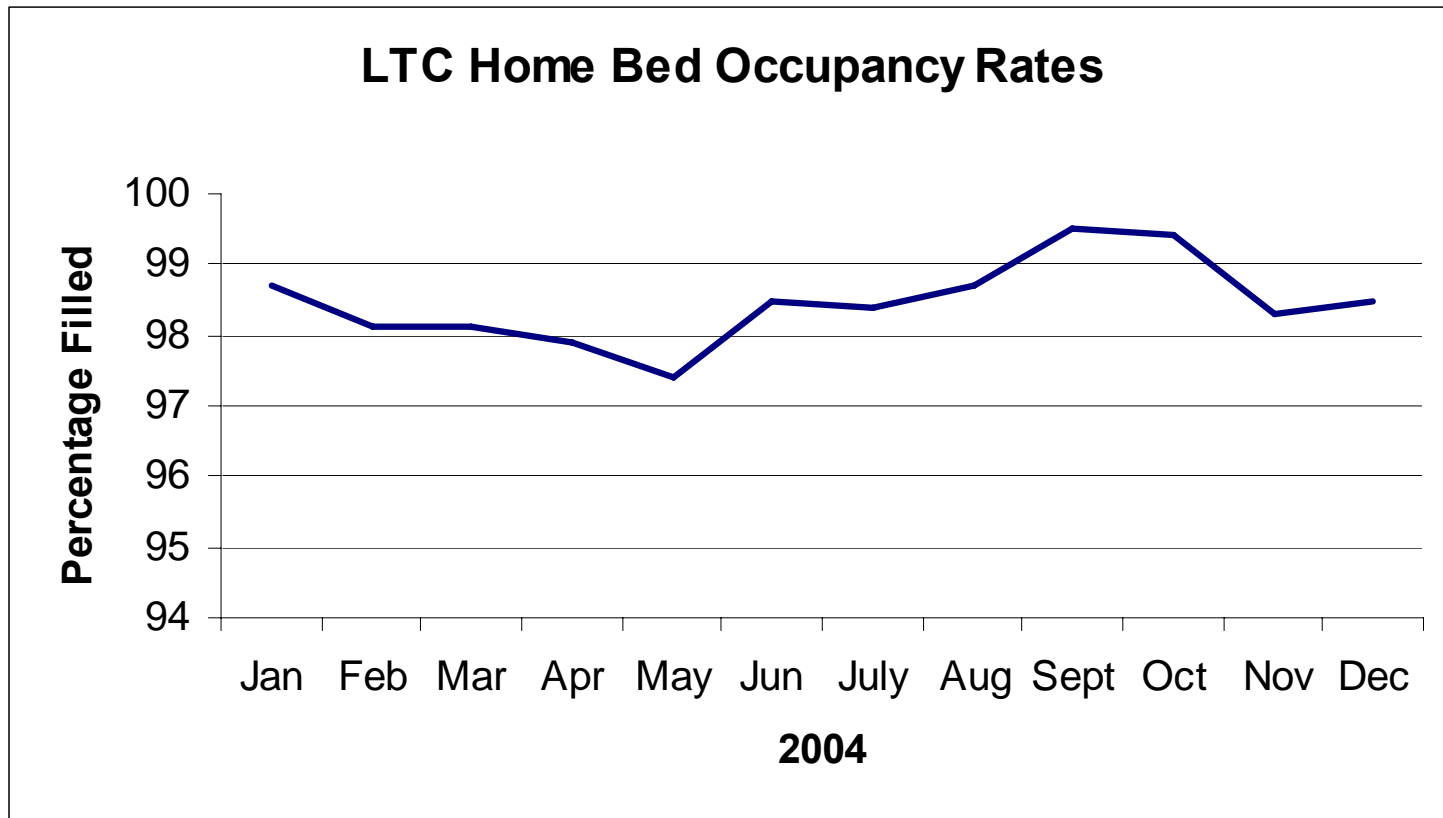
# THE ISSUE

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# THE PARTNERSHIP

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- **Centralized discharge planning system with Community Care Access Centre (CCAC) for Hospitals and Long-Term Care (LTC) Homes to support the continuum of care**
- **Common discharge policy and patient information for Cambridge Memorial (CMH), Grand River (GRH) and St. Mary's General Hospitals (SMGH)**

# THE PARTNERSHIP

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- **Estimated length of stay (E-LOS) identified on admission**
- **Consistent criteria for ALC designation**
- **Identification of Seniors Assessment of Risk (ISAR) assessment tool implemented in ED**
- **Identification of learning needs in LTC**

# THE PARTNERSHIP

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- **Collaborative strategies with hospitals, CCAC and LTC facilities to support families:**
  - **Shared pamphlets/information materials**
  - **Joint family conferences with hospital and CCAC staff to ensure common understanding of patients' status, goals and care options**

# THE PARTNERSHIP

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- Collaborative strategies to improve discharge planning processes:
  - Bi-weekly 'bullet rounds' on all patients to determine current/upcoming facility matches
  - Admitted *Category One* patients retain priority designation
  - Discharged patients 'waiting placement' retain priority designation

# THE PARTNERSHIP

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- **Regional clinical pathways developed**
- **Specialty Staff roles to support unique needs of ALC population:**
  - **Geriatric Specialists**
  - **Discharge Planners**
- **CCAC case manager hours extended to cover off hours and weekends**

# **THE PARTNERSHIP**

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- **Implementation of care models that ensure a 7-day a week multiprofessional staffing**
- **Implementation of a regional transfer system for non-urgent transfers**

# THE PARTNERSHIP

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- **Hospital link with Community Health Information Network (CHIN) patient information:**
  - **Assessment and Personal Health Profile**
  - **Patient's current facility choices including position on waiting lists, bed type and category**
  - **Placement Dynamic Report - information about the last three admissions per facility (filtered by level of care, bed type or gender)**

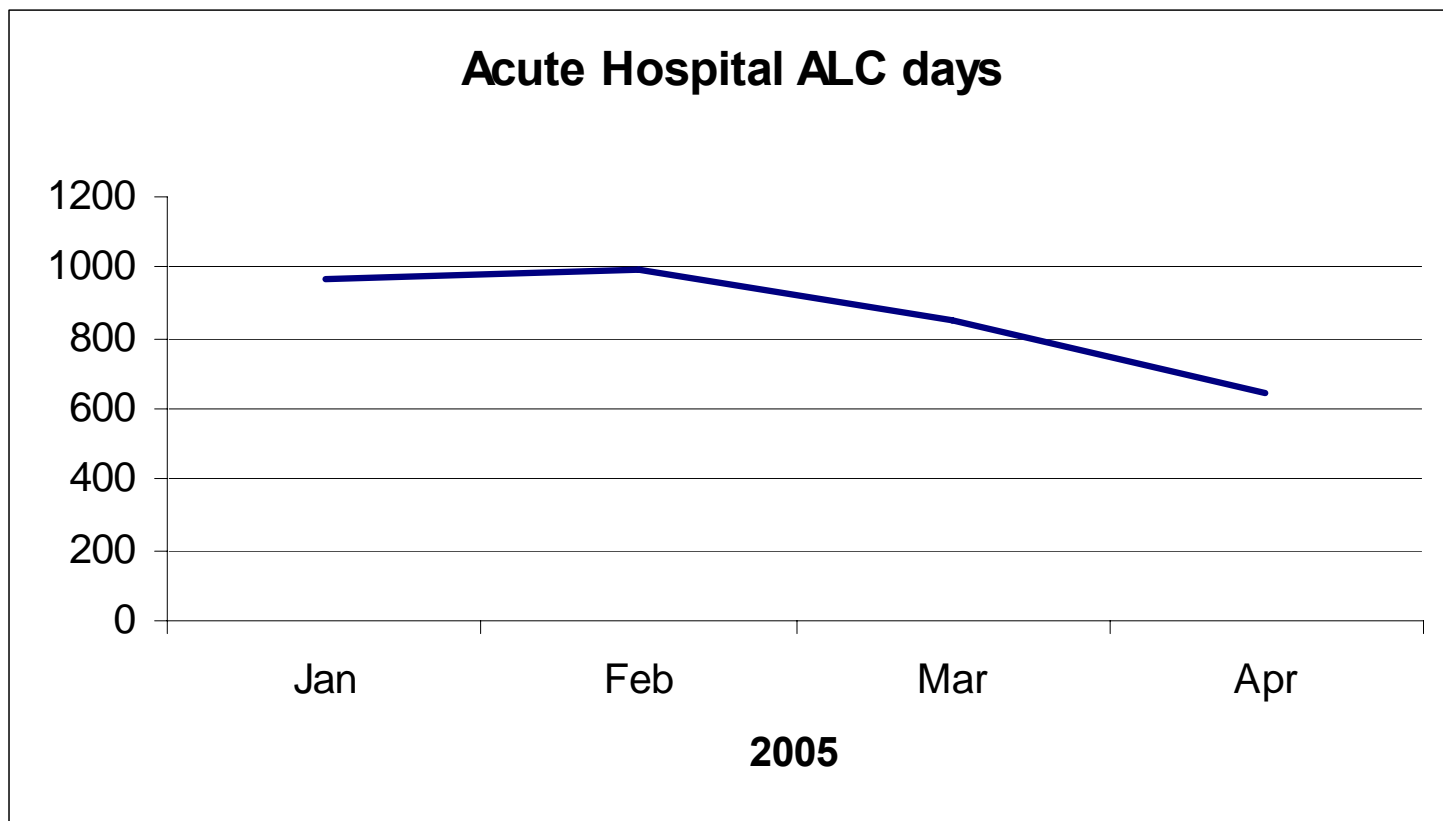
# THE PARTNERSHIP

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- **Established LTC Education Steering Group to development education plan and ‘skills day’ for LTC staff to allow ↑ level of client complexity to be managed in LTC**
  - **83-98% of participants rated the training as good to excellent in relevance to meeting learning objectives & applicable to work environment**

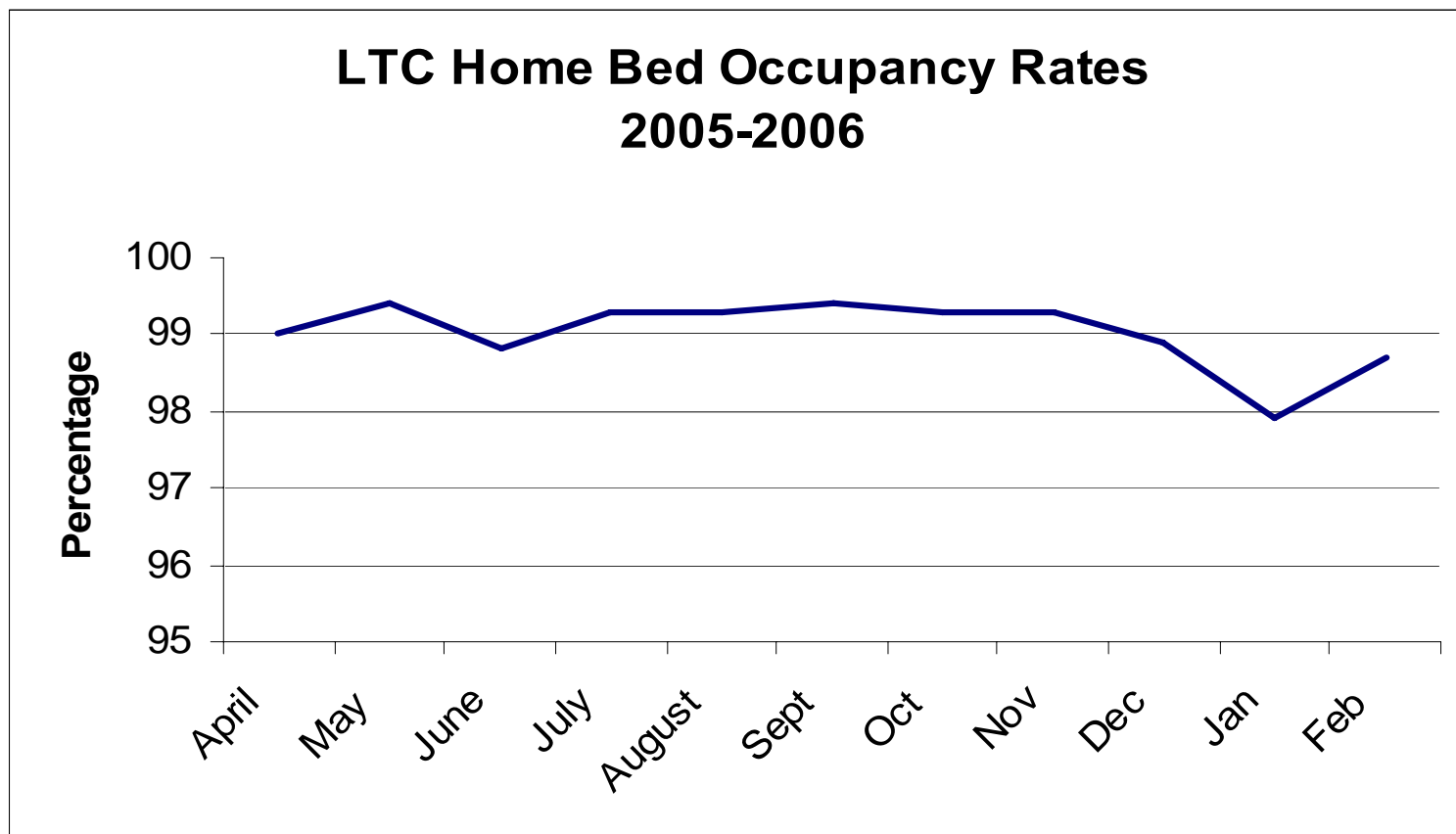
# THE OUTCOME

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# THE OUTCOME

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