

Reducing the Incidence and Prevalence of Alternate Level of Care

When someone is placed into an acute care bed who does not need acute care or someone stays in an acute care bed when they no longer require acute care, the patient and the system are both compromised. The patient may lose strength or acquire an infection and the system loses or misuses valuable capacity. All patients should be appropriately placed in the setting that best fits their care needs.

Objectives:

- To reduce the number of people who wait in hospital for an alternate level of care
- For those who do wait in an alternate level of care, to shorten the time they spend waiting as ALC
- To change 'culture of placement' to a 'culture of going home'

Measures

Meet or exceed Ministry targets for:

- ❖ Percentage of ALC days
- ❖ Percentage of ALC patients
- ❖ Percentage of patients aged 75+ discharged home from acute care
- ❖ Amount of time spent waiting for admission to a long-term care home

Planned Actions

- ❖ Create an integrated process between the Community Care Access Centre (CCAC), Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits.)
- ❖ Expand the 'Flo' initiative to all hospital sites.
- ❖ Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC and other providers.
- ❖ Implement daily physical activity routines for hospitalized patients over age 65.
- ❖ Designate clusters of dedicated long-term care interim admission beds across the LHIN.
- ❖ Designate clusters of dedicated short stay (convalescent & respite) long-term care beds across the LHIN.
- ❖ Establish a nurse practitioner service in long-term care homes program.
- ❖ Open a new long-term care home in Kingston in 2011.
- ❖ Support capital redevelopment of B & C rated long-term care homes across the region.