

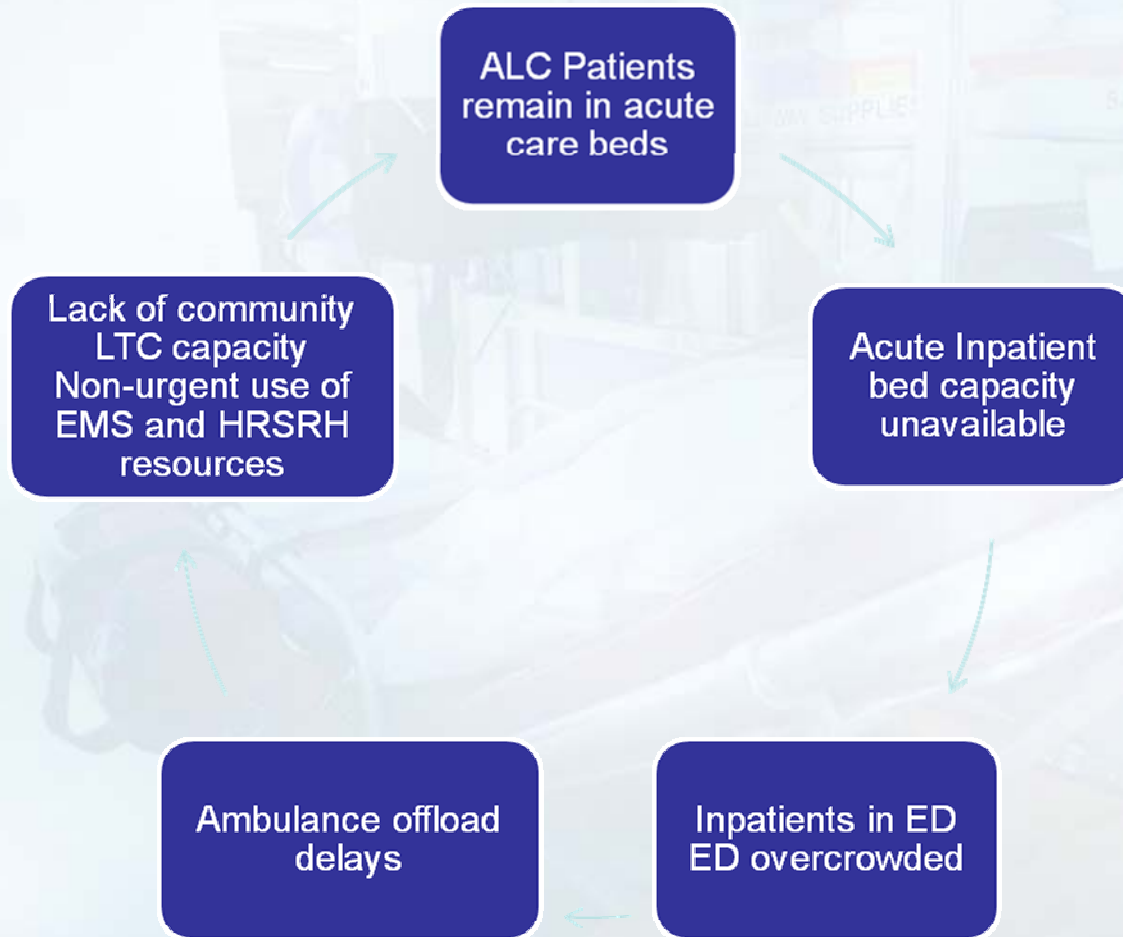
Alternative Level of Care Pressures City of Greater Sudbury

Priorities Committee
June 4, 2008

Alternative Level of Care Pressures

- Presented by:
 - Tim P. Beadman, Chief of Emergency Services
 - Ambulance Off-Load (AOD) Delays Update
 - Vickie Kaminski, President and CEO, HRSRH
 - ALC strain on hospital system
 - Richard Joly, Executive Director, NECCAC
 - Community capacity for appropriate level of care

Contributing Factors



Mitigation Strategies

- December 12th briefing:
 - Development and implementation of short/long term strategies to mitigate risk to the community
 - Chief of Emergency Services directed to mitigate the City's risk in delivery of ambulance services
 - Hospital/City continue to work in partnership to minimize the risk to our community
 - Report back to Council



Vickie Kaminski
President and CEO
HRSRH

Alternate Level of Care (ALC)

- Alternate Level of Care (ALC) patients no longer require hospital care but cannot be discharged because they require some other appropriate form of care
- Large majority of ALC patients are awaiting placement in long-term care facility
- Other ALC patients require convalescent care before they can return home
- Require community-based services such as LTC, rehabilitation, palliative care, mental health, home care or supportive housing

Hospital Impact - ALC

- Lack of appropriate level of community resources results in significant pressure on hospital system
- ALC patients occupy acute care beds while waiting for designated community resource to become available
- ALC primary driver of public concern over:
 - Emergency Department wait times
 - Surgical cancellations and wait times
 - Ambulance off-loading delays
- ALC not unique to Northeast however evidence shows it is much worse in our catchment area

Hospital Impact - ALC

- Regular flow of patients (in and out) is necessary for hospital system to run smoothly
- As ALC patients wait in acute care beds for appropriate community placement, daily operations of hospital are affected
- Acute care beds are required for patients being admitted to hospital daily for surgical or medical care – on average 30% of hospital's acute beds occupied by ALC patients

Hospital Impact - ALC

- Emergency Department becomes overcrowded with acutely ill patients waiting to be admitted
- No hospital beds available for surgical patients requiring post-operative care
- When need for beds outweighs availability, hospital is forced to cancel surgeries



Richard Joly
Executive Director
NECCAC

NECCAC Overview

The North East CCAC is one of fourteen Community Care Access Centres across Ontario.

On a day-to-day basis, CCACs are:

- an easy to use gateway to information and high quality health services;
- an innovator seeking to optimize people's health, well being and autonomy;
- an integrator partnering with others to reduce the barriers to access, respecting diversity and improving the care experience of people across the health care continuum;
- an employer of choice that believes in the remarkable capacity of our people to continuously learn and make a difference;
- an open communicator who promotes positive relationships; and
- a steward of public resources that is opening accountable and contributes to a sustainable health system.

NECCAC Overview

- NECCAC provides comprehensive case management, nursing services, multiple therapy services (social work, nutrition counselling, occupational therapy, physiotherapy, speech language pathology) and personal support services to support clients in their homes.
- Caseload by program:
 - 60% – In-home / Ambulatory / Information and Referral services
 - 22% – Placement Coordination Services (PCS – Long-Term Care Home placement)
 - 18% – Pediatric / School Services

NECCAC Impact

- Service levels are provided within legislated service amounts.
- There are pressures related to increasing caseloads. On any given day, the NE CCAC currently serves approximately 4,000 clients in the Manitoulin-Sudbury area alone.

NECCAC Impact

- Caseloads and service levels for clients over 65 years of age have increased significantly since 2006. Over 60% of NE CCAC's active clients are seniors.
- There is marked evidence of ever-increasing levels of support required for seniors and frail seniors.
- Enhanced case management assists with the flow of clients and prevents hospitalization.

NECCAC Impact

- When clients are no longer able to remain at home, the NE CCAC assists clients in exploring options, i.e. Long-Term Care Home placement; supportive housing; retirement homes, etc.
- Current long-term care bed capacity in Manitoulin and Sudbury Districts is 1765 beds.
- Currently there are 229 clients in community awaiting Long-Term Care Home placement.
- The NE CCAC is providing enhanced service levels to support clients to await placement from home and avoid hospitalization.

NECCAC – Snapshot of System Interdependence



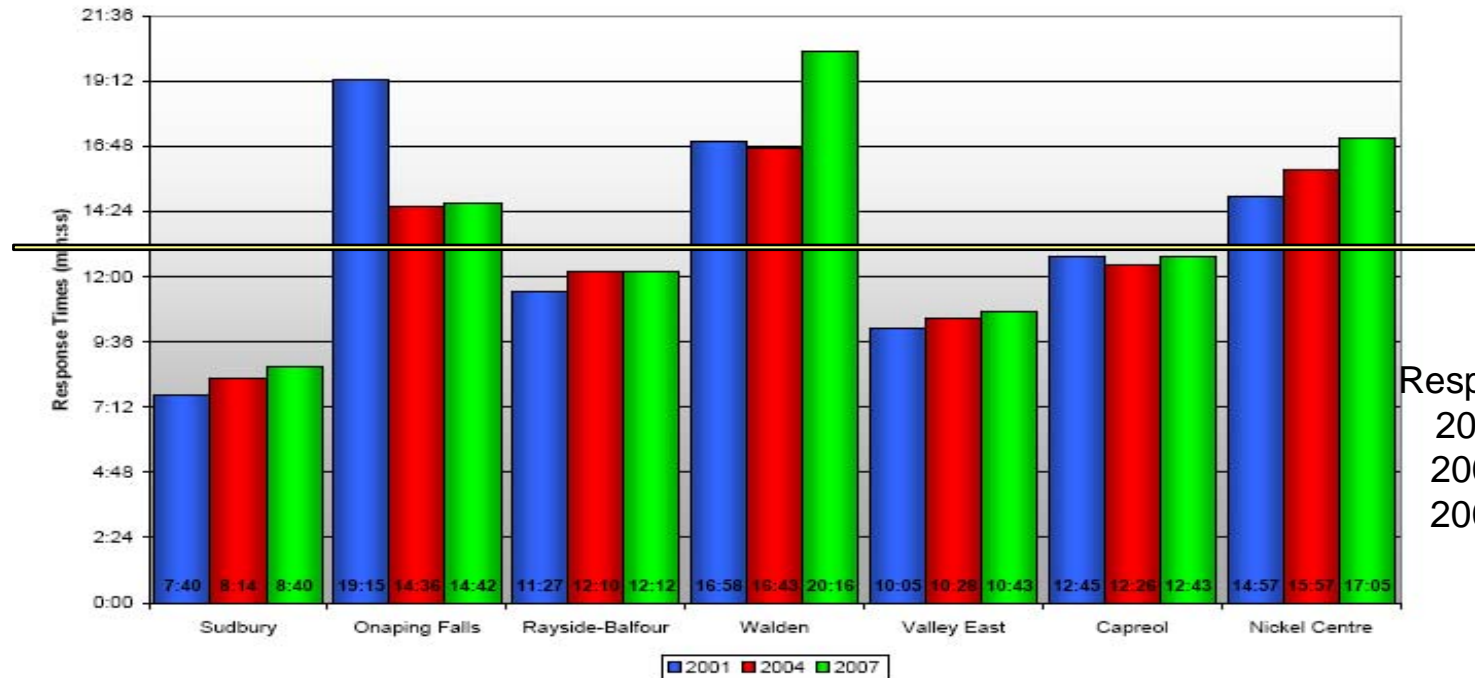
A photograph of a hospital emergency room. In the foreground, a red gurney with a white sheet is visible. In the background, there are shelves with medical supplies, including a box labeled "5A TRAC" and a box labeled "AIRWAY SUPPLIES". The text "Tim P. Beadman" and "Chief of Emergency Services" is overlaid on the image in a blue serif font.

Tim P. Beadman

Chief of Emergency Services

90th Percentile Response Time

90th Percentile Response Times for CGS Lower Tiers

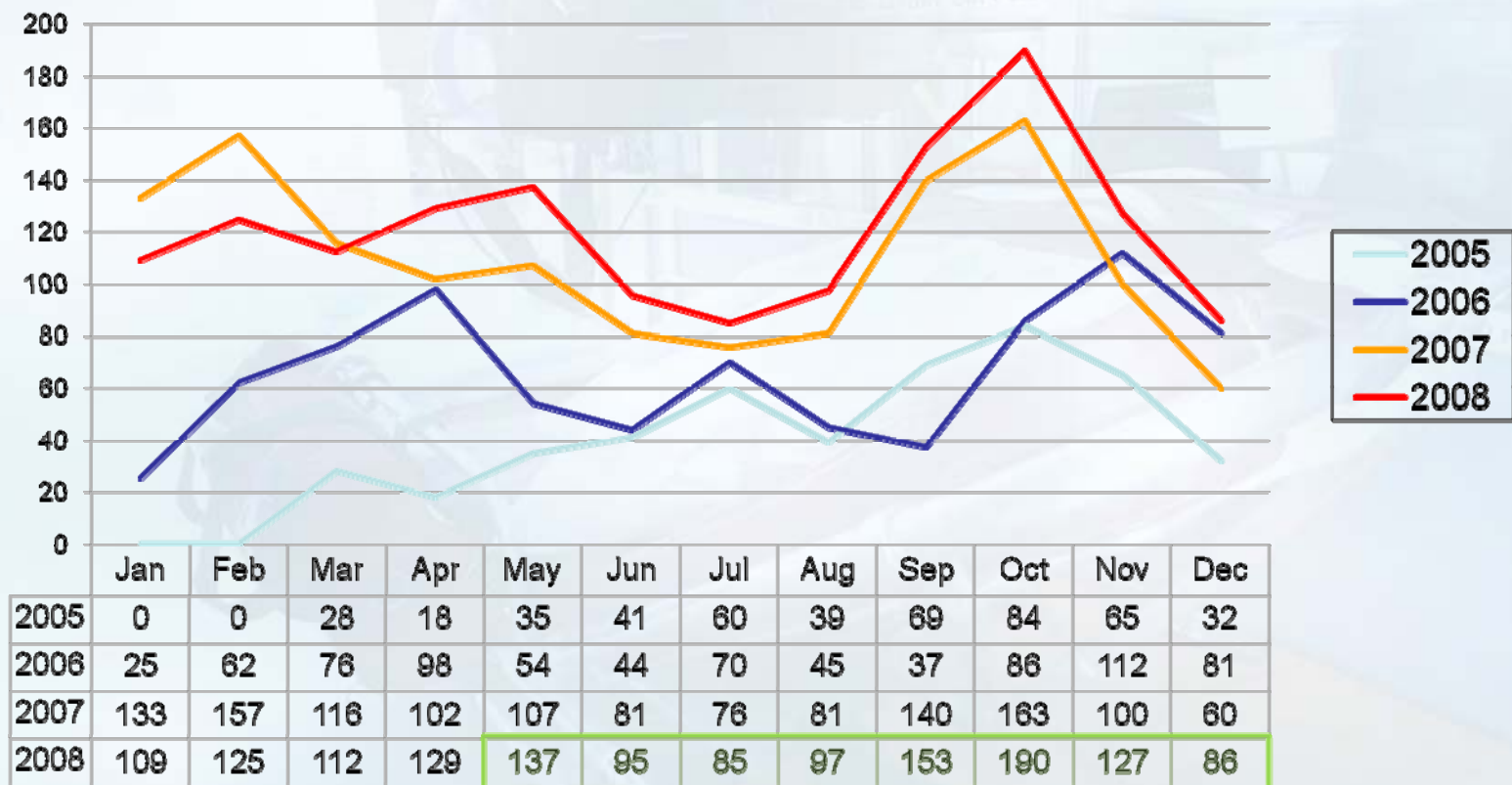


00:12:11
(1996)

Global
Response Time
2001 9:55
2004 10:27
2007 10:54

Ambulance Off Load Delay

**2005-2008 Offloading Delays – Monthly
(2008 Delays Projected: May to Dec.)**



 Denotes forecasted number

Mitigation Strategies – Current

- Ambulance Off-Loading Task Force (EMS/HRSRH/CCAC)
- Revisions to City's System Status Plan for delivery of land ambulance services to our community
- EMS up-staffing daily (temporary hours) to address ambulance call volumes, response time, and off load delays

Mitigation Strategies – cont'd

- HRSRH continues to increase non-urgent transfer service hours to meet demands and has implemented several internal strategies to improve patient bed flow
- Business case – MOHLTC to seek funding of nursing hours to support EMS
- NE-LHIN, ALC Task Force evolution to “Appropriate Level of Care Working Group”

Challenges — Future

- NE-LHINS highest rate of ALC patients in acute care beds (30%) compared to any other LHIN in province of Ontario
- Demographic, aging population = expected increased volumes of ALC patients
- One-site hospital 2010 – MOHLTC designated number of acute care beds, contingent on no ALC patients in system

A photograph of a hospital gurney in a hallway, with the word 'QUESTIONS?' overlaid in large blue text. The gurney is red and white, with a red bag attached to the side. It is positioned in a hallway with a blue door in the background. The text 'QUESTIONS?' is centered over the image in a large, bold, blue font. The background shows a hospital setting with a gurney, a red bag, and a blue door. The text 'QUESTIONS?' is overlaid in the center.

QUESTIONS?