

**Draft**

**NORTH EAST LOCAL HEALTH  
INTEGRATION NETWORK**

*Alternate Level of Care Action Plan (ALC)*

**2007/08 to 2010/11**

**December, 2007**

**[www.nelhin.on.ca](http://www.nelhin.on.ca)**

# Introduction

The four large North East Local Health Integrated Network (NE LHIN) hospitals (North Bay, Sault Ste. Marie, Sudbury and Timmins) have been facing growing numbers of alternate level of care (ALC) patients which restrict patient flow and create bottlenecks in the system. However, ALC is not simply a hospital problem. Rather, it relates to the overall capacity and range of options (or lack of both) in how the health care system is currently configured and resourced. There are gaps along the continuum of needed services that result in an over-reliance on high cost (intensive) care environments.

In order to more fully understand the ALC challenge, the NE LHIN established four ALC Task Forces in North Bay, Sault Ste. Marie, Sudbury and Timmins in March 2007. These Task Forces were created to facilitate the ability of health service providers, communities and individuals to work together to adopt a system-wide approach to address the complex ALC issue facing Northeastern Ontario. The Task Forces used a collaborative approach to develop community profiles and to identify strategies and recommendations to address and mitigate the ongoing pressures.

The Task Forces have now completed their review of the ALC issue in each of their respective areas and have submitted their report to the NE LHIN Board, complete with specific initiatives aimed at addressing the challenge. These initiatives form the basis of the NE LHIN ALC Action Plan, and are complemented with a focus on system improvements – that is, improvements in the transition from acute care hospitals to subsequent care destinations for all patients. The NE LHIN firmly believes that such improvements will occur by applying a rapid cycle continuous quality improvement methodology (e.g., Plan, Do, Study, Act – PDSA) to identify delays and bottlenecks, select potentially better practices and then redesign, test, embed and spread improved care processes throughout the system. This approach is currently being utilised by the Ontario Health Performance Initiative of the Ministry of Health and Long-Term Care through their quality improvement project entitled the Flo Collaborative.

The following NE LHIN Action Plan addresses the ALC issue through strategies which focus on both resource/capacity issues (based largely on the ALC Task Force recommendations/initiatives) and on improvements in processes of care delivery. By improving system capacity and the process of care, the NE LHIN will be able to reduce the growing number of ALC patients in the system. This will be accomplished through ongoing partnerships with our health service providers who best understand how to address ALC in the North East.

This Action Plan will need to be flexible and will evolve as the NE LHIN and its health system partners continue to (1) better understand the needs of patients (translated into required services, supports, and system improvements) and (2) monitor the success of the implementation of the Plan against the NE LHIN ALC targets.

# NE LHIN ALC Strategic Directions

## Resource/Capacity Strategies

The following strategies relate to the continuum of services required to provide an optimum range of services and supports for patients to allow for the appropriate care being delivered in the appropriate setting.

1. Improved health programs for seniors at home:
  - Identifying the range and level of services and supports required for patients to receive services in the community and thereby avoiding costly and inappropriate acute care admissions and premature placement in long-term care homes (LTCH).
2. Prevention of senior hospital admissions in hospital emergency departments:
  - Establishing programs and tools to assess and divert seniors at risk from requiring emergency hospital services.
3. Accelerated senior discharge after completion of hospital acute episode:
  - Building on the work of the ALC Task Forces, identify opportunities to introduce “flexible” funding/programs aimed at addressing individual ALC patient needs in order to expedite discharges from acute hospital settings.
4. Optimal configuration of community-based residential options and appropriate programs within those settings:
  - Building on the work of the ALC Task Forces, further analytical investigation is required to identify the right mix and distribution of resources and capacity (e.g. long-term care home beds, convalescent care, hospice, supportive housing, etc.)

## Improvements in Processes of Care Delivery

5. Improved hospital performance related to seniors:
  - Implementation of rapid cycle continuous quality improvement methodology within the acute care setting.
6. Improved health system performance:
  - Implementation of rapid cycle continuous quality improvement methodology across the continuum of care.

Embedded in these strategies is an underlying principle that as new funding becomes available, the NE LHIN will proceed with allocations project by project, based on the optimal return on investment and measurable outcome targets. Within the funding allocation available to the NE LHIN, existing structures (e.g., Health System CEO Round Tables) will be leveraged to determine the most optimal use of the funds across the NE LHIN region.

# ALC Strategies

The NE LHIN ALC Task Force report identified a total of 74 initiatives aimed at addressing the ALC issue within each of the respective four urban communities. These have been analyzed in an attempt to categorize them according to the NE LHIN strategic directions. The following is an overview of this categorization plus additional activities required to successfully address ALC pressures in the region.

## Resource Capacity Strategies

1. Improved health programs for seniors at home
  - Family Health Care/Primary Care dedicated programs for seniors
  - Regional Geriatric Program
  - Identification of Seniors at Risk tool (ISAR)
  - Geriatric Emergency Management (GEM) program
  - Caregiver support and respite
  - Instrumental Activities of Daily Living (IADL) & Activities of Daily Living (ADL)
  - Assisted Living Programs
  - Behavioral Support
  - Chronic Ventilator Dependant
  - Transportation
  - End-of-Life Care
2. Prevention of senior admissions in hospital emergency departments
  - Geriatric Emergency Management (GEM) program
  - Identification of Seniors at Risk tool (ISAR)
  - Clinical Specialist
  - Enhanced Case Management
3. Accelerated senior discharge after completions of hospital acute episode
  - Explore opportunities for flexible funding tailored to individual client needs
4. Appropriate community settings (options) and seniors' programs within those settings
  - The ALC Task Forces identified various community services required to provide care for ALC patients. However, further work is required to identify the right mix and number of "beds" in each community challenged by ALC. These include:
    - Number of additional long-term care home beds
    - Number of supportive and/or rent geared to income units
    - Number of convalescent care beds
    - Number of hospice beds
  - Given the capital requirement involved with the development of these options, the NE LHIN will need to work with the Ministry of Health and Long-Term Care and other provincial and municipal funding bodies to secure needed capital funding.

- Provide appropriate health care programming in the following settings:
  - Long-Term Care Homes:
    - Dialysis Escort
    - Nurse Practitioner outreach
    - Support to specialized care
    - Behavioral support
  - Supportive Housing Units tailored to:
    - Seniors
    - Physically disabled
    - Acquired Brain Injured
    - Mental health

## Improvements in Processes of Care Delivery

### 5. Improved hospital performance related to seniors

- Rapid cycle change (Flo Collaborative)
- Appropriately tailored programs for ALC patients in hospital. For those patients unable to be placed, what are the opportunities for necessary programming within the hospital (e.g. social)?

### 6. Improved health system performance

- System-wide PDSA (rapid cycle continuous quality improvement) targeted at reducing ALC numbers.
- Standard/common provincial ALC definition.
- Investments per NE LHIN ICT/e-health plan.
- Implementation of Northern directory of services for seniors.
- Measuring investment impact on reducing ALC numbers per community.

## NE LHIN ALC Targets

Statistics show that as of October 2007 the North East LHIN had the highest ratio of ALC patients in acute hospital beds (30%) compared to any other LHIN. LHINs at the 90<sup>th</sup> percentile have 12-14% of their acute care bed capacity being occupied with ALC patients. The NE LHIN recognizes the need to continually strive to improve its ALC performance targets, recognizing that it will take up to 3 years to reach the 90<sup>th</sup> percentile by implementing the ALC initiatives outlined in this plan.

From the current baseline (estimated at 30%), the goal is to reduce the ALC ratio of hospital beds by 25% year after year for the next 3 fiscal years to reach the current 90<sup>th</sup> percentile provincially:

- ALC Target for Year 2008/09: 22%
- ALC Target for Year 2009/10: 17%
- ALC Target for Year 2010/11: 13%

## NE LHIN ALC Action Plan Initiatives 2007/08

The following table provides an overview of the strategies to be funded using current resources available to the NE LHIN for the fiscal year 2007/08. Additional funding to move forward with strategies for 2008/09 based on additional NE LHIN allocations, including Aging at Home resources, will be determined in early 2008. The Aging at Home funds for year 1 (of the 3 year plan) will be identified by the end of February 2008.

Direction	Strategies	Projects	Cost One Time
<b>Resource Capacity Strategies</b>			
Improved health programs for seniors at home	Family Health Care / Primary Care	N7 NECCAC \$89,000, N8 NECCAC and VON \$58,000, MS7 NECCAC and Mnaamodzawin \$110,000, MS11 Mnaamodzawin \$17,892	\$274,892
	Regional Geriatric Program	Pioneer Manor LTCH A1,C1, N6, MS1, T1	\$56,822
	ISAR		
	GEM		
	Caregiver Support and Respite	PS6 The Friends \$35,000, MS10 VON Sudbury and Alzheimer Society Sudbury-Manitoulin \$30,000	\$65,000

<b>Direction</b>	<b>Strategies</b>	<b>Projects</b>	<b>Cost One Time</b>
	IADL & ADL	N9 Casselhome, NBGH and NECCAC \$119,032, MS9 Canadian Red Cross Sudbury \$144,000	\$263,032
	Assisted Living Programs	PS9 Wasauksing First Nation \$3,000, T4 Timiskaming Home Support \$22,260	\$25,260
	Behavioral Support		
	Chronic Ventilator Dependant		
	Transportation	PS2 Eastholme CSS \$5,000, C3 CMHA Timmins (Cochrane DSSAB) \$50,000, T6 Englehart Hospital or Tismiskaming CHC \$69,610	\$124,610
End-of-Life Care	A5 and A7 NECCAC (ARCH) \$150,000, A6 Canadian Red Cross SSM \$15,000, C4 Timmins District Hospital \$35,000, MS12 NECCAC	\$355,000	

Direction	Strategies	Projects	Cost One Time
		(Maison La Paix) \$140,000 T5 Timiskaming Palliative Care Network \$15,000	
Prevent hospital admissions of seniors in hospital emergency departments	ISAR	A2 SAH \$17,000, C2 TDH \$17,000, N5 NBGH \$17,000, MS2 HRSRH \$17,000, T2 To be determined \$17,000	\$85,000
	Clinical Specialists		
	Enhanced Case Management		
Accelerated senior discharge after completion of hospital acute episode	Special ALC Fund with flexible rules to support movement of ALC Seniors across settings	A3 SAH \$37,500, C6 Timmins District Hospital \$198,290	\$235,790
Optimal configuration of community-based residential options	For each ALC challenged community determine the required bed combinations and pursue development <ul style="list-style-type: none"> <li>• Number of LTC Home beds;</li> <li>• Number of supportive and/or rent geared to income units</li> <li>• Number of convalescent care beds</li> <li>• Number of hospice beds</li> </ul>	MS3 Pioneer Manor LTCH	\$208,900

<b>Direction</b>	<b>Strategies</b>	<b>Projects</b>	<b>Cost One Time</b>
Appropriate seniors' programs within those settings	LTC Home: <ul style="list-style-type: none"> <li>• Dialysis Escort</li> <li>• Nurse Practitioner outreach</li> <li>• Support to specialized care</li> <li>• Behavioral support</li> </ul>	PS4 Lakeland LTCH \$10,000, A4 Sault Area Hospital \$50,000	\$60,000
	Supportive Housing Units tailored to: <ul style="list-style-type: none"> <li>• Seniors</li> <li>• Physically disabled</li> <li>• ABI</li> <li>• Mental health</li> </ul>	PS5 Lakeland LTCH \$40,000, N2 and N3 PHARA \$54,000, MS6 ICAN \$74,800, MS8 VON Sudbury, Ukrainian Seniors Citizen Club and Sudbury Finnish rest Home \$73,000	\$241,800

## Improving Acute Care and Health System Performance

<b>Direction</b>	<b>Strategies</b>	<b>Projects</b>	<b>Cost One Time</b>
<b>Improvements in Processes of Care Delivery</b>			
Improved hospital performance	Rapid cycle continuous quality improvement (Flo Collaborative within acute care settings)		
	Appropriately tailored programs for ALC patients.		
Improved health system performance	System-wide rapid cycle continuous quality improvement (Develop framework supported by process improvement expertise available provincially/locally)		

Direction	Strategies	Projects	Cost One Time
Improved Information and ICT	Standard/common provincial ALC definition		
	Investments per NE LHIN ICT/e-health plan.		
	Implementation of Northern directory of services for seniors		
Metrics (measurement and evaluation)	Measuring investment impact on reducing ALC % per community. Setting metrics related to ALC for all projects approved within this Action Plan.		
Funding	As new funding becomes available, allocations will proceed project by project based optimal return on investment and measurable outcome targets.		

## NE LHIN Approvals

**At the December 19, 2007, NE LHIN Board of Directors meeting, members will be asked to:**

- Receive the ALC Task Force Report
- Approve the NE LHIN ALC Action Plan
- Approve urgent/one time funding allocations for 2007/2008