

Working together to provide quality care in the South East



December 3, 2008 -- When it comes to being able to provide patients with the right care in the right place at the right time, the South East region has significant opportunity for improvement. According to a survey conducted by the Ontario Hospital Association in November, 18 per cent of acute bed days are being used to care for alternate level of care – or ALC -- patients. For the most part, these are people who are stranded within the health care system, who cannot be discharged from hospital because they are awaiting another type of care elsewhere. These patients deserve to have access to the services they require as do those who are awaiting an admission to hospital, whether through Emergency Departments or a scheduled surgery whose care may be delayed due to a lack of available beds and care providers.

The South East Local Health Integration Network (SE LHIN), all hospitals in the region, the South East Community Care Access Centre and other key stakeholders are working closely on an aggressive ALC strategy. In so doing, patients will receive improved care and health-care professionals and resources will be freed up to focus on other patient-related priorities. The executive leads from across these organizations have joined together to ensure the ALC strategy receives the attention it requires for success.

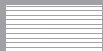
What is different about this new approach?

Over the years, many strategies have been undertaken to find relief from the pressures caused by the high number of ALC patients in acute care hospitals for a more appropriate placement in the community. Good work by talented people has taken place – but this crushing problem continues. We know sporadic temporary measures are not enough to break the back of this problem. We need a co-ordinated system-wide approach that involves all stakeholders dedicating resources and energy to working together. By taking responsibility – not only for our own organizations but as stewards of the system for our entire region – we will be successful, our staff will be successful and most importantly, our patients will receive the right care in the right place at the right time. It means we may think differently about automatically streaming a patient to long-term care – it also means we will have an available bed for someone waiting for surgery.

Being leaders

This is about significant change. It means we can no longer do things simply because they are comfortable – and leaders in the South East are accepting this challenge. In September, the hospital and CCAC chief executive officers committed to work closely to tackle the ALC issue from a regional system perspective, resulting in the ED/ALC Initiative.

Led by a Working Group that includes an array of community stakeholders in addition to hospital/CCAC representation, the mandate is to assess and prioritize opportunities and implement innovative change across the region. The working group's immediate goal is to reduce use of acute hospital bed days by patients designated as ALC to 14.1% by March 31, 2009. This group has the authority to issue directions for process changes directed at reducing the use of acute hospital bed days by ALC patients.



To date, three directions have been approved by the working group that are being tested across the region:

- 1. Implementation of a single definition of ALC.** When fully implemented, this definition will ensure all stakeholders are talking about the same thing and will replace the 11 definitions currently being used. The directed ALC definition is: *“Any patient that the attending physician has indicated no longer requires the care setting and is eligible to be discharged or transferred to a more appropriate setting.”*
Each acute care hospital will test the definition on one patient care unit during the month of December and refinements will be made prior to full organizational rollout. The definition is also being tested within a rehabilitation unit at Providence Care. The Working Group has discussed there may be sensitivities around a new, common definition of ALC, but it has been acknowledged that implementing a common approach now to ALC will help ensure a strong patient-centered footing for the ED/ALC initiative as we move forward.
- 2. ED notification of existing CCAC clients.** A technology solution is being pursued that will support real time notification of both CCAC and emergency departments that an individual presenting to an ED in the South East is a current or recent CCAC client. This information will support both hospitals and CCAC in improved planning for patient care from the moment they arrive at an ED. Our E-health lead and Regional CIO, Paul McAuley, is taking the lead in developing this system, working closely with the hospital and CCAC IT and privacy leads.
- 3. Re-evaluating the use of Priority Access Days (to Long-Term Care Homes) for Hospitals (1A Crisis Designation).** A process was put in place by the Ministry a few years ago to allow hospitals to have priority access for long-term care beds that may come available in the community. This process was designed to be a valve to release pressure on the system. Today, however, the designation may no longer be providing a “valve” and may be creating other unintended consequences. To test the potential impact of ending this process, there will be no priority access days for any hospital in the region in January (patients will still continue to have the usual access that their circumstance and date of application provides for under regulation.) Data collected in a number of indicators for January 1-31, 2009 will then be compared to similar data from January 1-31, 2008. This information will be used by the Working Group to determine the longer term approach to the use of this enabling policy.