



North Bay and District Hospital

Hôpital de North Bay et du district

Alternate Level of Care

Beyond Beds



ALC – a definition

- Complex issue extending beyond hospital
- ALC represents a multitude of patient populations all requiring different care
- ALC = patients who no longer require hospital care, but whom cannot be discharged due to lack of beds/resources in the community
- Not receiving the *right* care in the *right* place



The faces of ALC

- 50% of ALC patients – require long-term care beds
- 25% of ALC patients – require convalescent care bed/services
- Other placement / services for ALC patients:
 - Rehabilitation centre / beds
 - Palliative care
 - Mental Health bed / services / facility
 - Home care / Supportive Housing
 - Acquired Brain Injury support / services



ALC – community based services

Community support services expected and required for seamless system of care:

- Long-term Care facilities
- Retirement homes
- Convalescent care beds
- Rehabilitation facilities / support services
- Palliative Care services
- Addiction centres / outreach services
- Mental Health facilities / community-based support services
- Supportive Care
- Supportive Housing
- Home Care services
- Independent living services
- Complex continuing care beds / services



Community-based support in Nipissing / Temiscaming:

Nipissing / Temiscaming district community-based health support services:

- Insufficient long-term care capacity
- Affordable retirement housing
- Significant lack of community support services
- Significant lack of supportive housing
- Need for mental health community-based services to be enhanced



Regional Challenges

- ALC issue is a provincial and national health care concern
- The unique regional challenges that compound ALC issues for the north:
 - Older, less healthy population
 - Youth migration
 - Vast geographic dispersion
 - Economically depressed area



Population Health in the North

- Northeastern Ontario residents less healthy on almost all indicators
- Advances in health care mean people live longer, but with higher number of dependent years
- Challenges of providing care to elderly exacerbated by poorer health
- Impact of an aging and less healthy population felt more acutely



Economic factors in the north

- Lower socio-economic status leads to poorer health
- Northeastern Ontario economically depressed area creates two-fold problem:
 - Lack of resources to pay for retirement home; government-subsidized LTC facility is only option.
 - With youth migration, many unable to return to provide care when parents become elderly or infirm.



ALC and Long-term Care

- Majority of ALC patients waiting for long-term care beds
- Ministry guidelines allow for ALC patients to wait in hospital until a LTC bed of their choice becomes available.
- Can be a lengthy wait, impacting hospital operations
- When hospital acute and surgical care affected by ALC, Ministry can invoke Crisis 1-A designation for the patient requiring immediate placement.



Crisis 1-A designation...

- Prior to October 2006, able to declare a 1A crisis in the hospital when ALC numbers were high.
- Patients awaiting placement in hospital moved out to first nursing home bed that came available that fit their needs.
- This alleviated hospital pressure briefly as patients began to go into crisis in the community and were admitted to hospital to secure a LTC bed.
- 1A Crisis Designation has now changed to apply to an individual who requires urgent admission to LTC as they are at significant risk of injury or death.





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Interim Strategies Group

- Group supports patients in transition through hospitals, long-term care homes (LTCH), and Community Care Access Centre

- Much work has been done and reports and proposals

forwarded to the MoHLTC include:

- Acute Ambulatory Nursing Services Joint Proposal from NBGH and CCAC
- Building a Spectrum of Health Care Options in Nipissing and Northern Sections of Northeast Parry Sound
- Executive Summary Progress Report (May 2006)
- Funding for Psychiatric Nursing Positions for LTCHs in this region
- Older Adults Living with Mental Illness
- “Made in the NorthSolutions”: Retention of Convalescent Care Funding in the North Region
- Transportation: Inter-facility Transfers and Other Escorted Transportation Services



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Impact of ALC at NBGH

- ALC has domino effect on hospital system
- Hospital needs regular flow of patients moving out
- When flow does not occur:
 - Emergency Department overcrowding occurs
 - Surgical cancellations occur due to lack of beds to place surgical patients
 - Impact on resources (human, financial, utilization)



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Impact of ALC at NBGH cont'...

Emergency Department overcrowding:

- Most acute symptom of the impact of high #s of ALC patients
- Patients must wait in the ER until beds become available
- Patients waiting for beds in the ER triggers the Bed Shortage Protocol
- When capacity in the ER is reached, physicians do not have beds in which to examine or treat patients
- Creates long wait times in the ER waiting room
- Very stressful for both patients and staff



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Impact of ALC at NBGH cont'...

Surgical cancellations:

- When system capacity is reached and no other options are available, hospital is forced to cancel elective surgery
- To minimize impact on patients:
 - surgeries rescheduled within two-week timeframe
 - fewer procedures scheduled during peak times
- Results in increased waits for surgical procedures



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Impact of ALC at NBGH cont'...

- **Human Resources:**
 - Expending valuable human resources reacting to and planning for bed crisis, creating stressful working environment for physicians and staff.
- **Utilization**
 - ALC leads to increase in expected length-of-stay, effecting hospital's efficiency rating and funding.
- **Financial**
 - NBGH—Hospital deficit can be tied directly to costs of managing too large a number of ALC patients. Currently (2006/07) ALC patients take up approximately 30% of the acute care beds available at NBGH.



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Interim ALC solutions

- Capital and Operating dollars for at least 148 supportive housing units
- Subsidy for retirement homes
- Additional LTC beds
- Funding for community support services including homemaking, home repair, meal preparation, transportation, shopping and accompaniment to appointments.
- Additional special LTC beds funded to care for those with mental illness, behavioural issues and dementia.
- Hospice for the care of end of life patients
- Public education to plan for aging versus dealing with a crisis situation in golden years
- Deregulating the community and LTC systems to allow for more flexible use of respite, short stay and convalescent care beds



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Long term ALC solutions

OHA collaborative position paper *ALC – Challenges and Opportunities* identified the following problems:

- Poor definition of ALC patients
- Poor data collection
- Poor LTC home placement regulations
- Poor coordination of ALC patients
- Lack of post-hospital discharge options
- Expectations of patients and families



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Long term ALC solutions

- Report recommends a provincial action group be struck to delve further into the issue and develop long-term, cost-effective and sustainable solutions.
- NE Local Health Integrated Network (LHIN) has declared ALC a priority and has convened an ALC Task Force as well as sponsored an ALC Summit to seek solutions



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Potential ALC solutions

- Reduce financial barriers to accessing retirement homes
- Create capacity for full spectrum of community supports (home care, supportive care, supportive housing, improved addictions and mental health services)
- Improved respite care and supports for family members who choose to care for elderly or infirm people in their homes.



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ALC future outlook

- As Baby Boomers age ALC problem will grow
- Need to take control of our own health
- Must improve preventative and wellness strategies
- Education and planning is key